



Time Turned In: \_\_\_\_\_ Temperature - Breast: \_\_\_\_\_ Thigh: \_\_\_\_\_

<b>Sensory Evaluation</b>		<b>Max Points</b>	<b>Points Scored</b>	<b>Comments</b>
<b>Appearance*</b>				
Color	(too light, <u>moderate</u> , too dark)	10		
Uniformity	(not uniform, moderate, <u>uniform</u> )			
Burnt/Blistered	(severe, moderate, <u>none</u> )			
Speckled with Ash	((severe, moderate, <u>none</u> )			
<b>Degrees of Doneness*</b>				
Individual shrimp	(undercooked, <u>done</u> , overcooked)	10		
<b>NOTE: If the product handed in is severely undercooked and the judges deem it unsafe to eat, sensory evaluation will end here and zeros given to the remaining categories.</b>				
<b>Texture*</b>				
Chewiness	(tough, chewy, <u>tender</u> )	10		
Rubbery	(much, moderate, <u>none</u> )			
Juiciness	(dry, <u>moist</u> , wet)			
<b>Flavors*</b>				
Shrimp	(poor, moderate, <u>good</u> , excellent)	20		
Sauce	(weak, <u>moderate</u> , too strong)			
Off Flavor	( <u>none</u> , moderate, too strong)			
BBQ Flavor	(weak, <u>moderate</u> , too strong)			
<b>After Taste*</b>	(strong, <u>moderate</u> , weak, none)	5		
<b>Participant Preparation</b>		<b>Max Points</b>	<b>Points Scored</b>	<b>Comments</b>
<b>Preparation*</b>				
Participant on time?	( <u>yes</u> , no)	5		
Registration form completed?	( <u>yes</u> , no)			
Project record sheet completed?	( <u>yes</u> , no)			
<b>TOTAL POINTS (100 possible)</b>				
<b>Placing*</b>				

Taste Comments \_\_\_\_\_

Judge's Initials \_\_\_\_\_

Participant Number \_\_\_\_\_