

## MICROBIAL COUNT

REFERENCE DOCUMENT: SOP NO. BIOL 007

MICROBIOLOGY LAB NO.		DATE RECEIVED		DATE TEST SET		DATE OF RESULTS	
BIOL/001/2016		2016-02-01 10:40:33		12-Feb-2016		15-Feb-2016	
SAMPLE PREPARATION							
<div> <div> <div>10ml</div> <div>_____</div> <div>X</div> </div> <div> <div>ml</div> <div>_____</div> <div>X</div> </div> <div> <div>1ml</div> <div>_____</div> </div> </div> <div> <div>100ml Peptone Wa</div> <div>ml Peptone Wa</div> <div>ml Plating</div> </div> <div>Replicates:</div>							
<div> <div>0</div> <div>0</div> </div>							
RESULTS							
		10 <sup>1</sup> CFU	10 <sup>2</sup> CFU	10 <sup>3</sup> CFU	Negative Control		
Nutrient Agar	Plate 1	<10		<10			
	Plate 2	0		0			
	Average (A): CFU (Total Aerobic Microbial Count)	0		0			
		<10		<10	Negative Control		
Sabourauds Dextrose Agar	Plate 1	<10		<10			
	Plate 2						
	Average (B): CFU (Total Yeast Microbial Count)						
<b>NB: Acceptance Criteria is interpreted as follows depending on route of administration</b> – 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 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>10ml</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>ml Plating</div> </div> <div>Replicates:</div>							
<div>0</div> <div>0</div>							
RESULTS							
Microorganism	Test Media	Observation	Negative Control				
		<10	<10				
		0	0				
		0	0				
		<10	<10				
		<10	<10				
<b>Observation</b> - Indicate whether there is growth/turbidity/colour change in the test media or Not.							
CONCLUSION:		Complies		With the requirements of the Test for Specified Microorganisms.			
The Product		Does Not Comply					
Analyst:				Head, Biological Analysis Unit:			
Date:				Date:			
Analyst:				Signature:			
Date:							