

Based on a 350g sample

SAMPLE No.																																																																												
Color	<input type="checkbox"/> Blue Green <input type="checkbox"/> Bluish-Green <input type="checkbox"/> Green <input type="checkbox"/> Greenish <input type="checkbox"/> Yellow-Green <input type="checkbox"/> Pale Yellow <input type="checkbox"/> Yellowish <input type="checkbox"/> Brownish																																																																											
Physical Defects	<table><tr><td>CATEGORY 1</td><td>Defect Count</td><td>Full Defects</td><td>CATEGORY 2</td><td>Defect Count</td><td>Full Defects</td><td>TOTAL GREEN DEFECTS</td></tr><tr><td>Full Black</td><td>(1:1)</td><td></td><td>Partial Black</td><td>(3:1)</td><td></td><td rowspan="10"></td></tr><tr><td>Full Sour</td><td>(1:1)</td><td></td><td>Partial Sour</td><td>(3:1)</td><td></td></tr><tr><td>Dried Cherry</td><td>(1:1)</td><td></td><td>Parchment</td><td>(5:1)</td><td></td></tr><tr><td>Fungus Damage</td><td>(1:1)</td><td></td><td>Floater</td><td>(5:1)</td><td></td></tr><tr><td>Foreign Matter</td><td>(1:1)</td><td></td><td>Immature / Unripe</td><td>(5:1)</td><td></td></tr><tr><td>Severe Insect Damage</td><td>(5:1)</td><td></td><td>Withered</td><td>(5:1)</td><td></td></tr><tr><td></td><td></td><td></td><td>Shell</td><td>(5:1)</td><td></td></tr><tr><td></td><td></td><td></td><td>Broken / Chipped / Cut</td><td>(5:1)</td><td></td></tr><tr><td></td><td></td><td></td><td>Hull / Husk</td><td>(5:1)</td><td></td></tr><tr><td></td><td></td><td></td><td>Slight Insect Damage</td><td>(10:1)</td><td></td></tr><tr><td colspan="2">Total Category 1 Defects</td><td></td><td colspan="2">Total Category 2 Defects</td><td></td><td></td></tr></table>	CATEGORY 1	Defect Count	Full Defects	CATEGORY 2	Defect Count	Full Defects	TOTAL GREEN DEFECTS	Full Black	(1:1)		Partial Black	(3:1)			Full Sour	(1:1)		Partial Sour	(3:1)		Dried Cherry	(1:1)		Parchment	(5:1)		Fungus Damage	(1:1)		Floater	(5:1)		Foreign Matter	(1:1)		Immature / Unripe	(5:1)		Severe Insect Damage	(5:1)		Withered	(5:1)					Shell	(5:1)					Broken / Chipped / Cut	(5:1)					Hull / Husk	(5:1)					Slight Insect Damage	(10:1)		Total Category 1 Defects			Total Category 2 Defects			
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# Descriptive Form



SAMPLE NO.	ROAST LEVEL	
<b>Fragrance</b> Intensity	LOW MEDIUM HIGH	Notes
<b>Aroma</b> Intensity	LOW MEDIUM HIGH	
<input type="checkbox"/> Floral <input type="checkbox"/> Fruity <input type="checkbox"/> Berry <input type="checkbox"/> Dried Fruit <input type="checkbox"/> Citrus Fruit <input type="checkbox"/> Sour/Fermented <input type="checkbox"/> Sour <input type="checkbox"/> Fermented <input type="checkbox"/> Green/Vegetative <input type="checkbox"/> Other <input type="checkbox"/> Chemical <input type="checkbox"/> Musty/Earthy <input type="checkbox"/> Woody <input type="checkbox"/> Roasted <input type="checkbox"/> Cereal <input type="checkbox"/> Burnt <input type="checkbox"/> Tobacco <input type="checkbox"/> Nutty/Cocoa <input type="checkbox"/> Nutty <input type="checkbox"/> Cocoa <input type="checkbox"/> Spice <input type="checkbox"/> Sweet <input type="checkbox"/> Vanilla/Vanillin <input type="checkbox"/> Brown Sugar		
<b>Flavor</b> Intensity	LOW MEDIUM HIGH	Notes
<b>Aftertaste</b> Intensity	LOW MEDIUM HIGH	
<input type="checkbox"/> Floral <input type="checkbox"/> Fruity <input type="checkbox"/> Berry <input type="checkbox"/> Dried Fruit <input type="checkbox"/> Citrus Fruit <input type="checkbox"/> Sour/Fermented <input type="checkbox"/> Sour <input type="checkbox"/> Fermented <input type="checkbox"/> Green/Vegetative <input type="checkbox"/> Other <input type="checkbox"/> Chemical <input type="checkbox"/> Musty/Earthy <input type="checkbox"/> Woody <input type="checkbox"/> Roasted <input type="checkbox"/> Cereal <input type="checkbox"/> Burnt <input type="checkbox"/> Tobacco <input type="checkbox"/> Nutty/Cocoa <input type="checkbox"/> Nutty <input type="checkbox"/> Cocoa <input type="checkbox"/> Spice <input type="checkbox"/> Sweet <input type="checkbox"/> Vanilla/Vanillin <input type="checkbox"/> Brown Sugar <b>Main Tastes (2)</b> <input type="checkbox"/> Salty <input type="checkbox"/> Bitter <input type="checkbox"/> Sour <input type="checkbox"/> Umami <input type="checkbox"/> Sweet		
<b>Acidity</b> Intensity	LOW MEDIUM HIGH	Notes
<b>Sweetness</b> Intensity	LOW MEDIUM HIGH	Notes
<b>Mouthfeel</b> Intensity	LOW MEDIUM HIGH	Notes
<input type="checkbox"/> Rough (Gritty, Chalky, Sandy) <input type="checkbox"/> Smooth (Velvety, Silky, Syrupy) <input type="checkbox"/> Metallic <input type="checkbox"/> Oily <input type="checkbox"/> Mouth-Drying		

