

SEP-22-95 FRI 10:09 AM

P. 03

CONSUMER TESTING LABORATORIES, INC.
Laboratory Report No.: HWM0913

SUMMARY OF TEST RESULTS
EXERCISER

SAMPLE / STYLE NO.

Stamina PR-6050 EXERCISER

ASSEMBLY INSTRUCTIONS

Good, illustrated, w/parts list

EASE OF ASSEMBLY

Good

USERS MANUAL

No use instructions provided

CAUTIONS / WARNINGS

No cautions other than medical

FINISH QUALITIES

Good, no sharp edges, burrs or surface

SEAT / POST CONSTRUCTION

SEAT DIMENSIONS

16" length / 9" @ max width / 2" HT.

HEIGHT (MAX/MIN FROM FLOOR)

40" max 26" min with stepper bar

ADJUSTMENT RANGE / EASE

seat adjusts 3 1/2" front to back incorporate 3 steps with easy adjustment of

SEAT DEFLECTION UNDER LOAD
Seat ht. after 1 min. loading
of 220 lbs.

24"

Seat ht. after 5 min. loading
440 lbs.

24" Good, no permanent set detected

RATED MAXIMUM LOAD

No rating given

PEDAL CONSTRUCTION

DIMENSIONS (LxWxH)

4 1/8" x 3 3/4" x 1/2"

PEDAL CLEARANCE (minimum)

11"

RIGHT/LEFT SYMMETRY

Good, fit properties

TREAD TYPE/QUALITY

Good, slightly rough plastic surface inhibit slip

STATIC LOADING (210 lbs.)

Good @ 24hrs.

No material degradation

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R. ALL EFFECTIVENESS CHECK - SUMMARY

1. TO: <u>FOER</u> ATTN: Recall Coordinator Tina Adeyeye	2. RN/ID.# <u>CPIC RP 960157</u> STI# <u>960157CA 1162</u> 3. MIS: <u>32626</u>
4. FROM: <u>James R. Kelly</u> INVESTIGATOR <u>FL-11176</u> OFFICE	5. HOURS EXPENDED <u>1</u> TRAVEL <u>0</u>
6. TYPE OF FOLLOW-UP: <u>ON-SITE</u> <input checked="" type="checkbox"/> TELEPHONE	7. DATE INSPECTED <u>11/5/96</u>
8. FIRM INSPECTED: Name <u>[REDACTED]</u> Address <u>[REDACTED]</u>	9. FIRM Name <u>Stamina Products, Inc.</u> INITIATING Address <u>2757 S. Austin</u> THE RECALL: <u>P.O. Box 1071</u> <u>Springfield, MD 21150-11071</u>
10. PRODUCT RECALLED: <u>PR 6050 Stamina</u> <u>Exercise machine</u>	11. HAZARD: <u>Weld may develop cracks</u>
12. TYPE OF CONSIGNEE: <u>Wholesaler</u> <input type="checkbox"/> <u>Retailer</u> <input type="checkbox"/> <u>Consumer</u> <input type="checkbox"/> <u>Other (Specify)</u> <u>Individual</u>	
13. PERSON(S) INTERVIEWED: Name & Title <u>[REDACTED]</u> <u>Individual</u> Name & Title <u>[REDACTED]</u>	
14. WAS FIRM NOTIFIED OF RECALL? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes METHOD & DATE OF NOTIFICATION _____ RECALL NOTIFICATION PRESENTED TO INVESTIGATOR <u>N/A</u> <input type="checkbox"/> No <input type="checkbox"/> Yes (Notice date) _____	
15. DID FIRM FOLLOW RECALL INSTRUCTIONS? <u>N/A</u> <input type="checkbox"/> No <input type="checkbox"/> Yes WAS PRODUCT TAKEN OFF SALE? <u>N/A</u> <input type="checkbox"/> No <input type="checkbox"/> Yes Date _____	
16. WAS SUB-RECALL INVOLVED? <u>N/A</u> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If "Yes" discuss details/mechanism under "REMARKS")	
17. WERE RECALL/REPURCHASE OR CORRECTIVE ACTION PLAN NOTIFICATION SIGNS POSTED? <input checked="" type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes	
18. INVENTORY OF RECALLED PRODUCT: a. Initial inventory received of the recalled product _____ b. Inventory at time of notification _____ c. Inventory at time of inspection _____ d. Number of returns _____ <p align="center" style="font-size: 2em;"><u>N/A</u></p>	
19. DISPOSITION OF RECALLED PRODUCT: <u>Returned to [REDACTED] where purchased</u> NUMBER OF PRODUCTS DISPOSED: <u>N/A</u>	
20. INJURIES OR COMPLAINTS: <u>N/A</u> <input type="checkbox"/> None <input checked="" type="checkbox"/> Yes (Report by separate memo)	
21. REMARKS: <u>Mr. [REDACTED] purchased product in late Feb 1996. Used 2-3 times when metal next to welding broke while in use. Mr. [REDACTED] broke his tail bone. He returned the product to [REDACTED] where he purchased it - [REDACTED], Tallahassee, Fla. He settled with Stamina for a cash amount.</u> <u>Mr. [REDACTED] never received any letter or notice about a recall on this product having a defect.</u>	
22. <u>James R. Kelly</u> <u>11/5/96</u> INVESTIGATOR AND DATE	
23. ENDORSEMENT: <u>Consumer was injured but contacted the manufacturer and received a cash settlement.</u> <u>George Mayhew</u> <u>11/10/96</u> SUPERVISOR AND DATE	

