



Specialty Coffee Association Arabica Cupping Form

Name: _____

Date: _____

Table no: _____

Quality Scale

6.00 - GOOD	7.00 - VERY GOOD	8.00 - EXCELLENT	9.00 - OUTSTANDING
6.25	7.25	8.25	9.25
6.50	7.50	8.50	9.50
6.75	7.75	8.75	9.75

Sample No.	Roast Level of Sample 	Fragrance/Aroma	Score	Flavor	Score	Acidity	Score	Body	Score	Uniformity	Score	Clean Cup	Score	Overall	Score	Total Score
		Dry Qualities Break		Aftertaste	Score	Intensity	High Low	Level	Heavy Thin	Balance	Score	Sweetness	Score	Defects (subtract)		
Notes:														Final Score		

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