

Based on an inspection this day, the item(s) noted below identify violations 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 Valeria Birria			Telephone Number () Establishment		Date of Inspection (mm/dd/yr)		ID #	
Establishment Address (number and street, city, state, ZIP code) 3230 S. Adams St			() Owner		4/13/28		27	
Owner Raquel			Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)		Follow-up NV		Release Date 10/24/25	
Owner's Address S. McClure St					Summary of Violations: C ____ NC ____ R ____			
Person in Charge Raquel					Menu Type (See back of page) 1 ____ 2 ____ 3 ____ 4 ____ 5 ____			
Responsible Person's E-mail								
Certified Food Handler Raquel Valera								
• 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 BELOW AS "R"								
Section#	C/NC	R	Narrative				To Be Corrected By	
			No violations					
Received by (name and title printed): Raquel Valera			Inspected by (name and title printed): Donna Smith					
Received by (signature): Raquel Valera			Inspected by (signature): Donna Smith					
cc:			cc:			cc:		