

**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 Amarillo Transfer Station | License #: None CFN (b) (4) |
| Address: 5101 South Washington | Scope of Inspection: FDA Contract Inspection |
| City, State Zip: Amarillo, Texas 79110 | Start Date: 26 March 13 |
| | End Date: 26 March 13 |

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| E-14 |
| Detention |
| Disposition of Detained Products |
| Destruction |
| Sample Receipt |
| Chain of Custody (Copy) |
| EXHIBITS |
| Complaint <input type="checkbox"/> Substantiated <input type="checkbox"/> Not Substantiated <input type="checkbox"/> Closed |
| Drop Down Menu |
| Reason Product Labels NOT attached: Drop Down Menu |
| Drop Down Menu |
| Drop Down Menu No. of Photos: Photo Name: |
| Domestic Seafood HACCP Report Form 3501 (Seafood Inspection) |
| HACCP Plan |
| HACCP Records |
| Sanitation Monitoring Records |
| Invoices/Bills of Lading |
| OTHER |
| |
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| |
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~INSPECTION NARRATIVE~

I. FIRM DATA

| | |
|---|---|
| Credentials Presented To/Title: Mr. Brad Duggan, Territory Operations Managers Manager | Name of Parent Company (if different from coversheet): <input type="checkbox"/> Same Blue Bell Creameries Inc P O Box 1807 Brenham Texas, 77834 |
| Legal Status: LP -- Partnership Other: | List Name/Full Address of Firm Affiliates in Texas: <input type="checkbox"/> N/A Austin, Beumont, Brenham, Corpus, Dallas, Longview, Ft Worth, Houston, Humble, Huntsville, Katie, Lufkin, New Braunfield, Lewisville, Mckenne, San Antonio, Lancaster, Harlengen, Waco, El Paso, Amarillo 5101 South Washington 79110, Big Spring 401 East I-20 79270, Odessa 1515 Windcrest 79763, Abaline 525 Fudwifer Road 79603 |
| Length of Time in Business (at this location) Enter Exact Start Date If Unlicensed: August 1, 2006 | Firm Website: <input checked="" type="checkbox"/> N/A |
| Business Hours of Operation: Seasonal: <input type="checkbox"/> Mon- Fri 8:30 am - 6:30 pm | FTE: <input type="checkbox"/> |
| Gross Annual Volume: (b) (4) | GAV Regulated Foods (Retail Only): \$(b) (4) |

Corporate Officers:

| TITLE: | NAME: | TITLE: | NAME: |
|--------|-----------------|--------|-------|
| CEO | Mr. Paul Kruse | | |
| CFO | Mr. Bill Rankin | | |
| | | | |

Management & Responsibilities:

Mr. Brad Duggan Territory Operations Manager

FDA Summary Information:

