

TEST REPORT

(Electronic version)



No:200053940

VERIFICATION WEBSITE: www.gttc.net.cn

VERIFICATION CODE: VCEI-9773-54

ISSUE DATE 签发日期:2020-04-10

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APPLICANT: QUANZHOU HEXING SANITARY PRODUCTS CO., LTD.

委托单位: 泉州市合兴卫生用品有限公司

ADDRESS: XIPU INDUSTRIAL ZONE, HESHI, LUOJIANG, QUANZHOU, FUJIAN, CHINA

地址: 中国福建省泉州市洛江区河市镇溪埔工业区

SAMPLE INFORMATION 样品信息:

一次性口罩DISPOSABLE MASK 1包

BRAND 商标: 贝乐坊 BEI LE FANG

MANUFACTURE'S NAME 生产单位: 泉州市合兴卫生用品有限公司

DATE RECEIVED/DATE TEST STARTED: 2020-03-30

样品受理/测试开始日期: 2020-03-30

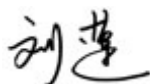
CONCLUSION 结论:

COLIFORM GROUP	M
大肠菌群	
TOTAL AMOUNT OF BACTERIAL COLONY	M
细菌菌落总数	
TOTAL AMOUNT OF FUNGUS COLONY	M
真菌菌落总数	
PSEUDOMONAS AERUGINOSA	M
绿脓杆菌	
STAPHYLOCOCCUS AUREUS	M
金黄色葡萄球菌	
HEMOLYTIC STREPTOCOCCUS	M
溶血性链球菌	

APPROVED BY(签发):

刘莲 工程师

Lian Liu ENGINEER



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NOTE: "M" -MEET THE STANDARD'S REQUIREMENT "F" -FAIL TO MEET THE STANDARD'S REQUIREMENT

"----" -NO COMMENT

备注: "M" -符合标准要求 "F" -不符合标准要求

"----" -此项目不判定

REMARK:

ALL THE TESTED ITEMS ARE TESTED UNDER THE STANDARD CONDITION (EXCEPT FOR INDICATION).

本报告中检验检测项目均在相应标准规定的环境条件下进行 (有注明的除外)。

COPIES OF THE REPORT ARE VALID ONLY RE-STAMPED.

复印件、副本未重新加盖报告书确认章无效。

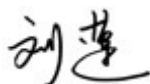
THE EXPERIMENT WAS CARRIED OUT AT No.1, ZHUJIANG ROAD, PANYU DISTRICT, GUANGZHOU, GUANGDONG, P. R. CHINA.

本报告检验检测地址为广州市番禺区珠江路1号。

APPROVED BY (签发):

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COLIFORM GROUP

大肠菌群

(GB 15979-2002 ANNEX B 附录B)

NOT DETECTED 未检出

REQUIREMENT 要求

MUST NOT BE DETECTED 不得检出
(YY 0469-2011)

TOTAL AMOUNT OF BACTERIAL COLONY (CFU/g)

细菌菌落总数 (CFU/g)

(GB 15979-2002 ANNEX B 附录B)

<20

REQUIREMENT 要求

≤100
(YY 0469-2011)

TOTAL AMOUNT OF FUNGUS COLONY (CFU/g)

真菌菌落总数 (CFU/g)

(GB 15979-2002 ANNEX B 附录B)

NOT DETECTED 未检出

REQUIREMENT 要求

MUST NOT BE DETECTED 不得检出
(YY 0469-2011)

PSEUDOMONAS AERUGINOSA

绿脓杆菌

(GB 15979-2002 ANNEX B 附录B)

NOT DETECTED 未检出

REQUIREMENT 要求

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(YY 0469-2011)

STAPHYLOCOCCUS AUREUS

金黄色葡萄球菌

(GB 15979-2002 ANNEX B 附录B)

NOT DETECTED 未检出

REQUIREMENT 要求

MUST NOT BE DETECTED 不得检出
(YY 0469-2011)

HEMOLYTIC STREPTOCOCCUS

溶血性链球菌

(GB 15979-2002 ANNEX B 附录B)

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——本报告结束(End of Report)——

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