



Food and Drug Administration Inspection Report

Summary

Date Assigned: 04/09/2010 **Inspection Start Date:** 03/29/2010 **Inspection End Date:** 03/29/2010
Firm Name & Address : Blue Bell Creameries Inc, 423 N Norton Ave Sylacauga, AL 35150-2009 US
FEI: 1019788 **County:** TALLADEGA **Phone:** (256) 249-6100 **District:** New Orleans District Office

Endorsements

Endorsement

This firm operates as a ice cream and frozen dessert manufacturing plant. Alabama Department of Public Health personnel on a compliance basis conducted this current food safety inspection per contract. During this inspection the firm was processing ice cream and ice cream mix. The previous inspection was conducted on 07/17/09 and was classified as CI. (b) (4), (b) (7)(E) Current inspection found violations including: 1. Repair needed to the ceiling in carton packaging room. 2. Equipment stored on the floor. The firm's labeling is in compliance with NLEA requirements. Observations were discussed with Mr. Tim White, Processing and Lab Foreman, who agreed to make the necessary corrections. No samples were collected and no refusals were encountered. Inspection time 8 hours. Correspondence should be directed to Ms. Carolyn Suber, Quality control Manager, at the address printed on the cover sheet. Follow-up: Routine

SCM Remarks for State Inspection

Endorsement Location

<u>Supervisor</u>	<u>Date of Approval</u>
blakelyjw	04/12/2010

Registration

Registration Type	Registration Date
Food	12/04/2003
Establishment Type	Industry Code
Manufacturer	13 Ice Cream Prod

Inspection

Inspection Basis: Surveillance

Inspected Processes

<u>PAC</u>	<u>Establishment Type</u>	<u>Products/Process</u>	<u>Inspection Conclusion</u>
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CONTRACT FOOD SANITATION INSPECTIONS Manufacturer 13AFO No Action Indicated

Products

Products Covered

<u>Product Code</u>	<u>Establishment Type</u>	<u>Description</u>
13AFO01	Manufacturer	Ice Cream, Regular, Vanilla or Vanillin Flavored; Paper; Pasteurized

Investigator

Investigator Accomplishment Hours

<u>Employee Name</u>	<u>PAC</u>	<u>Establishment Type</u>	<u>Process</u>	<u>Hours</u>
Clinkscates, Mike D	CONTRACT FOOD SANITATION INSPECTIONS	Manufacturer	13AFO	8.0

Results

Inspection Result

Inspection Summary

See endorsement.

Samples Collected

<u>Sample Number</u>	<u>Sample Description</u>
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Consumer Complaints

Consumer Complaint Numbers

56490

56034

Refusals

Refusals

Inspection Refusals

No refusal

Adverse Observations

Adverse Inspectional Observations Issued to the Firm? No

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(b) (4), (b) (7)(E)

Current inspection found violations including:

1. Repair needed to the ceiling in carton packaging room.
2. Equipment stored on the floor.

The firm's labeling is in compliance with NLEA requirements.

Observations were discussed with Mr. Tim White, Processing and Lab Foreman, who agreed to make the necessary corrections

No samples were collected and no refusals were encountered.

Inspection time 8 hours.

Correspondence should be directed to Ms. Carolyn Suber, Quality control Manager, at the address printed on the cover sheet.

Follow-up: Routine


Michael Clinkscales
Environmentalist

FOOD PROCESSING PLANT INSPECTIONAL OBSERVATIONS

**Alabama Department of Public Health
Bureau of Inspection
Food Sanitation Division**

Name of individual to whom report issued To: Ms. Carolyn Suber	Date of inspection 3/29/10	C.F. Number
Title of individual Quality Control Manager	Type of Establishment Inspected (i.e., bakery, cannery)	
Firm Name Blue Bell	Name of Firm, Branch or Unit Inspected Same	
Street Address 423 North Norton Ave	Street Address of Premises Inspected Same	
City and State Sylacauga AL 35150	City and State Same	

During an inspection of your firm (I) (We) observed:

- 1) equipment stored on floor (valve + end caps)
- 2) repair ceiling in container forming room

Employee(s) signature

Employee(s) Name and Title (print or type)

Michael Chinkscates

Michael Chinkscates Environmentalist

**DEPARTMENT OF HEALTH AND HUMAN
FOOD GMP INSPECTION REPORT**

FOOD AND DRUG ADMINISTRATION

1. ESTABLISHMENT NAME AND ADDRESS <i>(Include ZIP code)</i> Bluebell Creameries 423 North Norton Ave. Sylacauga, AL 35150	2. DATE INSPECTED 03/29/10
	3. PRODUCT(S) INSPECTED Frozen Dessert & Ice Cream Mfg.
	4. STATE LICENSE OR PERMIT NUMBER 0161
5. NAME AND TITLE OF RESPONSIBLE PLANT OFFICIAL Ms. Carolyn Suber Quality Control Manager	6. TELEPHONE NUMBER <i>(Include Area Code)</i> 256-249-6100
7. NAME AND TITLE OF RESPONSIBLE CORPORATE OFFICIAL Kevin Wood, Plant Manager	8. TELEPHONE NUMBER <i>(Include Area Code)</i> Same

INSTRUCTIONS:
 Answer the following questions by checking the appropriate box. Explain "No", answers on continuation sheet(s).
 Precede each explanation with the item number. Use "N/A" where questions are Not Applicable.

