# MICROBIAL COUNT

## REFERENCE DOCUMENT: SOP NO. BIOL 007

| MICROBIOLOGY LAB NO. | DATE RECEIVED | DATE TEST SET | DATE OF RESULTS |
|---|---|---|---|
| BIOL/001/2016 | 2016-07-25 08:52:24 | 22-Jul-2016 | 27-Jul-2016 |

### SAMPLE PREPARATION

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

0      0

### RESULTS

0      0

| | | $10^1$ CFU  0 | $10^2$ CFU | $10^3$ CFU  0 | Negative Control |
|---|---|---|---|---|---|
| **Nutrient Agar** | Plate 1 | | | | |
| | Plate 2 | 0 | | 0 | |
| | **Average (A): CFU (Total Aerobic Microbial Count)** | 0 | | 0 | |
| | | 0 | | 0 | **Negative Control** |
| **Sabourauds Dextrose Agar** | Plate 1 | | <10CFU/g | | <10CFU/g |
| | Plate 2 | | | | |
| | **Average (B): CFU (Total Yeast Microbial Count)** | | | | |

**NB:** <u>Acceptance Criteria is interpreted as follows depending on route of administration</u>

— $10^1$ 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

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| MICROBIOLOGY LAB NO. | DATE RECEIVED | DATE TEST SET | DATE OF RESULTS |
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| BIOL/001/2016 | 2016-07-25 08:52:24 | 22-Jul-2016 | 27-Jul-2016 |
| | | | |

| SAMPLE PREPARATION |
|---|

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

Replicates: 2

0          0

| RESULTS | | | |
|---|---|---|---|
| | | 0 | 0 |
| 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. **Yes**

| 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: | | | |