

Texas Department of State Health Services  
1100 West 49th St.  
Austin, Texas 78756

Inspections Unit  
Inspection Summary Report

rev. 11-12a

Firm Name: Blue Bell Creameries LP	License #: (b) (4)	
Address: 1551 Windcrest	Scope of Inspection: Routine Inspection	
City, State Zip: Odessa, Texas 79763	Start Date: 11/19/14	End Date: 11/19/14

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Detention	
Disposition of Detained Products	
Destruction	
Sample Receipt	
Chain of Custody (Copy)	
<b>EXHIBITS</b>	
Complaint <input type="checkbox"/> Substantiated <input type="checkbox"/> Not Substantiated <input type="checkbox"/> Closed	
No Product Labels	
Reason Product Labels NOT attached: No Product Label Violations Observed	
No Website Exhibits	
No Photo Exhibits    No. of Photos:                      Photo Name:	
Domestic Seafood HACCP Report Form 3501 (Seafood Inspection)	
HACCP Plan	
HACCP Records	
Sanitation Monitoring Records	
Invoices/Bills of Lading	
<b>OTHER</b>	

**-INSPECTION NARRATIVE-**

**I. FIRM DATA**

Credentials Presented To/Title: Richard Perez-Route Sales Manager	Name of Parent Company (if different from coversheet): <input checked="" type="checkbox"/> Same
Legal Status: Corporation Other:	List Name/Full Address of Firm Affiliates in Texas: <input checked="" type="checkbox"/> N/A
Length of Time in Business (at this location) Enter Exact Start Date if Unlicensed: 2005	Firm Website: <input checked="" type="checkbox"/> N/A
Business Hours of Operation: Seasonal: <input type="checkbox"/> Varies	FTE: (b) (4)
Gross Annual Volume: (b) (4)	GAV Regulated Foods (Retail Only): \$

**Corporate Officers:**

TITLE:	NAME:	TITLE:	NAME:
President	Paul Kruse		

Management & Responsibilities:  
Brent Bridges-Operations Manager

**II. FACILITY DATA**

Total Sq. Footage: (b) (4)	AMBIENT <input type="checkbox"/> REFRIGERATED <input type="checkbox"/> FROZEN <input checked="" type="checkbox"/>
Facility Description: Transfer station with (b) (4) receiving bay doors for loading and un-loading product (b) (4) walk-in vault freezer for food storage.	
Water Source	CITY-MUNICIPALITY-DISTRICT: <input checked="" type="checkbox"/> WELL: <input type="checkbox"/>
N/A <input checked="" type="checkbox"/> Water Source Records Reviewed:	
N/A <input checked="" type="checkbox"/> Indicate Other Food-Regulating Agencies That Also Inspect The Firm:	

**Food Defense Security Preventative Measure Guidance: (Mark only one column for each set of boxes below)**

<input checked="" type="checkbox"/> Firm IS AWARE of Food Defense Security Preventative Measures.	<input type="checkbox"/> Firm is NOT AWARE of Food Defense Security Preventative Measures.
**Per the Bioterrorism Act of 2002, food facilities should be aware of food defense security preventative measures, and if NOT should be provided with guidance regarding the kinds of preventive measures that might be useful to operators of food establishments in minimizing the risk of tampering or other malicious, criminal, or terrorist actions.	As required for FDA contract inspections, the inspector provided the firm with: √ a Food Security Preventive Measures Booklet, AND √ a FIRST card (formerly called ALERT card).



**Reportable Food Registry (RFR):**

<input checked="" type="checkbox"/> Firm IS AWARE of the Reportable Food Registry requirement by FDA.	<input type="checkbox"/> Firm is NOT AWARE of the Reportable Food Registry requirement by FDA.
**The BT Act of 2002 requires facilities that manufacture, process, pack, or hold foods for U.S. consumption regulated by the FDA (other than dietary supplements & infant formula) MUST REPORT articles of food that have a reasonable probability of causing serious adverse health consequences to humans or animals to FDA's Reportable Food Registry. (effective 09/08/09)	As required for FDA contract inspections, the inspector provided the firm with: √ a RFR At-A-Glance document, AND √ a RFR Postcard.

