RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

State Form 48669 (R2/2-05)
SDH Form 51-0001

GRANT COUNTY HEALTH DEPT.
FOOD DIVISION
401 SOUTH ADAMS STREET
MARION, IN 46953

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 Gaucho's Fire, LLC.	**Telephone Number** ( ) Establishment 317- 319-8625 ( ) Owner	**Date of Inspection** *(mm/dd/yr)* 10/19/24	**ID #** 27
Establishment Address *(number and street, city, state, ZIP code)* 7722 Shannon Lakes Way Indianapolis, IN 46217			
Owner Ruby Tregnago	**Purpose:** 1. Routine	**Follow-up**	**Release Date**
Owner's Address Same	2. Follow-up 3. Complaint	**Summary of Violations:** C___ NC___ R___	
Person in Charge Rogerio Tregnago	4. Pre-Operational 5. Temporary		
Responsible Person's E-mail gauchosfire@gmail.com	6. ~~HACCP~~ 7. Other *(list)*	**Menu Type** *(See back of page)* 1___ 2___ 3 X 4___ 5___	
Certified Food Handler Rogerio Tregnago	Grain&grill		

- **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
			OK to open	

Received by (*name and title printed*):
Nadine L. Tregnago

Received by (*signature*):
Nadine Tregnago

Inspected by (*name and title printed*):
[signature] - FSTO

Inspected by (*signature*):
[signature] - FSTO

cc:

cc:

cc: