

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, L.P.	License #: <b>(b) (4)</b>	
Address: 4631 Timco West	Scope of Inspection: FDA Contract Inspection	
City, State Zip: San Antonio, Texas 78238	Start Date: 2/12/2014	End Date: 2/12/2014

**~TABLE OF CONTENTS~**

INSPECTION NARRATIVE (including Table of Contents)

**ATTACHMENTS**

E-14

Detention

Disposition of Detained Products

Destruction

Sample Receipt

Chain of Custody (Copy)

**EXHIBITS**

Complaint  Substantiated  Not Substantiated  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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**~INSPECTION NARRATIVE~**

**I. FIRM DATA**

Credentials Presented To/Title: Richard Mendoza/ Branch Manager	Name of Parent Company (if different from coversheet): <input checked="" type="checkbox"/> Same
Legal Status: LP – Partnership Other:	List Name/Full Address of Firm Affiliates in Texas: <input type="checkbox"/> N/A Blue Bell Creameries, Inc. - Brenham, Texas. 77834
Length of Time in Business (at this location) Enter Exact Start Date If Unlicensed: Since 1984	Firm Website: <input type="checkbox"/> N/A www.bluebell.com
Business Hours of Operation: Seasonal: <input type="checkbox"/> Monday - Friday/ 8am-5pm.	FTE: (b) (4)
Gross Annual Volume: \$(b) (4)	GAV Regulated Foods (Retail Only): \$

**Corporate Officers:**

TITLE:	NAME:	TITLE:	NAME:
CFO	Bill Rankin	President	Paul Kruse

**Management & Responsibilities:**

Richard Mendoza- Branch Manager and Harold Gilson -Regional manager.

**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: There is a chilled staging area located on the west end of the building where product is stored just before being shipped or received. This area also has several dock doors for loading and unloading. The entire area behind the offices, including the truck storage area and the cold storage facility is surrounded by a large chain link fence.	
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	As required for FDA contract inspections, the inspector provided the firm with: √ a RFR At-A-Glance document, AND √ a RFR Postcard.

humans or animals to FDA's Reportable Food Registry. (effective 09/08/09)

**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 Creamery	(b) (4)	Blue Bell ice cream products.
(b) (4)	(b) (4)	Snickers bar (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) Mgmt . reported (b) (4)

(b) (4)

% Wholesale: (b) (4)	% Retail:
<input type="checkbox"/> WALK-IN RETAIL CUSTOMERS ONLY--SKIP TO SECTION IV.	
Distribution Area: The firm distributes locally and as far as (b) (4)	
Customer Type(s): Firm accounts include grocery stores, convenience stores, schools and restaurants.	

Customer(s) Name:

\*Address:

(b) (4)	(b) (4)
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N/A Private Label Customer(s) Name:

\*Address:

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N/A Salvage Customer(s) Name:

\*Address:

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\*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/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: All products are labeled by original manufacture

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): Food wholesaler of Ice cream products.		
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: Product Chosen to Review: Mars - Snicker Bar Ice Cream
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FDA PC Code(s):	Product(s) Description:
13 E F T 01	Mars Snicker bar ice cream.

Process Flow Description: Mars - Snickers Bar (Ice Cream) Received by refrigerated truck to the firm as scheduled <input checked="" type="checkbox"/> Trailer is inspected while temperature log, invoice, and p.o. records are reviewed and matched <input checked="" type="checkbox"/> Product is offloaded onto the refrigerated dock for further inspection <input checked="" type="checkbox"/> Product is keyed into the inventory system and assigned a designated staging area in the cold storage warehouse <input checked="" type="checkbox"/> Product remains in the cold storage warehouse at a temperature of <math>4^{\circ}\text{C}</math> degrees F. until removed for distribution
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Indicate Who Accompanied You During Your Review Of The Firm's Process: Richard Mendoza - plant manager.
None <input checked="" type="checkbox"/> Describe The Firm's Product (lot) Coding System & Give An Example: established by manufacture.
Does the firm have written recall procedures? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
None <input checked="" type="checkbox"/> 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 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  Indicate Product(s) That REQUIRE A HACCP Plan, For Which The Firm Does NOT Have One:

**Modified-Atmosphere Information:**

None  Product labeling indicates a:  Sell-by Date  Use-by Date within \_\_\_\_\_ calendar days (14 day max).

### VII. SANITATION ASSESSMENT

Is the firm REQUIRED to keep Sanitation Monitoring Records? YES  NO

If YES, does the firm monitor/document sanitation practices? YES  NO

Briefly Describe The Firm's Sanitation Program (chemicals used, cleaning frequency, etc...):

Exterior area of the facility is inspected and trash removed on a (b) (4) basis. Trash from inside the facility is removed on a (b) (4) basis. Floor at receiving / shipping dock is swept and scrubbed down (b) (4)

### VIII. INSPECTION HISTORY

Previously Inspected By: DSHS

Date: 9/28/12

Cost of Corrections: \$0

N/A  List Previous Observations:

Indicate Corrected/Not Corrected:

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

Indicate Who Provided A Response To The E-14 Observations: Mr. Richard Mendoza / Branch Manager

N/A  List Additional Firm Representatives Present During the E-14 Discussion:

N/A  List Current Observations:

-Observed some pallet debris and food products on floors at the rear aisle of the frozen storage area.

-Observed no designated distressed or morgue area for damages found in the cold storage warehouse.

Indicate Correction Proposed/Timeframe:

Will correct in 1 day.

Will correct in 1 day.

### X. COMMENTS

N/A  Joint Inspection:

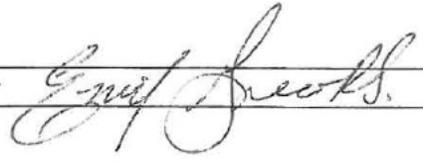
N/A  Inspection Comments:

EMIL GRECO, P.S.

Inspector:

R.S.

Signature >

A handwritten signature in cursive script, appearing to read "Emil Greco", written in black ink.