

MICROBIAL COUNT

REFERENCE DOCUMENT: SOP NO. BIOL 007

MICROBIOLOGY LAB NO.		DATE RECEIVED	DATE TEST SET	DATE OF RESULTS	
BIOL/001/2016		2016-05-10 10:30:27	28-Jun-2016	04-Jul-2016	
SAMPLE PREPARATION					
<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> 10ml _____ 100ml Buffered P </div> <div style="text-align: center;">X</div> <div style="text-align: center;"> 10ml _____ 100ml Buffered P </div> <div style="text-align: center;">X</div> <div style="text-align: center;"> 1ml _____ 1ml Plating </div> <div style="margin-left: 20px;">Replicates: 2</div> </div>					
			0	0	
RESULTS					
		10 ¹ CFU 0	10 ² CFU	10 ³ CFU 0	Negative Control
Nutrient Agar	Plate 1				
	Plate 2				
	Average (A): CFU (Total Aerobic Microbial Count)	0		0	
		0		0	Negative Control
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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MICROBIOLOGY LAB NO.		DATE RECEIVED		DATE TEST SET		DATE OF RESULTS	
SAMPLE PREPARATION							
<div> <div>10ml</div> <div>X</div> <div>10ml</div> <div>X</div> <div>1ml</div> </div> <div> 100ml Buffered P 100ml Buffered P 1ml Plating </div> <div>Replicates: 2</div>							
<div>0</div> <div>0</div>							
RESULTS							
Microorganism	Test Media	0	Observation	0	Negative Control		
		0		0			
		0		0			
		0		0			
		<100		0			
Observation - Indicate whether there is growth/turbidity/colour change in the test media or Not.							
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:							