## MICROBIAL COUNT

## REFERENCE DOCUMENT: SOP NO. BIOL 007 MICROBIOLOGY LAB NO DATE RECEIVED DATE TEST SET DATE OF RESULTS

BIOL/001/2016		2016-04-27 13				09-May-2016					
SAMPLE PREPARATION											
10ml 1ml X — X — Replicates: 2 100ml BPW 100ml BPW 1ml Plating											
			0			0					
RESULTS 0 0											
			10 <sup>1</sup> CFU 0	10 <sup>2</sup> CF	TU 1	03 CFU 0	Negative Control				
Nutrient Agar	Plate 1										
	Plate 2										
	Average (A): CF (Total Aerobic N	U ⁄Iicrobial Count)	0			0 0					
			0			0	Negative Control				
Sabourauds Dextrose Agar	Plate 1		<10								
	Plate 2		<del>~</del> 1	<b>U</b>		<del></del>					
	Average (B): CFU (Total Yeast Microbial Count)										
NB: Acceptance	1 1	,	lepending on	route of	adminis	tration					
NB: Acceptance Criteria is interpreted as follows depending on route of administration  — 10¹ cfu: maximum acceptable count = 20; 10² cfu: maximum acceptable count = 200; 10³ cfu: maximum acceptable count = 2000; and so forth.											
CONCLUSION The Produc		Complies			With the requirements of the Microbial Enumeration Test.						
		Does Not Comply									
F	Analyst:		Head, Biological Analysis Unit:								
	Date:		Date:								
A	Analyst:		Signature:								
	Date:										

## TEST FOR SPECIFIED MICROORGANISMS

REFERENCE DOCUMENT: SOP NO. BIOL 007
2016-04-27 13:11:28 03-May-2016

MICROBIOLOGY LAB NO.		DATE RECEIVED		DATE TEST SET	DĂTI	DATE OF RESULTS					
		C 4 3 5D	. E DDED	A D A TIVON							
SAMPLE PREPARATION											
10ml ————————————————————————————————————	— x ——	Oml X NI BPW	1ml 1ml Platin	Replicates: 2							
				0	0						
Microorganism Test Media Observation Negative											
Microorganism	Test Media			0	0	Negative Control					
				0	0						
				0	0						
				0	0						
				<10	0						
<b>Observation</b> - Indic	ate wheth <b>er</b> the	re is growth	n/turbidit	ty/colour change in the	test media o	r Not.					
CONCLUSION: The Product	Complies			With the requirements of the Test for Specified							
	Does	s Not Comp	ply	Microorganisms.							
Analyst:				Head, Biological Analysis Unit:							
Date:				Date:							
Analyst:				Signature:							
Date:				51611111111							