INSPECTION CRITERIA

NO.	PLANTS AND GROUNDS	YES	NO
1.	Are premises free of harborages and/or breeding places for rodents, insects and other pests	X	
2.	Is adequate drainage provided to avoid contamination of facilities and products	X	
3.	Is sufficient space provided for placement of equipment, storage of materials and for production operations	X	
4.	Are floors, walls and ceilings constructed of easily cleanable materials and kept clean and in good repair (repair ceiling in carton packaging room)		X
5.	Are food and food contact surfaces protected from contamination from pipes, etc., over working areas	X	
6.	Are food processing areas effectively separated from other operations which may cause contamination of food being processed	X	
7.	Are food products and processing areas protected against contamination from breakage of light bulbs and other glass fixtures	X	
8.	Is air quality and ventilation adequate to prevent contamination by dust and/or other airborne substances	X	
9.	Are doors, windows and other openings protected to eliminate entry by insects, rodents and other pests	X	
EQUIPMENT AND UTENSILS			
10.	Are all utensils and equipment constructed of adequately cleanable materials and suitable for their intended uses	X	
11.	Is the equipment designed and used in a manner that precludes contamination with lubricants, contaminated water, metal fragments, etc.	X	

12.	Is the equipment installed and maintained so as to facilitate the cleaning of equipment and adjacent areas	X	
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INSPECTION CRITERIA			
NO.	SANITARY FACILITIES AND CONTROLS	YES	NO
13.	Is the water supply adequate in quantity and quality for its intended uses	X	
14.	Are the water temperatures and pressures maintained at suitable levels for its intended use	X	
15.	Is the sewage disposal system adequate	X	
16.	Is the plumbing adequately sized, designed, installed and maintained in a manner to prevent contamination	X	
17.	Are adequate toilet rooms provided, equipped and maintained clean and in good repair	X	
18.	Are adequate handwashing and/or sanitizing facilities provided where appropriate	X	
19.	Is all refuse properly stored and protected where necessary from insects, rodents and other pests and disposed of in an adequate manner	X	
SANITARY OPERATIONS			
20.	Is the facility kept clean and in good physical repair	X	
21.	Is cleaning of facilities and equipment conducted in such a manner as to avoid contamination of food products	X	
22.	Are detergents, sanitizers, hazardous materials and other supplies used in a safe and effective manner	X	
23.	Are cleaning compounds and hazardous materials kept in original containers, stored separate from raw materials	X	
24.	Are the processing areas maintained free of insects, rodents and other pests	X	
25.	Are insecticides and rodenticides used and stored so as to prevent contamination of food	X	
26.	Are all utensils and equipment cleaned and sanitized at intervals frequent enough to avoid contamination of food products	X	
27.	Are single service articles stored, handled, dispensed, used and disposed of in a manner that prevents contamination	X	
28.	Are utensils and portable equipment stored so as to protect them from splash, dust and other contamination (valve and end caps stored on floor)		X
PROCESSES AND CONTROLS			
29.	Is responsibility for overall plant sanitation specifically assigned to an individual	X	
30.	Are raw materials and ingredients adequately inspected, processed as necessary and stored to assure that only clean, wholesome materials are used	X	
31.	Is ice (where used) manufactured from potable water and stored and handled in a sanitary manner	X	
32.	Is food processing conducted in a manner to prevent contamination and minimize harmful microbiological growth	X	
33.	Are chemical microbiological or extraneous material testing procedures used where necessary to identify sanitation failures of food contamination	X	
34.	Are packaging processes and materials adequate to prevent contamination	X	
35.	Are only approved food and/or color additives used	X	
36.	Are products coded to enable positive lot identification, and are records maintained in excess of expected shelf-life	X	
37.	Are weighing and measuring practices adequate to ensure the declared quantity of contents	X	

INSPECTION CRITERIA

NO.	PROCESSES AND CONTROLS	YES	NO
38.	Are labels of products covered during inspection in compliance (submit violative labels as exhibits)	X	
39.	Are finished products stored and shipped under conditions which will avoid contamination and deterioration	X	

DETAILS OF MANUFACTURING PROCEDURES AND CONTROLS

Provide brief description of manufacturing processes and controls for product(s) inspected. Where appropriate, report times, temperatures, and other critical processing steps. If microbiological or any other type of contamination is suspected or encountered, fully describe the relationship between the routes of contamination and the process. Use flow charts where appropriate. If more space is needed, use continuation sheet.

(b) (4)

NO.	PERSONNEL	YES	NO
40.	Are personnel with sores, infections, etc., restricted from handling food products	X	
41.	Do employees wear clean outer garments, use adequate hair restraints and remove excess jewelry when handling food	X	
42.	Do employees thoroughly wash and sanitize hands as necessary	X	
43.	Do employees refrain from eating, drinking and smoking and observe good food handling techniques in processing areas	X	

CORRECTIONS AND SAMPLES

If any corrections were made as a result of this inspection or made as a result of a previous inspection (*including voluntary destructions, capital improvements, etc.*), complete Voluntary Correction section of cover sheet Form FDA 481 (E) CG.

If any samples were collected, list sample numbers and briefly describe samples.
No samples collected

DISCUSSIONS WITH MANAGEMENT

Indicate individual with whom inspection was discussed. Identify official (*name and title*) having authority to authorize corrections. Record any recommendations/warnings given, and management's response.

Mr. Tim White
Processing and Lab Foreman

Item #:

- 4. Repair ceiling in carton packaging room.
- 28. Valve and end caps stored on floor..

CONTINUATION SHEET

(Use additional sheets as appropriate.)

SIGNATURE OF INSPECTOR

Michael Cinkcalis

DATE 03/29/10