



FOOD HYGIENE & HEALTH LABORATORY


SINCE 1998

Testing of all kinds of Food, Food Products, Water & Beverages

'A', 512/513 Megacentre, Magarpatta, 4th floor, Solapur Road, Hadapsar, Pune - 411013, India

Tel. : 091- 20-26890197 / 26890347 Fax: 091-020-26890197 Cell : 9881237321

E-mail : foodwatertestlab1@yahoo.com, foodwatertestlab1@gmail.com Web Site : www.foodtestlab.com

F/ 5.10/02		TEST REPORT		Report Date :- 15/09/09
Lab Work Order No. / Code no. :- 2022 / 42 M				
Customer Name & Address :- M/S. Orchid School, Baner Mahalunge Road, Baner, Pune.			Page No. :- 1 of 1 Customer Reference Letter No. & date:-	
Description of sample :- Water Sample				
a) Sample marked as :- Drinking Water Sample		b) Batch No. :- -		Mfg. Dt. :- -
c) Packing - Sterile Bottle		d) Seal :- -		
e) Quantity of sample received - 100 ml		f) Sample collected by : Customer		
Date & time of sample Collection :-		11/09/09		
Date & time of Receipt in this Lab. :-		11/09/09		
Date(s) of testing :-		11/09/09 to 15/09/09		
Location of performance :- In-house				
Microbiological Analysis :-				
Sr. No.	Test Done	Result	Unit	Test Method
01.	Total Coliform	03	(MPN Index / 100 ml)	IS 1622 Reaffirmed 2003 - 05
02.	E .coli	Absent	(MPN Index / 100 ml)	IS 1622 Reaffirmed 2003 - 05
Note : 1. Sample consumed during testing.				
Remark:- The sample is safe for human consumption bacteriologically, pertaining to above tests				
End of the report.				
FOOD HYGIENE & HEALTH LAB 512/513, Megacentre, A wing, Solapur Road, Hadapsar, Pune - 13 Tel. Fax : +91-20-2689 0197 / 2689 0347 98812 37321 E-mail : foodwatertestlab1@yahoo.com drabhaydesai@yahoo.com				
 Dr. ABHAY DESAI Authorised Signatory				

Conditions of reporting : 1) Above results pertain only to the sample tested. 2) This report, in full or part, shall not be published, advertised, used for any legal action, unless prior permission has been secured. 3) Samples will be retained by us for a Specified Period (in case of non perishable items only), unless specific instructions to the contrary are received. 4) FHHL Lab is empanelled by Govt. of Maharashtra vide their GR 2001 & renewed thereafter. 5) Reports are considered & valid only upon receipt of full payment with Service Tax.



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F/5.10/02		TEST REPORT		Report Date :- 15/09/09	
Work Order No. & code no. :- 4319 / 181 M					
Customer Name & Address :- M/S. Orchid School, Baner Mahalunge Road, Baner, Pune..				Page No. :-1 of 1 Customer letter No. --- & date:-	
Description of Sample :- Cooked Food					
a) Sample Marked As - Dal		b) Batch No.:- -		Mfg. Dt. :- - -	
c) Packing - Sterile Container		d) Seal :- ----			
e) Quantity of sample received - 10gm		f) Sample collected by : Customer			
g) Caterers Name -					
Date & time of sample collection		:- 11/09/09			
Date & time of Receipt in the Lab.		:- 11/09/09			
Date(s) of testing		:- 11/09/09 to 15/09/09			
Test Method Reference		:-AOAC.			
Location of performance		:- In-house			
Microbiological analysis:- CFU/gm					
Sr. No.	Test Done	Result	Standards		
01.	Coliform	06	NMT 10		
02.	Yeast / Mould	05 x 10 ¹	NMT 10 x 10 ¹		
03.	<u>E.coli</u>	Absent	Absent		
04.	T.V.C.	35 x 10 ¹	NMT 50 x 10 ¹		
Note :- NMT = Not More Than					
Remark :- The sample is safe for human consumption ,bacteriologically, pertaining to above tests .					
End of the report.					
FOOD HYGIENE & HEALTH LAB 512/513, Megacentre, A wing, Solapur Road, Hadapsar, Pune - 13 Tel. Fax :-91-20-2689 0197 / 2689 0347 95812 37329 E-mail : foodwatertestlab1@yahoo.com drabhaydesai@yahoo.com				 Dr. ABHAY DESAI Authorised Signatory	

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F/5.10/02		TEST REPORT		Report Date :- 15/09/09	
Work Order No. & code no. :- 4319 / 182 M				Page No. :- 1 of 1	
Customer Name & Address :- M/S. Orchid School, Baner Mahalunge Road, Baner, Pune.				Customer letter No. --- & date -	
Description of Sample :- Cooked Food					
a) Sample Marked As - Tadka Rice		b) Batch No. :- -		Mfg. Dt. :- -	
c) Packing - Sterile Container		d) Seal :- ----			
e) Quantity of sample received - 10gm		f) Sample collected by : Customer			
g) Caterers Name -					
Date & time of sample collection		:- 11/09/09			
Date & time of Receipt in the Lab.		:- 11/09/09			
Date(s) of testing		:- 11/09/09 to 15/09/09			
Test Method Reference :-AOAC.					
Location of performance :- In-house					
Microbiological analysis:- CFU/gm					
Sr. No.	Test Done	Result	Standards		
01.	Coliform	03	NMT 10		
02.	Yeast / Mould	04 x 10 ¹	NMT 10 x 10 ¹		
03.	E.coli	Absent	Absent		
04.	T.V.C.	24 x 10 ¹	NMT 50 x 10 ¹		
Note :- NMT = Not More Than					
Remark :- The sample is safe for human consumption, bacteriologically, pertaining to above tests.					
End of the report.					
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