

MICROBIAL COUNT

REFERENCE DOCUMENT: SOP NO. BIOL 007

MICROBIOLOGY LAB NO.		DATE RECEIVED		DATE TEST SET		DATE OF RESULTS	
BIOL/001/2017		2017-01-25 09:21:47		18-Jan-2017		24-Jan-2017	
SAMPLE PREPARATION							
<div> <div> <div>10ml</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						
	Plate 2						
	Average (A): CFU (Total Aerobic Microbial Count)						
					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/001/2017	2017-01-25 09:21:47	18-Jan-2017	24-Jan-2017
MICROBIOLOGY LAB NO.	DATE RECEIVED	DATE TEST SET	DATE OF RESULTS
SAMPLE PREPARATION			
<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> 10ml _____ 100ml BPW </div> <div>X</div> <div style="text-align: center;"> 10ml _____ 100ml BPW </div> <div>X</div> <div style="text-align: center;"> 1ml _____ 1ml Plating </div> <div style="margin-left: 20px;">Replicates: 2</div> </div>			
		0	0
RESULTS			
Microorganism	Test Media	0	0
		0	0
		0	0
		0	0
		0	0
		<10	0
Observation - Indicate whether there is growth/turbidity/colour change in the test media or Not. <div style="display: flex; justify-content: space-between;"> Yes No </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:			