

TASTING REPORT



TASTERS FULL NAME: _____
DATE (one report per day): _____ SIGN IN: _____ SIGN OUT: _____
STORE NAME: _____ STORE ADDRESS: _____

PRODUCT INFO & SALES

BRAND OR SUPPLIER	_____		
NAME OF PRODUCT(S)	_____	_____	_____
BEGINNING INVENTORY	_____	_____	_____
ENDING INVENTORY	_____	_____	_____
BOTTLES OR PACKS SAMPLED	_____	_____	_____
TOTAL SOLD (not including used)	_____	_____	_____

CONSUMER FEEDBACK MANDATORY!

- _____
- _____
- _____
- _____
- _____

of units sold: _____ / # of people sampled: _____ = _____ % sales conversion

TASTER COMMENTS/CONCERNS

WEATHER? _____
LOCATION IN STORE/OTHER TASTINGS? _____
AGE/SEX STATISTICS AND/OR COMMENTS? _____
WHAT COULD BE IMPROVED? _____
WHAT WENT WELL? _____
COMMENTS/FEEDBACK ON STORE MANAGEMENT? _____
ANY OTHER EVENTS/NOTABLE INFO (ex: hockey game)? _____

EXPENSES PAID BY TASTER

CUPS: \$ _____ ICE: \$ _____ MIX: \$ _____ SAMPLING PRODUCT: _____

AFTER FILLING OUT THIS FORM, PLEASE **SAVE** THE UPDATED FILE TO ENSURE YOUR CHANGES ARE RECORDED.
PLEASE EMAIL ALL RECEIPTS AND REPORTS TO BUZZ PROMOTIONS NO LATER THAN 24 HOURS FOLLOWING YOUR SHIFT.