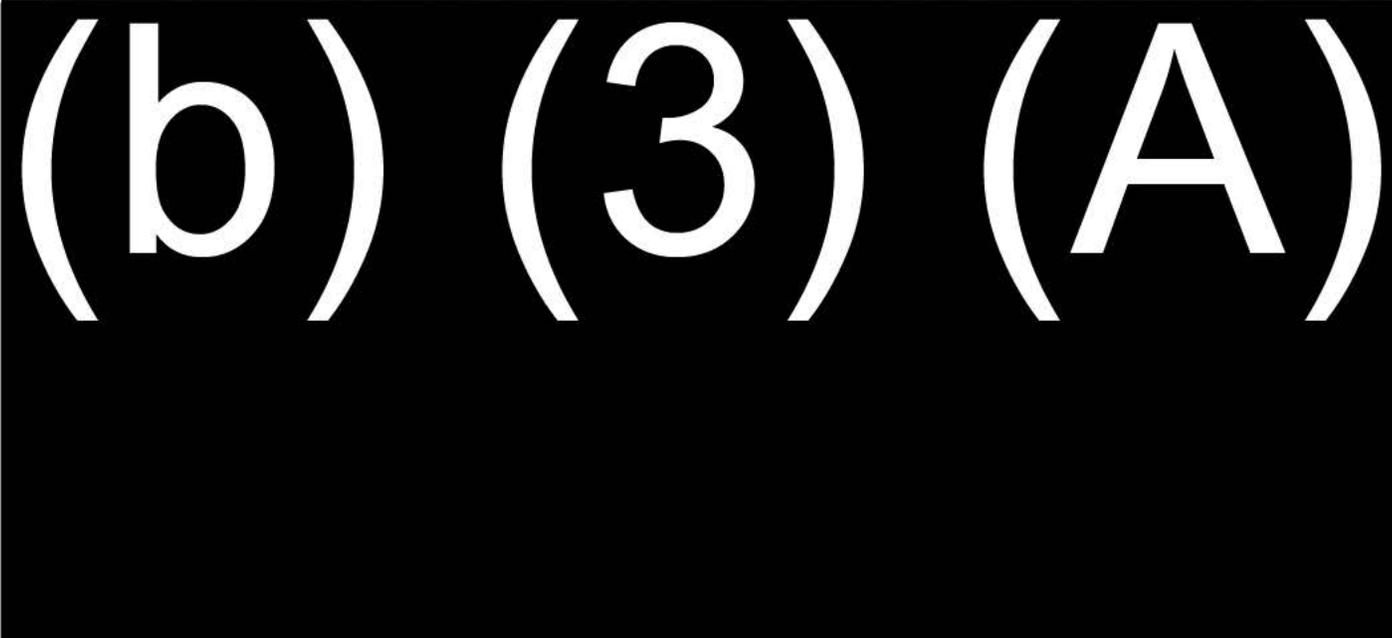
The current routine inspection of Blue Bell Creameries was conducted by DSHS under FDA contract FY13 and in Accordance with CPGM 7303.803. The firm is a frozen food transfer station that distributes ice-cream and frozen desserts Throughout (b) (4) out of its (b) (4) sq. ft. facility. The firm does not have a HACCP plan in place. This is the first time this facility has been inspected by the State of Texas. This inspection resulted in 1 items noted on E-14. Firm was unable to present evidence at the time of the inspection of a current Warehouse Operator License Start Date for regulated activity August 1, 2006; Firm's reported size of warehouse to be (b) (4) Sq. Ft; Firm is engaging in the following activities; off-loading a frozen truck with driver loads directly onto drivers truck (no storage of any kind on premises) Ice-cream, frozen desserts (Contact will be made with the corporate office today. They were understood that this facility did not need to register because they do not store simply load off of on truck and on to another. I was contacted by E-mail this week from a corporate executive and I provided him the number to licensure). The inspection was discussed with Mr. Brad Duggan, Territory Operations Manager. There were no refusals and no samples taken.

II. FACILITY DATA

| | |
|--|---|
| Total Sq. Footage: (b) (4) Sq. Ft | AMBIENT <input type="checkbox"/> REFRIGERATED <input type="checkbox"/> FROZEN <input checked="" type="checkbox"/> |
| Facility Description: This is small frozen warehouse off load station for Blue Bell Ice cream. This facility does not hold any products simply off loads on dock from 1 truck to another.. Product is delivered (b) (4) off loaded and then directly loaded back onto trucks to deliver in this facilities area from the (b) (4) Warehouse | |
| 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: <input checked="" type="checkbox"/> a Food Security Preventative Measures Booklet, AND <input checked="" type="checkbox"/> a FIRST card (formerly called ALERT card). |



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) % of all product received at this

facility originated in the State of Texas

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

| Supplier(s) Name: | *Address: | Product(s) Supplied: |
|----------------------|-----------|-------------------------------|
| Blue Bell Creameries | (b) (4) | Ice Cream and Frozen Desserts |
| | | |
| | | |

*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) shipped out of state

from this facility

| | |
|--|-------------------|
| % Wholesale: (b) (4) % | % Retail: (b) (4) |
| <input type="checkbox"/> WALK-IN RETAIL CUSTOMERS ONLY—SKIP TO SECTION IV. | |
| Distribution Area: (b) (4) | |
| Customer Type(s): Grocery Stores Restaurants | |

| Customer(s) Name: | *Address: |
|-------------------|-----------|
| (b) (4) | (b) (4) |
| | |
| | |

| | |
|---|-----------|
| <input checked="" type="checkbox"/> N/A Private Label Customer(s) Name: | *Address: |
| | |
| | |

| | |
|---|-----------|
| <input checked="" type="checkbox"/> 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 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 type="checkbox"/> PREP W/O COOK | <input type="checkbox"/> MODIFIED ATMOS | <input type="checkbox"/> JUICE | <input type="checkbox"/> BOTTLED/WENDED 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): None