**Food Safety Modernization Act (FSMA):**

FSMA User Fee Document was provided to the firm:  YES  NO

### III. COMMERCE

#### Supplier Information

% Received Interstate, According to Firm: (b) (4)

N/A  If Firm Is A DIRECT Importer, Indicate Product(s)/Country Of Origin:

Supplier(s) Name:	*Address:	Product(s) Supplied:
Blue Bell	(b) (4)	Ice Cream Products
Blue Bell	(b) (4)	Ice Cream
	(b) (4)	

\*Indicate a full address for all Texas companies. Only city/state/zip required for out-of-state suppliers.

#### Distribution Information

% Shipped Interstate, According to Firm (b) (4)

% Wholesale: (b) (4)      % Retail: (b) (4)

WALK-IN RETAIL CUSTOMERS ONLY—SKIP TO SECTION IV.

Distribution Area: (b) (4)

Customer Type(s): (b) (4)

Customer(s) Name: (b) (4)      \*Address: (b) (4)

N/A Private Label Customer(s) Name:      \*Address:

N/A Salvage Customer(s) Name:      \*Address:

\*Indicate a full address for all Texas companies. Only city/state/zip required for out-of-state customers.

### IV. PRODUCT/PROCESS DATA

#### Manufacturing Operations

Manufacturing Processes: (Mark all that apply) N/A (Warehouse Only)

<input checked="" type="checkbox"/> PREP W/COOK	<input type="checkbox"/> PRIVATE-LABEL ONLY	<input type="checkbox"/> SEAFOOD (16)	<input type="checkbox"/> SALVAGE	<input type="checkbox"/> ACIDIFIED
<input checked="" type="checkbox"/> PREP W/O COOK	<input type="checkbox"/> MODIFIED ATMOS	<input type="checkbox"/> JUICE	<input type="checkbox"/> BOTTLED/VENDED WATER	<input type="checkbox"/> LACF

N/A  Indicate firm personnel that have required training for specific areas noted above (include certificate exp. if applicable):

Description of Manufactured Product(s):

#### Product Labeling:

N/A  Indicate specific food/color additives and allergens in manufactured product(s):

Are finished products labeled appropriately for allergens? YES  NO  N/A

Is firm EXEMPT from NLEA Labeling? YES  NO

If NO, are NLEA-labeled products shipped interstate? YES  NO

N/A  Product Labeling Comments:

#### Warehousing/Distribution Operations

Goods Distributed: (Mark all that apply)

<input checked="" type="checkbox"/> FOOD	<input type="checkbox"/> OTCs	<input type="checkbox"/> DEVICES
Description of Distributed Product(s) (excluding manufactured product(s) listed above): 1/2 Gallon Ice Cream, Ice Cream Bars,		



Popsicles, Fudge Bars and Sherbet.	
N/A <input checked="" type="checkbox"/> Description of FROZEN Seafood Distributed:	N/A <input checked="" type="checkbox"/> Description of FRESH Seafood Distributed:

N/A <input checked="" type="checkbox"/> Indicate Off-Site Storage Facilities Used (name/address):
N/A <input checked="" type="checkbox"/> Indicate The Business or Individual The Firm Provides Storage For (name/contact information):

**V. PROCESS ASSESSMENT (Product(s) Reviewed During Inspection)**

None/Warehouse ONLY <input checked="" type="checkbox"/> Indicate Products Produced During Inspection:
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FDA PC Code(s):	Product(s) Description:
13 Y F 0 99	Ice Cream And Related Products, N.E.C./ Paper / Pasteurized / Ice Cream And Related Products, N.E.C.

