

## MICROBIAL COUNT

**REFERENCE DOCUMENT: SOP NO. BIOL 007**

MICROBIOLOGY LAB NO.	DATE RECEIVED	DATE TEST SET	DATE OF RESULTS
<b>SAMPLE PREPARATION</b>			
<b>RESULTS</b>			
		<b>10<sup>1</sup> CFU</b>	<b>10<sup>2</sup> CFU</b>
		<b>10<sup>3</sup> CFU</b>	<b>Negative Control</b>
<b>Nutrient Agar</b>	Plate 1		
	Plate 2		
	Average (A): CFU (Total Aerobic Microbial Count)		
<b>Sabourauds Dextrose Agar</b>	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.			
<b>CONCLUSION:</b> The Product		<b>Complies</b>	
		<b>Does Not Comply</b>	
<b>Analyst:</b>		<b>Head, Biological Analysis Unit:</b>	
Date:		Date:	
<b>Analyst:</b>		Signature:	
Date:			

**TEST FOR SPECIFIED MICROORGANISMS**  
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MICROBIOLOGY LAB NO.	DATE RECEIVED	DATE TEST SET	DATE OF RESULTS
<b>SAMPLE PREPARATION</b>			
<b>RESULTS</b>			
Microorganism	Test Media	Observation	Negative Control
<b>Observation</b> - Indicate whether there is growth/turbidity/colour change in the test media or Not.			
<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:			