

## MICROBIAL COUNT

### REFERENCE DOCUMENT: SOP NO. BIOL 007

MICROBIOLOGY LAB NO.	DATE RECEIVED	DATE TEST SET	DATE OF RESULTS
BIOL/001/2016	2016-05-27 13:29:27	04-Jul-2016	09-Jul-2016

  

SAMPLE PREPARATION					
<div style="display: flex; justify-content: space-around; align-items: center;"> <div> <p>10g _____ ml _____ 1ml _____</p> <p>_____ X _____ X _____</p> <p>100ml Peptone Wa ml Peptone Wa 1ml Plating</p> </div> <div> <p>Replicates: 2</p> </div> </div>					

  

RESULTS					
		0	0	0	
		10 <sup>1</sup> CFU	10 <sup>2</sup> CFU	10 <sup>3</sup> CFU	Negative Control
		<10		<10	
Nutrient Agar	Plate 1				
	Plate 2	0		0	
	Average (A): CFU (Total Aerobic Microbial Count)	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<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.

  

<b>CONCLUSION:</b> 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>10g</div> <div>ml</div> <div>1ml</div> <div>X</div> <div>X</div> <div>Replicates: 2</div> </div> <div> <div>100ml Peptone Wa</div> <div>ml Peptone Wa</div> <div>1ml Plating</div> </div>							
<div>0</div> <div>0</div>							
RESULTS							
Microorganism	Test Media	0	Observation	0	Negative Control		
		<10		<10			
		0		0			
		0		0			
		<10		<10			
<b>Observation</b> - Indicate whether there is growth/turbidity/colour change in the test media or Not. <div>Yes</div>							
<b>CONCLUSION:</b> 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:							