MICROBIAL COUNT

REFERENCE DOCUMENT: SOP NO. BIOL 007

MICROBIOLO BIOL/00	OGY LAB NO. DATE RECEIV 01/2018 2018-04-25		ED DA	TE TEST SET 2-Apr-2018		DATE OF RESULTS 17-Apr-2018						
SAMPLE PREPARATION												
10ml 1ml — X — X — Replicates: 2 10ml BPW 1ml Plating												
			0			0						
		RES	ULTS 0			0						
			10 ¹ CFU 0	10 ² CF	F U 1	10 ³ CFU 0	Negative Control					
Nutrient Agar	Plate 1											
	Plate 2		n			0						
	Average (A): CFU (Total Aerobic Microbial Count)		0			0						
			0			0	Negative Control					
	Plate 1		_1	<10CFU		<10CFU						
Sabourauds Dextrose	Plate 2		- CIUCEO			710	0.0					
Agar	Average (B): (Total Yeast	CFU 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 Produ		Complies			With the requirements of the Microbial Enumeration Test.							
		Does Not Comp	oly									
1	Analyst:		Head, Biological Analysis Unit:									
	Date:		Date:									
1	Analyst:		- Signature:									
	Date:											

TEST FOR SPECIFIED MICROORGANISMS

REFERENCE DOCUMENT: SOP NO. BIOL 007
2018-04-25 15:12:00 12-Apr-2018

BIOL/001/2018 MICROBIOLOGY LAB NO.		2018-04-25 15:12:00 DATE RECEIVED		2:00 12-Apr-2 DATE T	12-Apr-2018 DATE TEST SET		17-Apr-2018 DATE OF RESULTS				
MICKODIOLOG	TEMB IVO.	DITTER	ECLIVEE	DITTE II	LOIGEI	Dilli	COT RESCETS				
SAMPLE PREPARATION											
10ml ————————————————————————————————————	— x ——	00ml —— X BPW	1ml 	- Replica	ates: 2						
				0		0					
RESULTS											
Microorganism	Test Media			Observation			Negative Control				
				U		0					
				0		0					
				0		0					
				0		0					
				<10CFU			10CFU				
Observation – Indicate wheth rest here is growth/turbidity/colour change in the test media or Not.											
CONCLUSION:	Complies Does Not Comply			With the requirements of the Test for Specified							
The Product				Microorganisms.							
Analyst:				Head, Bio Analys	ological sis Unit:						
Date:					Date:						
Analyst:				Signature:							
Date:											