

MICROBIAL COUNT

REFERENCE DOCUMENT: SOP NO. BIOL 007

MICROBIOLOGY LAB NO.		DATE RECEIVED		DATE TEST SET		DATE OF RESULTS	
BIOL/001/2015		2015-12-17 05:38:26		23-Dec-2015		28-Dec-2015	
SAMPLE PREPARATION							
<div> <div> <div>10g</div> <div>_____</div> <div>100ml 90 ml</div> </div> <div>X</div> <div> <div>10ml</div> <div>_____</div> <div>100ml 90 ml</div> </div> <div>X</div> <div> <div>1ml</div> <div>_____</div> <div>1 mlml 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	
		0				0	
Nutrient Agar	Plate 1						
	Plate 2						
	Average (A): CFU (Total Aerobic Microbial Count)	0				0	
		0				0	
		0				0	
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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RESULTS							
Microorganism	Test Media	0	0	Observation	0	Negative Control	0
		0	0		0		
		0	0		0		
		0	0		0		
		0	0		0		
		< 100	0		0		
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:							