

## MICROBIAL COUNT

### REFERENCE DOCUMENT: SOP NO. BIOL 007

MICROBIOLOGY LAB NO.	DATE RECEIVED	DATE TEST SET	DATE OF RESULTS
BIOL/001/2018	2018-06-04 15:28:33	19-Jun-2018	25-Jun-2018
<b>SAMPLE PREPARATION</b>			
<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">             10ml _____ 100ml BPW           </div> <div style="text-align: center;">X</div> <div style="text-align: center;">             10ml _____ 100ml BPW           </div> <div style="text-align: center;">X</div> <div style="text-align: center;">             1ml _____ 1ml 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 <b>&lt;10</b>	10 <sup>2</sup> CFU <b>0</b>
<b>Nutrient Agar</b>	Plate 1		
	Plate 2	0	0
	Average (A): CFU (Total Aerobic Microbial Count)	0	0
		<10	0
<b>Sabourauds Dextrose Agar</b>	Plate 1		
	Plate 2	<10	0
	Average (B): CFU (Total Yeast Microbial Count)		
<b>NB: Acceptance Criteria is interpreted as follows depending on route of administration</b> – 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> The Product		<b>Complies</b>	With the requirements of the Microbial Enumeration Test.
		<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	
SAMPLE PREPARATION							
<div> <div>10ml</div> <div>X</div> <div>10ml</div> <div>X</div> <div>1ml</div> <div>Replicates: 2</div> </div> <div> <div>100ml BPW</div> <div>100ml BPW</div> <div>1ml Plating</div> </div>							
<div>0</div> <div>0</div>							
RESULTS							
Microorganism	Test Media	Observation	Negative Control				
		<10	0				
		0	0				
		0	0				
		<10	0				
		<10	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:							