## MICROBIAL COUNT

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

	OGY LAB NO.	DATE RECEIV									
BIOL/00	01/2016	2016-03-16 07:24		21-Mar-2016		29-Mar-2016					
SAMPLE PREPARATION											
10ml 10ml 1ml — X — X — Replicates: 2 100ml 90 100ml 90 1 mLml Plating											
			0			0					
		RES	ULTS 0			0					
			10¹ CFU 0	10 <sup>2</sup> CF	FU 1	03 CFU 0	Negative Control				
Nutrient Agar	Plate 1										
	Plate 2					_					
	Average (A): C	FU	0			0					
	(Total Aerobio	Microbial Count)	0			0					
			0			0	Negative Control				
Sabourauds Dextrose Agar	Plate 1										
	Plate 2		<del>~</del>	0		0					
	Average (B): (	TFU Iicrobial Count)									
NB: Acceptance	1 1		depending on	route of	adminis	tration					
NB: Acceptance Criteria is interpreted as follows depending on route of administration  — 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 Produ		Complies				Vith the requirements of the licrobial Enumeration Test.					
		Does Not Com	ply								
	Analyst:			ological sis Unit:							
	Date:			Date:							
	Analyst:		Signature:								
	Date:										

## TEST FOR SPECIFIED MICROORGANISMS

REFERENCE DOCUMENT: SOP NO. BIOL 007

2016-03-16 07:24:38 21-Mar-2016

MICROBIOLOGY LAB NO.		DATE RECEIVED		DATE TEST SET	DATE	DATE OF RESULTS						
		643.60	TE BRERA	A FIGUR								
SAMPLE PREPARATION												
10ml ————————————————————————————————————	— х —	Oml X	1ml ——— 1 mLml Plat	Replicates: 2 ing								
			RESULTS	0	0							
Microorganism	Test	Media	RESULTS	Observation	0	Negative						
- Trifere et gon meant	rest wicara			0	0	Control						
				0	0							
				0	0							
				0	0							
				<10	0							
Observation - Indic	ate wheth <b>ers</b> the	re is growth	n/turbidity,	/colour change in the to	est media o	r Not.						
CONCLUSION:	Com	plies		th the requirements of	the Test for	e Test for Specified						
The Product	Does	s Not Com	ply Mi	croorganisms.								
Analyst:	·			Head, Biological Analysis Unit:								
Date:				Date:								
Analyst:				Signature:								
Date:				oigilutuie.								