

RECIPE TEST LOG

Professional Kitchen Quality Control

Sheet No: _____

RECIPE NAME
VERSION #
DATE

TRIAL	VARIABLE CHANGED (RATIO/TEMP/TIME)	YIELD	RESULTING TEXTURE & FLAVOR	SCORE
01				/10
02				/10
03				/10
04				/10
05				/10

CRITICAL TECHNICAL OBSERVATIONS
FINAL ADJUSTMENTS & SCALE-UP NOTES
TESTER SIGNATURE
STATUS:
Approved
Needs Rework