

REFERENCE DOCUMENT: SOP NO. BIOL 007

| MICROBIOLOGY LAB NO. | | DATE RECEIVED | | DATE TEST SET | | DATE OF RESULTS | |
|---|---|---------------------|---------------------|---------------------------------|--|-----------------|--|
| BIOL/001/2016 | | 2016-02-01 10:27:15 | | 04-Mar-2016 | | 09-Mar-2016 | |
| SAMPLE PREPARATION | | | | | | | |
| <div> <div>10g</div> <div>ml</div> <div>1ml</div> </div> <div> <div>X</div> <div>X</div> </div> <div> <div>100ml Peptone Wa</div> <div>ml Peptone Wa</div> <div>1ml Plating</div> </div> <div>Replicates: 2</div> | | | | | | | |
| <div>0</div> <div>0</div> | | | | | | | |
| RESULTS | | | | | | | |
| | | 10 ¹ CFU | 10 ² CFU | 10 ³ CFU | Negative Control | | |
| | | <10 | | <10 | | | |
| Nutrient Agar | Plate 1 | | | | | | |
| | Plate 2 | | | | | | |
| | Average (A): CFU (Total Aerobic Microbial Count) | 0 | | 0 | | | |
| | | 0 | | 0 | | | |
| | | <10 | | <10 | Negative Control | | |
| Sabourauds Dextrose Agar | Plate 1 | | | | | | |
| | 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 | | | 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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|---|---------------------|--|---|
| BIOL/001/2016 | 2016-02-01 10:27:15 | 04-Mar-2016 | 09-Mar-2016 |
| MICROBIOLOGY LAB NO. | DATE RECEIVED | DATE TEST SET | DATE OF RESULTS |
| | | | |
| SAMPLE PREPARATION | | | |
| <div>10g ml 1ml</div> <div>_____ X _____ X _____</div> <div>100ml Peptone Wa ml Peptone Wa 1ml Plating</div> <div>Replicates: 2</div> | | | |
| 0 0 | | | |
| RESULTS | | | |
| Microorganism | Test Media | 0 0 | Negative Control |
| | | <10 <10 | |
| | | 0 0 | |
| | | 0 0 | |
| | | <10 <10 | |
| | | | |
| | | | |
| 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: | | | |