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Purpose

To be completed by an SCAA Lab Inspector to determine whether the lab is ready to provide SCAA cupping training and educational courses. The inspector will use the document SCAA Teaching Lab | Requirements for Certification as a reference throughout the inspection.

Terms used:

- Lab Inspector: Person conducting the inspection; must by authorized by the SCAA to conduct inspections
- Candidate Lab: Professional coffee evaluation lab, seeking certification
- Certified Lab: Any lab having been awarded SCAA Lab Certification

Materials for Inspection

Sealable plastic bags
Light measuring device
Plastic bottle for possible water collection
Temperature measuring device
Digital camera
Tape measure

Date of Inspection:	(MONTH)	(DAY)	(YEAR)
Please collect the following information	on prior to inspection:		
Name (Lab Supervisor at the time of	inspection):		
E-mail for Delivery of Results:			
Lab Name:			
Address:			
For how many students is this lab bei	ing certified (to teach	at any one time)?	
SCAA membership? If so, #:			

PHYSICAL INSPECTION: photographs.	The Lab Inspector s	should documen	t each of the follow	ving sections with digital
Please collect the following	information or mater	rials during the ir	nspection:	
Lighting • If overhead lighting (above table-top lights are necessary spectrum table-top fixture processes and table-top fixture processes are table-top fixture processes.)	ary. However, if overh	nead lighting is s	ub-standard there	must be one broad-
Overhead:				
Kelvin/	LUX/	FTC	PHOTO(S) #:	
Table-top: Kelvin/	LUX/	FTC	PHOTO(S) #:	
Grinders				
Name each individual grir supervisor should be alerte	•			QC tests. (Lab
GRINDER NAME	MAKE/MODEL			PHOTO #
• Using at least 150 gram individual grinder. Send to		• •	•	und samples from each
Specialty Coffee Association Attn: Lab Certification 330 Golden Shore, Suite 5 Long Beach, CA 90802 P: 562.624.4100				
Sample Roaster				
Collect two different samp	oles to verify color par	rameters.		
PHOTO(S) #:				

Water Treatment

• Test water for TDS on site. If TDS is not within the SCAA standards, then collect an 8 oz. sample and send to a qualified facility for analysis.

Date when water filter was last changed: _____ (MONTH) _____ (DAY) _____ (YEAR)

PHOTO(S) #:

Lab Environment Requirements

- I. Cupping Rooms & Classroom
 - A. Cupping room/classroom and cupping table(s) to specifications? YES / NO
 - B. Room dimensions to specifications? YES / NO
 - C. Classroom to specifications? YES / NO
 - D. Roasting area to specifications? YES / NO

II. Lighting

- A. Lighting type to specifications? YES / NO
- B. Lighting requirements to specifications? YES / NO
- C. Table-Top fixtures to specifications? YES / NO

III. Ventilation

- A. Evaporative Cooling System to specifications? YES / NO
- B. Temperature pleasant as per specifications? YES / NO

IV. Environment

- A. Odor specifications met? YES / NO
- B. Phone specifications met? YES / NO
- C. Noise specifications met? YES / NO
- D. Distractions specifications met? YES / NO

Lab Materials Requirements

V. Sample Roaster

A. Able to roast coffee within the parameters as outlined in the document *SCAA Protocols* | *Cupping Specialty Coffee?* **YES / NO**

VI. Grinder

A. Able to grind meeting SCAA parameters for grind particle size and perform within a 10% margin of difference from grind to grind? **YES / NO**

VII. Measuring Equipment

- A. Scale to specifications? YES / NO
- B. Graduated cylinders in the required sizes? YES / NO

VIII. Roast Color Identification

A. Able to identify roasted coffee color and compare with SCAA/Agtron Roast Color Identification scale? **YES / NO**

IX. Water Treatment

A. Able to produce water that meets SCAA specifications for water quality? YES / NO

X. Hot Water

A. Able to heat an adequate amount of water for the number of cuppers for which the lab is being certified? **YES / NO**

XI. Cups

A. Cup volume, diameter, and material to specifications? YES / NO

XII. Cupping Spoons

A. Spoon size and material to specifications? YES / NO

XIII. Cupping Forms

A. Cupping forms to format specifications? YES / NO

XIV. Spittoons

A. Receptacles to specifications? YES / NO

XV. Le Nez du Café

- A. Two sets of vials per every six students? YES / NO
- B. Replaced within the past two years? YES / NO

XVI. Set of The Art of Aroma - Perception in Coffee (four-poster set)

A. Displayed in the lab? YES / NO

XVII. Coffee Taster's Flavor Wheel (poster)

A. Displayed in the lab? YES / NO

XVIII. SCAA Organic Acids

- A. Kit to specifications and able to order replacement supplies? YES / NO
- B. Acids are food grade? YES / NO

- XIX. SCAA Green Arabica Coffee Grading Classification System (poster)
 - A. Displayed in the lab? YES / NO
- XX. Black grading surface/mat
 - A. Black grading mats or surface to material and size specifications? YES / NO
- XXI. One Green Coffee Defects Kit per student
 - A. Complies to specifications? YES / NO
- XXII. One Roasted Defect Kit per student
 - A. Complies to specifications? YES / NO
- XXIII. SCAA Arabica Green Coffee Defect Handbook
 - A. Complies to specifications (one per student)? YES / NO
- XXIV. SCAA Standards & Protocols | Documents available at www.scaa.org
 - A. Available/Displayed in Lab? YES / NO
 - B. Available/Displayed in Lab? YES / NO
 - C. Available/Displayed in Lab? YES / NO
 - D. Available/Displayed in Lab? YES / NO

Please complete the following section after the inspection: The following space should be used by the inspector to indicate any items of non-compliance (and how and when they will be resolved), or a statement that all requirements were met and certification is recommended by the inspector. Inspector Name: Contact Information: _____ (email) _____ (phone) Inspector Signature: _____ Date: _____

Lab Supervisor Signature: ______ Date: _____