

**Delaware County Health Department**

100 West Main Street, Room 207

Muncie, Indiana 47305

Phone (765)747-7721

Fax (765)747-7747

email - dchealth@co.delaware.in.us

CERTIFIED FOOD HANDLER

SETH CRUZ CRISTOBAL # 5364156 Expire _____

Date of Inspection 11/5/10	Release Date 11/15/10	Follow Up (Yes - No) NO
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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.

Establishment Name PUERTO VALLARTA MEXICAN RESTAURANT		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	Menu Type: 3 - ADVANCED PREP
Owner's Name PUERTO VALLARTA		SUMMARY OF VIOLATIONS: CRITICAL / NON-CRITICAL / REPEAT C _____ NC _____ R _____	
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 T G T	

* 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	

Received By (Name and Title Printed) Seth Cruz Cristobal	Inspected By: TERRY TROXELL
Received By (Signature) 	Inspector Signature:

OFFICE COPY