SAMPLE NO.	ROAST LEVEL	
<b>Fragrance</b> Intensity	LOW MEDIUM HIGH	Notes
<b>Aroma</b> Intensity	LOW MEDIUM HIGH	
<input type="checkbox"/> Floral <input type="checkbox"/> Fruity <input type="checkbox"/> Berry <input type="checkbox"/> Dried Fruit <input type="checkbox"/> Citrus Fruit <input type="checkbox"/> Sour/Fermented <input type="checkbox"/> Sour <input type="checkbox"/> Fermented <input type="checkbox"/> Green/Vegetative <input type="checkbox"/> Other <input type="checkbox"/> Chemical <input type="checkbox"/> Musty/Earthy <input type="checkbox"/> Woody <input type="checkbox"/> Roasted <input type="checkbox"/> Cereal <input type="checkbox"/> Burnt <input type="checkbox"/> Tobacco <input type="checkbox"/> Nutty/Cocoa <input type="checkbox"/> Nutty <input type="checkbox"/> Cocoa <input type="checkbox"/> Spice <input type="checkbox"/> Sweet <input type="checkbox"/> Vanilla/Vanillin <input type="checkbox"/> Brown Sugar		
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<input type="checkbox"/> Rough (Gritty, Chalky, Sandy) <input type="checkbox"/> Smooth (Velvety, Silky, Syrupy) <input type="checkbox"/> Metallic <input type="checkbox"/> Oily <input type="checkbox"/> Mouth-Drying		

# Affective Form

Name .....

Date .....

Purpose .....



<div>SAMPLE NO. <div></div></div> <div><div>Fragrance</div><div>123456789</div><div>FINAL</div></div> <div><div>Aroma</div><div>123456789</div><div>FINAL</div></div> <div></div>	<div>SAMPLE NO. <div></div></div> <div><div>Fragrance</div><div>123456789</div><div>FINAL</div></div> <div><div>Aroma</div><div>123456789</div><div>FINAL</div></div> <div></div>
<div><div>Flavor</div><div>123456789</div><div>FINAL</div></div> <div><div>Aftertaste</div><div>123456789</div><div>FINAL</div></div> <div></div>	<div><div>Flavor</div><div>123456789</div><div>FINAL</div></div> <div><div>Aftertaste</div><div>123456789</div><div>FINAL</div></div> <div></div>
<div><div>Acidity</div><div>123456789</div><div>FINAL</div></div> <div></div>	<div><div>Acidity</div><div>123456789</div><div>FINAL</div></div> <div></div>
<div><div>Sweetness</div><div>123456789</div><div>FINAL</div></div> <div></div>	<div><div>Sweetness</div><div>123456789</div><div>FINAL</div></div> <div></div>
<div><div>Mouthfeel</div><div>123456789</div><div>FINAL</div></div> <div></div>	<div><div>Mouthfeel</div><div>123456789</div><div>FINAL</div></div> <div></div>
<div><div>Overall</div><div>123456789</div><div>FINAL</div></div> <div></div>	<div><div>Overall</div><div>123456789</div><div>FINAL</div></div> <div></div>
<div><div>NON-UNIFORM CUPS</div><div>DEFFECTIVE CUPS</div><div>DEFECT (IF ANY)</div><div>MOLDY</div><div>PHENOLIC</div><div>POTATO</div></div>	<div><div>NON-UNIFORM CUPS</div><div>DEFFECTIVE CUPS</div><div>DEFECT (IF ANY)</div><div>MOLDY</div><div>PHENOLIC</div><div>POTATO</div></div>

SCA Coffee Value Assessment

# Extrinsic Beta



Name ..... Date .....

