

REFERENCE DOCUMENT: SOP NO. BIOL 007

MICROBIOLOGY LAB NO.		DATE RECEIVED		DATE TEST SET		DATE OF RESULTS	
BIOL/001/2015		2015-10-14 08:28:22		22-Oct-2015		27-Oct-2015	
SAMPLE PREPARATION							
<div> <div> <div>10g</div> <div>10ml 100</div> </div> <div>X</div> <div> <div>100ml</div> <div>4ml 100</div> </div> <div>X</div> <div> <div>1ml</div> <div>1ml Plating</div> </div> <div>Replicates: 2</div> </div>							
				0	0		
RESULTS				0	0		
		10 <sup>1</sup> CFU	10 <sup>2</sup> CFU	10 <sup>3</sup> 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)						
<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:							

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<div> <div>0</div> <div>0</div> </div>							
RESULTS							
Microorganism	Test Media		Observation		Negative Control		
			0		0		
			0		0		
			0		0		
			<100CFU/ML				
<b>Observation</b> – Indicate whether there is growth/turbidity/colour change in the test media or Not.							
<b>CONCLUSION:</b> The Product		<b>Complies</b>		With the requirements of the Test for Specified Microorganisms.			
		<b>Does Not Comply</b>					
<b>Analyst:</b>				<b>Head, Biological Analysis Unit:</b>			
Date:				Date:			
<b>Analyst:</b>				Signature:			
Date:							