

**Delaware County Health Department**

100 West Main Street, Room 207

Muncie, Indiana 47305

Phone (765)747-7721

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**CERTIFIED FOOD HANDLER**SETH CRUZ  
CRISTOBAL

# 5364156

5/26/12  
Expire ~~6/2011~~ 12Date of Inspection  
10/1/09Release Date  
10/11/09Follow Up (Yes - No)  
NO**RETAIL FOOD ESTABLISHMENT INSPECTION REPORT**

Based on an inspection this day, the item(s) noted below identify violation(s) of 410 IAC 7 - 24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

**ORIGINAL**

Establishment Name <b>PUERTO VALLARTA</b>		Telephone Number <b>765-287-8897</b>
Establishment Address (number and street, city, state, ZIP code) <b>4000 N. BROADWAY MUNCIE IN 47303</b>		
E-Mail Address		Purpose: <b>1 - ROUTINE</b>
Owner's Name <b>PUERTO VALLARTA</b>		Menu Type: <b>3 = Advanced Prep</b>
Owner's Address (city, state, ZIP code) <b>4000 N BROADWAY AVE MUNCIE IN 47303</b>		SUMMARY OF VIOLATIONS:  CRITICAL / NON-CRITICAL / REPEAT  C _____ NC <u>1</u> R _____
Name of Person In Charge <b>PUERTO VALLARTA</b>		
Establishment Identification Number <b>248</b>	County <b>1 8</b>	

\* Critical items are identified in the narrative columns marked "C" ("NC" Non-Critical)

\* Violation(s) repeated from previous inspections are denoted in the "SUMMARY OF VIOLATIONS" and in the narrative below as "R"

Annex Key	C / NC	R	Section #	Narrative	Corrected By Date
20B	NC		351	Section 351..Toilet room receptacle; covered- covered receptacle,-provide a receptacle with a lid in each ladies stall.	24 Hours

Received By (Name and Title Printed)  
Seth Cruz Cristobal, Restaurant ManagerInspected By:  
Tim Botkin, DCHD

Received By: (Signature)

Inspector Signature:

Page 1 of 1**OFFICE COPY**

# OPERATOR WRITTEN RESPONSE TO INSPECTION AND NARRATIVE REPORT

 ORIGINAL

Mail To:  
DELAWARE COUNTY HEALTH DEPARTMENT  
100 WEST MAIN STREET, ROOM 207  
MUNCIE, INDIANA 47305  
Fax # 766-747-7747  
E-mail - dchealth@co.delaware.in.us

Date: 10/02/09

The following is my response to the inspection and narrative report prepared by your agency's representative Tim Botkin, on October 01, 2009

I apologize for the violation reference 351. I plan to correct this issue ASAP. Thank You.  
 (#351 NIL)  
 Violation = NO LID ON LADIES WASTE CAN IN TOILET room.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Establishment: PUERTO VALLARTA Etab # 248

Location: 4000 N. BROADWAY MUNCIE IN 47303

ATTACH ADDITIONAL SHEETS AS NEEDED.