

# TASTING REPORT



TASTERS FULL NAME:			
DATE (one report per day):		ADDRESS	
STORE NAME:		ON-SITE CONTACT:	
MANAGER'S SIGNATURE & COMMENTS		SIGN IN: _____ SIGN OUT: _____ TOTAL HOURS WORKED: _____	
<b>PRODUCT INFO &amp; SALES</b>			
BRAND OR SUPPLIER:			
NAME OF PRODUCT(S)			
BEGINNING INVENTORY			
ENDING INVENTORY			
BOTTLES OR PACKS SAMPLED			
<b>TOTAL SOLD</b> (not including used)			
<b>CONSUMER FEEDBACK</b> (SPECIFIC COMMENTS AND/OR OPINIONS) – MANDATORY! MUST BE FILLED OUT			
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Packages of cups opened: _____ # of individual tasters: _____ Total % of sales (number of units sold divided by number of people that sampled): _____			
<b>TASTER COMMENTS/CONCERNS</b>			
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)?			
<b>EXPENSES</b> (PRODUCT PAYMENT TO BE FILLED OUT BY 1-DAY OR LAST-DAY TASTERS ONLY)			
PRODUCT PAYMENT:	TOTAL: \$ _____	CHANGE BACK? - \$ _____	BALANCE PAID BY TASTER? + \$ _____
CUPS/ICE/MIX (record each total separately):	ICE: \$ _____	CUPS: \$ _____	MIX: \$ _____

PLEASE EMAIL ALL RECEIPTS AND REPORTS TO BUZZ PROMOTIONS NO LATER THAN **24 HOURS** FOLLOWING YOUR SHIFT.  
IF YOU DO NOT HAVE A SCANNER, PLEASE USE CAMSCANNER APP TO CROP PHOTOS INTO PDF DOCS