

Tirupati Wellness Private Limited

Surajpur, Nahari Road, Paonta Sahib, Dist. Sirmour, Himachal Pradesh - 173025, India.

QUALITY CONTROL DEPARTMENT -: Certificate of Analysis Finished Good: -

Name of Product	: Muscle XP Beginners Protein (Double chocolate flavor) 1 Kg	: TWN/FPF0383/22			
Protocol No.	: TWN/QCD/TDF-0183-00	Received Date	: 21/04/2022		
Batch No.	: EMB22024	Date of Release	: 29/04/2022		
Mfg. Date	: Apr. 2022	Batch Size	: 170 Kg		
Best Before	: 24 months from mfg.	Sampled Qty.	: 1 Pouch		
Specification No.	: TWN/FPS/0171-00	Sampled By	: Mr. Ankit		

Sr.No.	Tests	Specifications	Observation			
1.	Description	Brown colored chocolate flavored Powder	Brown colored chocolate flavored Powder			
	Identification					
2.	Protein	Confirms by titration as described in assay	Complies			
	Carbohydrate	Confirms by UV Spectrophotometer as described in assay	Complies			
3.	Organoleptic Reconstitution (30g in 150-200 of chilled water)	Brown colored chocolate flavored Suspension.	Brown colored chocolate flavored Suspension.			
4.	pH (10.0% solution in water) Between 6.00 to 8.00 7.20		7.20			
5.	Loss on drying(at 105°c for 3hrs)	Not more than 9.0 % (w/w)	6.4 %w/w			
	Bulk Density					
6.	Untapped	Between 0.40 to 0.60 g/ml	0.45 g/ml			
	Tapped	Between 0.60 to 0.80 g/ml (100 Taps)	0.63 g/ml			

Signatories	Prepared By:	Checked By:	Approved By:
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	Assay per 30g				
7.	Content	Claim	Limit		Result
	Protein	12.00 g	Not less than 90% of Labeled amount of protein i.e. (NLT 10.80 g)		11.84 g 98.7 %
	Carbohydrate	13.50 g	NLT 90% of labeled amount of Carbohydrate i.e. (NLT 12.15g)		13.62 g 100.9 %
8.	Microbial Limit Test				
	Total Aerobic Count		NMT 10,000 cfu/g	500 cfu/g	
	Total Fungal Count		NMT 1000 cfu/g	<10 cfu/g	
	Pathogens:				
	E coli		Should be absent/g	Absent/g	
	Salmonella species		Should be absent/25g	Absent/25g	
	Pseudomonas aeruginosa		Should be absent/g	Absent/g	
	Staphylococcus aureus		Should be absent/g	Absent/g	

Remark: All test parameter of the sample complies /dees not comply as per the specification.

Signatories	Prepared By:	Checked By:	Approved By:
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Designation/Dept.	1 100 1 5	Exective 10C	Asil. Mywagufon
Signature/Date	29/04/2022	Jek 2910412022	- 19 ou how

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