

# LIQUORING ROOM INSPECTION FORM

ROASTING MACHINE .....

TYPE .....

NUMBER OF CYLINDERS .....

CUPS .....

SPOONS .....

SPITTOON TANKS .....

SAMPLE TRAYS .....

GRINDER .....

SAMPLE SHELVES .....

CUPPING TABLE .....

## SAMPLE ROOM

SIZE: LxWxH .....

TYPE OF WALL .....

TYPE OF ROOFING .....

TYPE OF FLOOR .....

VENTILATION .....

LIGHTINING .....



FIRE EXTINGISHERS .....

COFFEE LIQUORER .....


TCB INSPECTOR: .....SIGN.....DATE.....

CUPPING LABORATORY OWNER:.....SIGN.....DATE.....

10.2 Signed by the Inspectors

	Name	Title	Signature
1)	..... 	.....	..... 
2)	.....	.....	.....

10.3 Signed by the Local Roasting Plant owner

	Name	Title
1)	.....	..... 
2)	.....	..... 