Purpose .....

SAMPLE NO. <input type="text"/>			
<b>Farming</b> <input type="checkbox"/> Country <input type="checkbox"/> Region <input type="checkbox"/> Name of Farm or Co-op <input type="checkbox"/> Name of Producer(s) <input type="checkbox"/> Species <input type="checkbox"/> Variety or Varieties <input type="checkbox"/> Harvest Date/Year <input type="checkbox"/> Other	<b>Notes</b>	<b>Processing</b> <input type="checkbox"/> Name of Processor(s) <input type="checkbox"/> Wet Mill / Station <input type="checkbox"/> Dry Mill <input type="checkbox"/> Other <input type="checkbox"/> Process Type <input type="checkbox"/> Washed <input type="checkbox"/> Natural <input type="checkbox"/> Other	<b>Notes</b>
<b>Trading</b> <input type="checkbox"/> Size Grade <input type="checkbox"/> Other Grade <input type="checkbox"/> ICO Number <input type="checkbox"/> Other	<b>Notes</b>	<b>Certifications</b> <input type="checkbox"/> 4C <input type="checkbox"/> Fair Trade <input type="checkbox"/> Organic <input type="checkbox"/> Rainforest Alliance <input type="checkbox"/> Other	<b>Notes</b>
<b>Notes</b>			

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<b>Notes</b>			

# Combined Form



Name .....

Date .....

Purpose .....

Sample No. ....

IMPRESSION OF QUALITY

- ① EXTREMELY LOW  
② VERY LOW  
③ MODERATELY LOW
- ④ SLIGHTLY LOW  
⑤ NEITHER HIGH NOR LOW  
⑥ SLIGHTLY HIGH
- ⑦ MODERATELY HIGH  
⑧ VERY HIGH  
⑨ EXTREMELY HIGH

PART 1: DESCRIPTIVE ASSESSMENT

ROAST LEVEL



Fragrance

Intensity



Aroma

Intensity



- ☐ Floral
- ☐ Fruity ☐ Berry ☐ Dried Fruit ☐ Citrus Fruit
- ☐ Sour/Fermented ☐ Sour ☐ Fermented
- ☐ Green/Vegetative
- ☐ Other ☐ Chemical ☐ Musty/Earthy ☐ Woody
- ☐ Roasted ☐ Cereal ☐ Burnt ☐ Tobacco
- ☐ Nutty/Cocoa ☐ Nutty ☐ Cocoa
- ☐ Spice
- ☐ Sweet ☐ Vanilla/Vanillin ☐ Brown Sugar

Notes

Flavor

Intensity



Aftertaste

Intensity



- ☐ Floral
- ☐ Fruity ☐ Berry ☐ Dried Fruit ☐ Citrus Fruit
- ☐ Sour/Fermented ☐ Sour ☐ Fermented
- ☐ Green/Vegetative
- ☐ Other ☐ Chemical ☐ Musty/Earthy ☐ Woody
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- ☐ Nutty/Cocoa ☐ Nutty ☐ Cocoa
- ☐ Spice
- ☐ Sweet ☐ Vanilla/Vanillin ☐ Brown Sugar

Main Tastes (2)

- ☐ Salty
- ☐ Sour
- ☐ Sweet
- ☐ Bitter
- ☐ Umami

Notes

Acidity

Intensity



Notes

Sweetness

Intensity



Notes

Mouthfeel

Intensity



- ☐ Rough (Gritty, Chalky, Sandy)
- ☐ Oily
- ☐ Smooth (Velvety, Silky, Syrupy)
- ☐ Mouth-Drying
- ☐ Metallic

Notes

PART 3: EXTRINSIC ASSESSMENT

Notes

PART 2: AFFECTIVE ASSESSMENT

1 2 3 4 5 6 7 8 9 FINAL

1 2 3 4 5 6 7 8 9 FINAL

Notes

1 2 3 4 5 6 7 8 9 FINAL

1 2 3 4 5 6 7 8 9 FINAL

Notes

1 2 3 4 5 6 7 8 9 FINAL

Notes

1 2 3 4 5 6 7 8 9 FINAL

Notes

1 2 3 4 5 6 7 8 9 FINAL

Notes

Overall

1 2 3 4 5 6 7 8 9 FINAL

Notes

NON-UNIFORM CUPS ☐☐☐☐  
DEFECTIVE CUPS ☐☐☐☐

DEFECT (IF ANY)  
☐ MOLDY ☐ PHENOLIC  
☐ POTATO