# MICROBIAL COUNT

## REFERENCE DOCUMENT: SOP NO. BIOL 007

| MICROBIOLOGY LAB NO. | DATE RECEIVED | DATE TEST SET | DATE OF RESULTS |
|---|---|---|---|
| BIOL/001/2017 | 2017-10-05 09:27:32 | 11-Oct-2017 | 16-Oct-2017 |

| SAMPLE PREPARATION |
|---|

$$\frac{10g}{100ml\ BPW} \quad X \quad \frac{10ml}{100ml\ BPW} \quad X \quad \frac{1ml}{1ml\ Plating} \qquad \text{Replicates: 2}$$

43                00

| RESULTS | | 50 | | 0 | |
|---|---|---|---|---|---|
| | | **$10^1$ CFU** | **$10^2$ CFU** | **$10^3$ CFU** | **Negative Control** |
| | | 47 | | 0 | |
| **Nutrient Agar** | Plate 1 | | | | |
| | Plate 2 | 6 | | 0 | |
| | **Average (A): CFU** **(Total Aerobic Microbial Count)** | 3 | | 0 | |
| | | 5 | | 0 | **Negative Control** |
| **Sabourauds Dextrose Agar** | Plate 1 | **53** | | **0** | |
| | Plate 2 | | | | |
| | **Average (B): CFU** **(Total Yeast Microbial Count)** | | | | |

**NB:  Acceptance Criteria is interpreted as follows depending on route of administration**

— $10^1$ cfu: maximum acceptable count = 20;  $10^2$ cfu: maximum acceptable count = 200;  $10^3$ cfu: maximum acceptable count = 2000; and so forth.

Yes

| **CONCLUSION**: The Product | | **Complies** | | With the requirements of the Microbial Enumeration Test. |
|---|---|---|---|---|
| | | **Does Not Comply** | | |
| **Analyst:** | | **Head, Biological Analysis Unit:** | | |
| Date: | | Date: | | |
| **Analyst:** | | Signature: | | |
| Date: | | | | |

# TEST FOR SPECIFIED MICROORGANISMS

## REFERENCE DOCUMENT: SOP NO. BIOL 007

| MICROBIOLOGY LAB NO. | DATE RECEIVED | DATE TEST SET | DATE OF RESULTS |
|---|---|---|---|
| BIOL/001/2017 | 2017-10-05 09:27:32 | 11-Oct-2017 | 16-Oct-2017 |
|  |  |  |  |

### SAMPLE PREPARATION

$$\frac{10g}{100ml\ BPW} \quad X \quad \frac{10ml}{100ml\ BPW} \quad X \quad \frac{1ml}{1ml\ Plating}$$

Replicates: 2

43          00

### RESULTS

| Microorganism | Test Media | Observation | | Negative Control |
|---|---|---|---|---|
|  |  | 50          0 |  |  |
|  |  | 47          0 |  |  |
|  |  | 6 | 0 |  |
|  |  | 3 | 0 |  |
|  |  | 5 | 0 |  |
|  |  | **53** | **0** |  |
|  |  |  |  |  |

**Observation –** Indicate whether Yes there is growth/turbidity/colour change in the test media or Not.

| CONCLUSION: The Product | | Complies | With the requirements of the Test for Specified Microorganisms. |
|---|---|---|---|
| | | Does Not Comply | |

| Analyst: | | Head, Biological Analysis Unit: | |
|---|---|---|---|
| Date: | | Date: | |
| Analyst: | | Signature: | |
| Date: | | | |