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): Ice-Cream Frozen desserts

N/A Description of FROZEN Seafood Distributed: N/A Description of FRESH Seafood Distributed:

N/A Indicate Off-Site Storage Facilities Used (name/address):

N/A Indicate The Business or Individual The Firm Provides Storage For (name/contact information):

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

None/Warehouse ONLY Indicate Products Produced During Inspection: None

| | |
|-----------------|-------------------------|
| FDA PC Code(s): | Product(s) Description: |
| 47— | Frozen Foods Warehouse |

Process Flow Description:

Product primarily received (b) (4) on pallets called in by each driver-> pallets off loaded inventoried and placed directly on route drivers truck. Ice cream that is kept on site is delivered-> placed in freezer on racks-> pulled as needed->shipped

Indicate Who Accompanied You During Your Review Of The Firm's Process: Mr. Brad Duggan, Territory Operations Manager

None Describe The Firm's Product (lot) Coding System & Give An Example:

Does the firm have written recall procedures? YES NO

None List Other Critical Measurements Taken (not listed in process flow):

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 checked="" type="checkbox"/> List Products That Have An Established Process: |
| N/A <input checked="" 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 checked="" type="checkbox"/> | | |
| Indicate The Laboratory Used For Source/Finished Product Testing: | | |
| N/A <input checked="" 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 checked="" type="checkbox"/> |
| Does the firm have a HACCP plan for the product you chose to review? YES <input type="checkbox"/> NO <input checked="" 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 checked="" 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 checked="" 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 checked="" type="checkbox"/> |
| N/A <input checked="" type="checkbox"/> Indicate Product(s) That Are Covered By The Firm's Other HACCP Plans: |
| N/A <input checked="" type="checkbox"/> Indicate Product(s) That REQUIRE A HACCP Plan, For Which The Firm Does NOT Have One: |

Modified-Atmosphere Information:

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

VII. SANITATION ASSESSMENT

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|--|
| 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...): Floors on dock cleaned daily |

VIII. INSPECTION HISTORY

| | | |
|---|-----------------------------------|---------|
| Previously Inspected By: Initial Inspection | Date: First time to be inspected | Cost of |
| N/A <input checked="" type="checkbox"/> List Previous Observations: | Corrections: \$ | |
| | Indicate Corrected/Not Corrected: | |

IX. OBJECTIONABLE CONDITIONS & MANAGEMENT'S RESPONSE

| | |
|---|--|
| Indicate Who Provided A Response To The E-14 Observations: Mr. Brad Duggan, Territory Operations Manager | |
| N/A <input checked="" type="checkbox"/> List Additional Firm Representatives Present During the E-14 Discussion: | |
| N/A <input checked="" type="checkbox"/> List Current Observations: | Indicate Correction Proposed/Timeframe: |
| Firm was unable to present evidence at the time of the inspection of a current Warehouse Operator License Start Date for regulated activity August 1, 2006; Firm's reported size of warehouse to be (b) (4) Sq. Ft; Firm is engaging in the following activities; off-loading a frozen truck with driver loads directly onto drivers truck (no storage of any kind on remises) Ice-cream, frozen desserts | (Contact will be made with the corporate office today. They were understood that this facility did not need to register because they do not store simply load off of on etruck and on to another. I was contacted by E-mail this week from a corporate executive and I provided him the number to licensure) |

X. COMMENTS

| |
|--|
| N/A <input checked="" type="checkbox"/> Joint Inspection: |
| N/A <input checked="" type="checkbox"/> Inspection Comments: At this time there are no products received or shipped from this facility outside the state of Texas and therefore I could not instablish enterstate commerce |

Inspector: Patrick Moore, R.S.

Signature >

A handwritten signature in cursive script, appearing to read "Patrick Moore", written in black ink over a horizontal line.