# MICROBIAL COUNT

## REFERENCE DOCUMENT: SOP NO. BIOL 007

| MICROBIOLOGY LAB NO. | DATE RECEIVED | DATE TEST SET | DATE OF RESULTS |
|---|---|---|---|
| BIOL/001/2018 | 2018-07-19 09:57:27 | 13-Jul-2018 | 17-Jul-2018 |

| SAMPLE PREPARATION |
|---|

$$\frac{10ml}{100ml\ BPW} \quad X \quad \frac{10ml}{100ml\ BPW} \quad X \quad \frac{1ml}{1ml\ Plating} \qquad Replicates:\ 2$$

0    0

| RESULTS | | 0 | | 0 | |
|---|---|---|---|---|---|
| | | $10^1$ CFU | $10^2$ CFU | $10^3$ CFU | Negative Control |
| | | <10 | | 0 | |
| **Nutrient Agar** | Plate 1 | | | | |
| | Plate 2 | 0 | | 0 | |
| | **Average (A): CFU (Total Aerobic Microbial Count)** | 0 | | 0 | |
| | | <10 | | 0 | Negative Control |
| **Sabourauds Dextrose Agar** | Plate 1 | <10 | | 0 | |
| | 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.

Yes

| CONCLUSION:<br>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

## REFERENCE DOCUMENT: SOP NO. BIOL 007

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|---|---|---|---|
| BIOL/001/2018 | 2018-07-19 09:57:27 | 13-Jul-2018 | 17-Jul-2018 |
| | | | |

### SAMPLE PREPARATION

$$\frac{10ml}{100ml\ BPW} \quad X \quad \frac{10ml}{100ml\ BPW} \quad X \quad \frac{1ml}{1ml\ Plating} \qquad \text{Replicates: 2}$$

|  |  |
|---|---|
| 0 | 0 |

### RESULTS

| Microorganism | Test Media | Observation | | Negative Control |
|---|---|---|---|---|
| | | 0 | 0 | |
| | | <10 | 0 | |
| | | | | |
| | | 0 | 0 | |
| | | 0 | 0 | |
| | | <10 | 0 | |
| | | **<10** | **0** | |
| | | | | |

**Observation –** Indicate whether there is growth/turbidity/colour change in the test media or Not.  **Yes**

| 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: | | | |