

TASTING FEEDBACK SHEET

Tasting Details

Product Name:	
Type of Spirit:	
Batch / Prototype Code:	
Date of Tasting:	
Location / Event:	

Sensory Evaluation

Appearance (Color / Clarity): ☐ Clear ☐ Cloudy ☐ Bright ☐ Pale ☐ Deep

Notes: _____

Aroma (Nose): ☐ Herbal ☐ Citrus ☐ Floral ☐ Spicy ☐ Earthy

Notes: _____

Taste (Palate): ☐ Sweet ☐ Bitter ☐ Dry ☐ Smooth ☐ Sharp

Notes: _____

Finish (Aftertaste): ☐ Long ☐ Short ☐ Warming ☐ Harsh

Notes: _____

Overall Ratings (1 = Poor, 5 = Excellent)

Criteria	Rating (1–5)	Notes
Appearance	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
Aroma	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
Taste	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
Balance / Complexity	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
Finish	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	

Would you buy it?

☐ Yes ☐ Maby ☐ No

At what price ? : _____

Taster Info

Age Group: ☐ <25 ☐ 25-34 ☐ 35-49 ☐ 50+

Name: _____

Signature: _____