

## SMOKE PANEL EVALUATION

TEST CIGARETTE LOT # \_\_\_\_\_

CHECK ALL THOSE THAT APPLY

A. Mouth feel:

Bitting/stinging \_\_\_\_\_  
Burning \_\_\_\_\_  
Coating \_\_\_\_\_  
Dry \_\_\_\_\_  
Harsh \_\_\_\_\_  
Hot \_\_\_\_\_  
Irritating \_\_\_\_\_  
Moist \_\_\_\_\_  
Impact    Low \_\_\_\_\_ Medium \_\_\_\_\_ High \_\_\_\_\_  
Other (describe) \_\_\_\_\_

B. Flavor:

Aromatic	_____	Latakia	_____
Bitter	_____	Musk	_____
Burley	_____	Musty	_____
Burnt	_____	Oriental	_____
Cedary	_____	Peppery	_____
Cigarlike	_____	Phenolic	_____
Dirty sock	_____	Sour	_____
Earthy	_____	Spicy	_____
Fermented	_____	Sweet	_____
Floral	_____	Valeryl	_____
Green	_____	Woody	_____

Other (describe) \_\_\_\_\_