

Retail Food Inspection Report


Floyd County Health Department
Telephone (812) 948-4726

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|--|--|---|-------------------------------|
| Establishment Name PUERTO VALLARTA #8 | Telephone Number Est (812) 945-3588 Own 270-991-6853 | Date of Inspection 04/30/2024 | ID# |
| Address 4214 CHARLESTOWN ROAD, NEW ALBANY IN 47150 | Purpose <input type="checkbox"/> Routine <input checked="" type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list) | Follow Up | Released 05/10/2024 |
| Owner MARTIN BERNAL | | Menu Type 1 _ 2 _ 3 _ 4 <input checked="" type="checkbox"/> 5 _ | |
| Owner's Address 1504 GREAT HOUSE RD. BOWLING GREEN, KY 42103 | | | |
| Person in Charge JESUS LOPEZ | | | |
| Responsible Person's Email JUANCL1300@GMAIL.COM | | | |
| Certified Food Handler JUAN BERNAL | | | |

CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE COLUMN MARKED AS "R"

| Section # | C | NC | R | Narrative | To Be Corrected |
|-----------|---|----|---|--------------------------|-----------------|
| | | | | All Violations Corrected | |

Summary of Violations C NC R **0**

| | |
|---------------------------------------|---|
| Received by (name and title printed): | Inspected by (name and title printed): Carrie Fischer |
| Received by (signature): | Inspected by (signature):  |

| | | |
|-----|-----|-----|
| cc: | cc: | cc: |
|-----|-----|-----|