<b>Process Flow Description:</b> Firm places order to corporate distribution center and have delivered to receiving bay doors ↓ Product is unloaded and immediately segregated by product and placed in freezer on pallets ↓ When customer places order firm will gather product and load on delivery truck for shipment
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Indicate Who Accompanied You During Your Review Of The Firm's Process: Richard Perez-Route Sales Manager
None <input checked="" type="checkbox"/> Describe The Firm's Product (lot) Coding System & Give An Example:
Does the firm have written recall procedures? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
None <input type="checkbox"/> List Other Critical Measurements Taken (not listed in process flow): (b) (4) deg F-Walk-in Vault

**VI. PROCESS-SPECIFIC INFORMATION: (Mark only the sections that apply)**

**Acid/Acidified Foods Information:**

Indicate The Process Authority Who Established The Firm's Scheduled Process:
None <input type="checkbox"/> List Products That Have An Established Process:
N/A <input type="checkbox"/> List Products That REQUIRE An Established Process, But The Firm Does NOT Have One:

**Bottled/Vended Water Information:**

<input type="checkbox"/> Bottled Water	<input type="checkbox"/> Ice	<input type="checkbox"/> Vended Water
Multi-service containers used? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Indicate The Laboratory Used For Source/Finished Product Testing:		
N/A <input type="checkbox"/> Indicate Water Vending Machines Reviewed (include License # & full address where unit is located):		

**HACCP Information:**

Is a HACCP plan REQUIRED for the product you chose to review? YES <input type="checkbox"/> NO <input type="checkbox"/>
Does the firm have a HACCP plan for the product you chose to review? YES <input type="checkbox"/> NO <input type="checkbox"/>
If yes, list the plan reviewed:
Does the firm have a written hazard analysis (Juice Only)? YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
Is the process validated (that at all times a 5-log pathogen reduction is achieved) (Juice Only)? YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
If firm does NOT perform 5-log reduction on-site, does firm include in hazard analysis that there is written assurance (e.g. letter) from juice processor customers that the juice will be given the required 5-log treatment at the secondary location (Juice Only)? YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
N/A <input type="checkbox"/> Indicate Product(s) That Are Covered By The Firm's Other HACCP Plans:
N/A <input type="checkbox"/> Indicate Product(s) That REQUIRE A HACCP Plan, For Which The Firm Does NOT Have One:

**Modified-Atmosphere Information:**

None <input type="checkbox"/> Product labeling indicates a: <input type="checkbox"/> Sell-by Date <input type="checkbox"/> Use-by Date within _____ calendar days (14 day max).
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**VII. SANITATION ASSESSMENT**

Is the firm REQUIRED to keep Sanitation Monitoring Records? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
If YES, does the firm monitor/document sanitation practices? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
Briefly Describe The Firm's Sanitation Program (chemicals used, cleaning frequency, etc...): Firm cleans warehouse area (b) (4) by sweeping, moping, and removing trash debris.

**VIII. INSPECTION HISTORY**

Previously Inspected By: DSHS	Date: 4/15/13	Cost of Corrections: \$
N/A <input checked="" type="checkbox"/> List Previous Observations:	Indicate Corrected/Not Corrected:	

**IX. OBJECTIONABLE CONDITIONS & MANAGEMENT'S RESPONSE**

Indicate Who Provided A Response To The E-14 Observations: Richard Perez-Route Sales Manager	
N/A <input checked="" type="checkbox"/> List Additional Firm Representatives Present During the E-14 Discussion:	
N/A <input type="checkbox"/> List Current Observations: 1. Firm was able to present evidence of a current Food Wholesaler____. Firm start date: 2008. Firm's reported Gross Annual Sales (GAS): \$(b) (4) Firm is engaging in the following activities: Food Wholesaler for Ice Cream Products The gross annual sales given by the firm representative during this inspection are greater than the fee level paid - firm paid at level (b) (4) gross annual sales of (b) (4)  PLEASE CORRECT AT TIME OF LICENSE/PERMIT RENEWAL  Contact the Foods Licensing Group at (512) 834-6626 or Contact the Drugs and Food Safety Licensing Group at (512) 834-6727  Go to <a href="http://www.dshs.state.tx.us/fdlicense">http://www.dshs.state.tx.us/fdlicense</a> if any additional information is needed.	Indicate Correction Proposed/Timeframe: 1. RSM states he will contact corporate office today to address licenses issue.

**X. COMMENTS**

N/A <input checked="" type="checkbox"/> Joint Inspection:
N/A <input checked="" type="checkbox"/> Inspection Comments:

Inspector: Charles Mullin, R.S.

Signature

*Charles Mullin, R.S.*