

MICROBIAL COUNT

REFERENCE DOCUMENT: SOP NO. BIOL 007

MICROBIOLOGY LAB NO.		DATE RECEIVED		DATE TEST SET		DATE OF RESULTS	
BIOL/001/2018		2018-04-11 09:27:34		13-Apr-2018		18-Apr-2018	
SAMPLE PREPARATION							
<div> <div> <div>10g</div> <div>100ml BPW</div> </div> <div>X</div> <div> <div>10ml</div> <div>100ml BPW</div> </div> <div>X</div> <div> <div>1ml</div> <div>1ml Plating</div> </div> <div>Replicates: 2</div> </div>							
				0	0		
RESULTS							
		10 ¹ CFU	10 ² CFU	10 ³ CFU	Negative Control		
Nutrient Agar	Plate 1	<10		0			
	Plate 2	0		0			
	Average (A): CFU (Total Aerobic Microbial Count)	0		0			
		<10		0	Negative Control		
Sabourauds Dextrose Agar	Plate 1	<10		0			
	Plate 2	0		0			
	Average (B): CFU (Total Yeast Microbial Count)	0		0			
		<10		0	Negative Control		
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		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
SAMPLE PREPARATION			
<div> <div> <div>10g</div> <div>_____</div> <div>100ml BPW</div> </div> <div>X</div> <div> <div>10ml</div> <div>_____</div> <div>100ml BPW</div> </div> <div>X</div> <div> <div>1ml</div> <div>_____</div> <div>1ml Plating</div> </div> <div>Replicates: 2</div> </div>			
		0	0
RESULTS			
Microorganism	Test Media	Observation	Negative Control
		<10	0
		0	0
		0	0
		<10	0
		<10	0
		<10	0
Observation - Indicate whether there is growth/turbidity/colour change in the test media or Not. <div>Yes</div>			
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:			