

MICROBIAL COUNT

REFERENCE DOCUMENT: SOP NO. BIOL 007

MICROBIOLOGY LAB NO.		DATE RECEIVED		DATE TEST SET		DATE OF RESULTS	
BIOL/001/2017		2017-09-19 11:32:06		21-Sep-2017		26-Sep-2017	
SAMPLE PREPARATION							
<div> <div> <div>10ml</div> <div>_____</div> <div>100ml BPW</div> </div> <div>X</div> <div> <div>10ml</div> <div>_____</div> <div>100ml BPW</div> </div> <div>X</div> <div> <div>1ml</div> <div>_____</div> <div>1ml Plating</div> </div> <div>Replicates: 2</div> </div>							
<div> <div>0</div> <div>0</div> </div>							
RESULTS							
		10 ¹ CFU	10 ² CFU	10 ³ CFU	Negative Control		
		<10CFU/ml,	<10CFU/ml,	<10CFU/ml,			
Nutrient Agar	Plate 1						
	Plate 2						
	Average (A): CFU (Total Aerobic Microbial Count)	0		0			
		0		0			
		<10CFU/ml,	<10CFU/ml,	<10CFU/ml,	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 ¹ cfu: maximum acceptable count = 20; 10 ² cfu: maximum acceptable count = 200; 10 ³ 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>X</div> <div>10ml</div> <div>X</div> <div>1ml</div> <div>Replicates: 2</div> </div> <div> <div>100ml BPW</div> <div>100ml BPW</div> <div>1ml Plating</div> </div>							
<div>0</div> <div>0</div>							
RESULTS							
Microorganism	Test Media	Observation	Negative Control				
		<10CFU/ml,	<10CFU/ml,				
		0	0				
		0	0				
		<10CFU/ml,	<10CFU/ml,				
		<10CFU/ml,	<10CFU/ml,				
Observation - Indicate whether there is growth/turbidity/colour change in the test media or Not.							
CONCLUSION: 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:							