

# Retail Food Inspection Report


Floyd County Health Department  
Telephone (812) 948-4726

<b>Establishment Name</b> DOG HAUS BIERGARTEN	<b>Telephone Number</b> Est 812-900-7677 Own 502-376-5933	<b>Date of Inspection</b> 07/09/2025	<b>ID#</b>	
<b>Address</b> 415 BANK ST, NEW ALBANY IN 47150	<b>Purpose</b> <input checked="" type="checkbox"/> Routine <input 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)	<b>Follow Up</b>	<b>Released</b> 07/09/2025	
<b>Owner</b> DERBY CITY DOGS - NEW ALBANY LLC		<b>Menu Type</b> 1 _ 2 _ 3 _ 4 <input checked="" type="checkbox"/> 5 _		
<b>Owner's Address</b> 5601 ST MARY RD FLOYDS KNOBS, IN 47119				
<b>Person in Charge</b> RONNY MATHERSON				
<b>Responsible Person's Email</b> JON.RIDDLE@DOGHAUS.COM				
<b>Certified Food Handler</b> JON RIDDLE				

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
413		X	X	Observed a gap under the back door.	2 weeks
192	X			Observed 2 expired bottles of Gallo Sauce. Bottles were dated 5-12 and 6-12.	discarded
234		X		Observed a styrofoam bowl stored in an ingredients bin. Scoops should be durable and have a handle.	discarded
291		X		Observed no test strips for the bar sanitizer powder.	3 days
438	X			Observed 2 chemical spray bottles without a name or label.	corrected
191	X			Observed undated and unrefrigerated sweeteners in the bar, Unless commercially manufactured, sweeteners are considered a TCS food unless prove other wise by testing and proving they have a proper pH or water activity level.	today
<p>NOTES: KEEP DOORS UNLOCKED IF THE ARE PART OF THE EMERGENCY ESCAPE ROUTE, TURN OFF MOP SINK WHEN NOT IN USE, DISCUSSED'; THE REQUIREMENT OF A TEMPERATURE PLATE DEVICE FOR THE HEAT SANTIZING MACHINE, VOMIT AND DIARRHEAL CLEANUP PROCEDURE, WRITTEN NOTIFICATIONS OF ALLERGENS, EMPLOYEE REPORTING ILLNESS POLICY,.</p>					

**Summary of Violations**    C    3    NC    3    R    1    **6**

Received by (name and title printed): JON RIDDLE	Inspected by (name and title printed): Thomas Snider CFS
Received by (signature):	Inspected by (signature): 
cc:	cc: