

MICROBIAL COUNT

REFERENCE DOCUMENT: SOP NO. BIOL 007

MICROBIOLOGY LAB NO.	DATE RECEIVED	DATE TEST SET	DATE OF RESULTS
BIOL/001/2018	2018-07-05 10:48:16	07-Jul-2018	11-Jul-2018
SAMPLE PREPARATION			
<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> 10g _____ 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-around; margin-top: 100px;"> <div style="text-align: center;">0</div> <div style="text-align: center;">0</div> </div>			
RESULTS			
		10 ¹ CFU 0	10 ² CFU 0
Nutrient Agar	Plate 1		
	Plate 2	0	0
	Average (A): CFU (Total Aerobic Microbial Count)	0	0
		0	0
Sabourauds Dextrose Agar	Plate 1	<10CFU/g	<10CFU/g
	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.			
CONCLUSION: The Product		Complies Does Not Comply	
Analyst:		Head, Biological Analysis Unit:	
Date:		Date:	
Analyst:		Signature:	
Date:			

TEST FOR SPECIFIED MICROORGANISMS

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MICROBIOLOGY LAB NO.		DATE RECEIVED		DATE TEST SET		DATE OF RESULTS	
SAMPLE PREPARATION							
<div> <div>10g</div> <div>10ml</div> <div>1ml</div> </div> <div> <div>X</div> <div>X</div> </div> <div> <div>100ml BPW</div> <div>100ml BPW</div> <div>1ml Plating</div> </div> <div>Replicates: 2</div>							
<div>0</div> <div>0</div>							
RESULTS							
Microorganism	Test Media	Observation	Negative Control				
		0	0				
		0	0				
		0	0				
		0	0				
		<10CFU/g	<10CFU/g				
Observation - 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:							