

MICROBIAL COUNT

| MICROBIOLOGY LAB NO. | DATE RECEIVED | DATE TEST SET | DATE OF RESULTS |
|---|---------------|---------------------------------|--|
| | | | |
| SAMPLE PREPARATION | | | |
| | | | |
| RESULTS | | | |
| | | CFU X 100 | Negative Control |
| Nutrient Agar | Plate 1 | | |
| | Plate 2 | | |
| | Average (A) | | |
| | | CFU X 100 | Negative Control |
| Sabourauds Dextrose Agar | Plate 1 | | |
| | Plate 2 | | |
| | Average (B) | | |
| Total CFU (Sum of Averages A and B) | | | |
| NB: Where no CFU are found, report the number as Less Than 100 CFU (Colony Forming Units). Limits: Not More Than 5 x 10 ² CFU per mL/g. | | | |
| CONCLUSION: The Product | | Complies | With the requirements of the Microbial Limit Test. |
| | | Does Not Comply | |
| Analyst: | | Head, Biological Analysis Unit: | |
| Date: | | Date: | |
| Analyst: | | | |
| Date: | | | |