

## MICROBIAL COUNT

### REFERENCE DOCUMENT: SOP NO. BIOL 007

| MICROBIOLOGY LAB NO.  | DATE RECEIVED   | DATE TEST SET                          | DATE OF RESULTS          |
|---|---|--|--------------------------|
| BIOL/001/2015   | 2015-11-23 12:42:23   | 25-Nov-2015                            | 30-Nov-2015              |
| <b>SAMPLE PREPARATION</b>   |   |  |                          |
| <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">             10ml<br/>             _____<br/>             100ml 90           </div> <div style="text-align: center;">X</div> <div style="text-align: center;">             10ml<br/>             _____<br/>             100ml 90           </div> <div style="text-align: center;">X</div> <div style="text-align: center;">             1ml<br/>             _____<br/>             1 mLml Plating           </div> <div style="margin-left: 20px;">             Replicates: 2           </div> </div> |   |  |                          |
| <div style="display: flex; justify-content: space-between;"> <span>0</span> <span>0</span> </div>   |   |  |                          |
| <b>RESULTS</b>  |   |  |                          |
|   |   | 10 <sup>1</sup> CFU<br>0               | 10 <sup>2</sup> CFU<br>0 |
| <b>Nutrient Agar</b>  | Plate 1   |  |                          |
|   | Plate 2   | 0                                      | 0                        |
|   | <b>Average (A): CFU<br/>(Total Aerobic Microbial Count)</b> | 0                                      | 0                        |
|   |   | 0                                      | 0                        |
|   |   |  | <b>Negative Control</b>  |
| <b>Sabourauds Dextrose Agar</b>   | Plate 1   | < 100                                  | 0                        |
|   | Plate 2   |  |                          |
|   | <b>Average (B): CFU<br/>(Total Yeast Microbial Count)</b>   |  |                          |
| <b>NB: Acceptance Criteria is interpreted as follows depending on route of administration</b><br>– 10 <sup>1</sup> cfu: maximum acceptable count = 20; 10 <sup>2</sup> cfu: maximum acceptable count = 200; 10 <sup>3</sup> cfu: maximum acceptable count = 2000; and so forth.   |   |  |                          |
| <b>CONCLUSION:</b><br>The Product   |   | <b>Complies</b>                        |                          |
|   |   | <b>Does Not Comply</b>                 |                          |
| <b>Analyst:</b>   |   | <b>Head, Biological Analysis Unit:</b> |                          |
| Date:   |   | Date:                                  |                          |
| <b>Analyst:</b>   |   | Signature:                             |                          |
| Date:   |   |  |                          |

# TEST FOR SPECIFIED MICROORGANISMS

REFERENCE DOCUMENT: SOP NO. BIOL 007

| MICROBIOLOGY LAB NO.  |            | DATE RECEIVED       |   | DATE TEST SET   |   | DATE OF RESULTS  |   |
|---|------------|---------------------|---|---|---|------------------|---|
| BIOL/001/2015   |            | 2015-11-23 12:42:23 |   | 25-Nov-2015   |   | 30-Nov-2015      |   |
| SAMPLE PREPARATION  |            |                     |   |   |   |                  |   |
| <div> <div>10ml</div> <div>100ml 90</div> </div> X <div> <div>10ml</div> <div>100ml 90</div> </div> X <div> <div>1ml</div> <div>1 mLml Plating</div> </div> Replicates: 2 |            |                     |   |   |   |                  |   |
| <div>0</div> <div>0</div>   |            |                     |   |   |   |                  |   |
| RESULTS   |            |                     |   |   |   |                  |   |
| Microorganism   | Test Media | 0                   | 0 | Observation   | 0 | Negative Control | 0 |
|   |            | 0                   | 0 |   |   |                  |   |
|   |            | 0                   | 0 |   |   |                  |   |
|   |            | 0                   | 0 |   |   |                  |   |
|   |            | 0                   | 0 |   |   |                  |   |
|   |            | < 100               | 0 |   |   |                  |   |
|   |            |                     |   |   |   |                  |   |
| <b>Observation</b> - Indicate whether there is growth/turbidity/colour change in the test media or Not.   |            |                     |   |   |   |                  |   |
| CONCLUSION:   |            | Complies            |   | With the requirements of the Test for Specified Microorganisms. |   |                  |   |
| The Product   |            | Does Not Comply     |   |   |   |                  |   |
| Analyst:  |            |                     |   | Head, Biological Analysis Unit:                                 |   |                  |   |
| Date:   |            |                     |   | Date:   |   |                  |   |
| Analyst:  |            |                     |   | Signature:  |   |                  |   |
| Date:   |            |                     |   |   |   |                  |   |