## MICROBIAL COUNT

## REFERENCE DOCUMENT: SOP NO. BIOL 007

MICROBIOLO BIOL/00	OGY LAB NO. 01/2017	DATE RECEIV 2017-10-05 1		<b>TE TEST</b> 3-Nov-2017		DATE OF RESULTS 08-Nov-2017					
SAMPLE PREPARATION											
10g 10ml 1ml X — X — Replicates: 2 100ml BPW 100ml BPW 1ml Plating											
			0			0					
RESULTS 0 0											
			10 <sup>1</sup> CFU 0	10 <sup>2</sup> CF	TU 1	.03 CFU 0	Negative Control				
Nutrient Agar	Plate 1										
	Plate 2		0			0					
	Average (A): CI (Total Aerobic I	0			0						
	(10tal lielopie	viiciobiui county		4004-5-7-			Negative				
	Plate 1			10^1cfu/ca	-	0	Control				
Sabourauds	Plate 2		7*	10^1 CFU	<del>(Capsule</del>	0					
Dextrose Agar	Average (B): CFU (Total Yeast Microbial Count)										
NB: Acceptance Criteria is interpreted as follows depending on route of administration  - 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.											
CONCLUSION The Produ		Complies			With the requirements of the Microbial Enumeration Test.						
		Does Not Com	oly								
	Analyst:			Head, Biological Analysis Unit:							
	Date:			Date:							
	Analyst:			mature:							
	Date:		Signature:								

## TEST FOR SPECIFIED MICROORGANISMS

REFERENCE DOCUMENT: SOP NO. BIOL 007
2017-10-05 10:07:19 03-Nov-2017

MICROBIOLOGY LAB NO.		DATE RECEIVED		DATE TEST SET	DATE	DATE OF RESULTS						
		0.1.1.50										
SAMPLE PREPARATION												
10g — 100ml B	— х —	Oml X	1ml ——— 1ml Plating	— Replicates: 2 ing								
				0	0							
Microorganism Test Media Observation Negative												
Microorganism	Test Media			0	0	Negative Control						
				0	0							
			0	0								
	7*10^1cfu/capsule				0							
				7*10^1 CFU/Caps	ule 0							
Observation - Indic	ate wheth <b>ers</b> he	re is growth	ı/turbidity	y/colour change in the to	est media o	r Not.						
CONCLUSION:	Com	plies	W	With the requirements of the Test for Specified								
The Product	Doe	s Not Comp	1.1	licroorganisms.		1						
Analyst:	·			Head, Biological Analysis Unit:								
Date:				Date:								
Analyst:				Signature:								
Date:				organicale.								