



Delaware County Health Department

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CERTIFIED FOOD HANDLER

Seth Cruz Cristobal,
Restaurant Manager

5364156

Expire 10/2011

Date of Inspection
1/13/10

Release Date
1/23/10

Follow 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 PUERTO VALLARTA		Telephone Number 765-287-8897	
Establishment Address (number and street, city, state, ZIP code) 4000 N. BROADWAY MUNCIE IN 47303			
E-Mail Address		Purpose: 1 - ROUTINE	
Owner's Name PUERTO VALLARTA		Menu Type: 3 = Advanced Prep	
Owner's Address (city, state, ZIP code) 4000 N BROADWAY AVE MUNCIE IN 47303			
Name of Person In Charge PUERTO VALLARTA			
Establishment Identification Number 248	County 1 8	District C T B	

SUMMARY OF VIOLATIONS:

CRITICAL / NON-CRITICAL / REPEAT

C _____ NC _____ R _____

- * 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
				No Violations observed during this inspection visit conducted during normal business hours.	
				Action required from previous report has been taken.	

Received By (Name and Title Printed) Seth Cruz Cristobal, Restaurant Manager	Inspected By: Tim Botkin, DCHD
Received By: (Signature) 	Inspector Signature:

OFFICE COPY