

MICROBIAL COUNT

REFERENCE DOCUMENT: SOP NO. BIOL 007

MICROBIOLOGY LAB NO.	DATE RECEIVED	DATE TEST SET	DATE OF RESULTS		
BIOL/001/2016	2016-02-01 10:16:21				
SAMPLE PREPARATION					
<div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="text-align: center;"> <p>10g</p> <p>_____</p> <p>100ml Peptone Wa</p> </div> <div style="text-align: center;"> <p>ml</p> <p>_____</p> <p>ml Peptone Wa</p> </div> <div style="text-align: center;"> <p>1ml</p> <p>_____</p> <p>ml Plating</p> </div> </div> <div style="margin-top: 20px;"> <p>Replicates: _____</p> </div>					
RESULTS					
		0	0		
		0	0		
		10 ¹ CFU	10 ² CFU	10 ³ CFU	Negative Control
		<10		<10	
Nutrient Agar	Plate 1				
	Plate 2	0		0	
	Average (A): CFU (Total Aerobic Microbial Count)	0		0	
		<10		<10	Negative Control
Sabourauds Dextrose Agar	Plate 1				
	Plate 2				
	Average (B): CFU (Total Yeast Microbial Count)				
<p>NB: Acceptance Criteria is interpreted as follows depending on route of administration</p> <p>– 10¹ cfu: maximum acceptable count = 20; 10² cfu: maximum acceptable count = 200; 10³ cfu: maximum acceptable count = 2000; and so forth.</p>					
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

REFERENCE DOCUMENT: SOP NO. BIOL 007

BIOL/001/2016 2016-02-01 10:16:21

MICROBIOLOGY LAB NO.	DATE RECEIVED	DATE TEST SET	DATE OF RESULTS
SAMPLE PREPARATION			
<div> <div>10g</div> <div>ml</div> <div>1ml</div> </div> <div> <div>X</div> <div>X</div> </div> <div> <div>100ml Peptone Wa</div> <div>ml Peptone Wa</div> <div>ml Plating</div> </div> <div>Replicates:</div> <div>0</div> <div>0</div>			
RESULTS			
Microorganism	Test Media	Observation	Negative Control
		<10	<10
		0	0
		0	0
		<10	<10
Observation - Indicate whether there is growth/turbidity/colour change in the test media or Not. <div>Yes</div>			
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:			