RECALL EFFECTIVENESS CHECK - SUMMARY

1. TO: <u>FOER</u> ATTN: Recall Coordinator		2. RN/ID # <u>CPIC RP5760157</u> STI # <u>960821CCA1162</u>	
4. FROM: <u>Tina Adeyene</u> <u>Jammy R. Kelly</u> INVESTIGATOR <u>FL STATE</u> OFFICE		3. MIS: <u>32626</u>	
6. TYPE OF FOLLOW-UP: <u>ON-SITE</u> TELEPHONE		5. HOURS EXPENDED <u>1</u> TRAVEL <u>2</u>	
8. FIRM INSPECTED: Name <u>[REDACTED]</u> Address <u>[REDACTED]</u>		7. DATE INSPECTED <u>10/24/06</u>	
10. PRODUCT RECALLED: <u>PR-6050 Stamina exercise machine</u>		9. FIRM Name <u>Stamina Products, Inc.</u> Address <u>2757 S. Austin</u> INITIATING THE RECALL: <u>P.O. Box 1071</u> <u>Springfield, MO 658011071</u>	
12. TYPE OF CONSIGNEE: <u>Wholesaler</u> <input checked="" type="checkbox"/> <u>Retailer</u> <input type="checkbox"/> <u>Consumer</u> <input type="checkbox"/> <u>Other (Specify)</u> _____		11. HAZARD: <u>Weld may develop cracks</u>	
13. PERSON(S) INTERVIEWED: Name & Title <u>[REDACTED]</u>			
14. WAS FIRM NOTIFIED OF RECALL? <input checked="" type="checkbox"/> <u>No</u> <input type="checkbox"/> <u>Yes</u> <u>Do not believe so</u> METHOD & DATE OF NOTIFICATION _____ RECALL NOTIFICATION PRESENTED TO INVESTIGATOR <input checked="" type="checkbox"/> <u>No</u> <input type="checkbox"/> <u>Yes</u> (Notice date) _____			
15. DID FIRM FOLLOW RECALL INSTRUCTIONS? <input checked="" type="checkbox"/> <u>N/A</u> <input type="checkbox"/> <u>No</u> <input type="checkbox"/> <u>Yes</u> <u>See comments below</u> WAS PRODUCT TAKEN OFF SALE? <input type="checkbox"/> <u>No</u> <input type="checkbox"/> <u>Yes</u> Date _____			
16. WAS SUB-RECALL INVOLVED? <input type="checkbox"/> <u>N/A</u> <input checked="" type="checkbox"/> <u>No</u> <input type="checkbox"/> <u>Yes</u> (If "Yes" discuss details/mechanism under "REMARKS")			
17. WERE RECALL/REPURCHASE OR CORRECTIVE ACTION PLAN NOTIFICATION SIGNS POSTED? <input checked="" type="checkbox"/> <u>N/A</u> <input type="checkbox"/> <u>No</u> <input type="checkbox"/> <u>Yes</u>			
18. INVENTORY OF RECALLED PRODUCT: a. Initial inventory received of the recalled product <u>-0-</u> b. Inventory at time of notification <u>-0-</u> c. Inventory at time of inspection <u>-0-</u> d. Number of returns <u>-0-</u>			
19. DISPOSITION OF RECALLED PRODUCT: <u>N/A</u> NUMBER OF PRODUCTS DISPOSED: <u>-0-</u>			
20. INJURIES OR COMPLAINTS: <input type="checkbox"/> <u>N/A</u> <input checked="" type="checkbox"/> <u>None</u> <input type="checkbox"/> <u>Yes</u> (Report by separate memo)			
21. REMARKS: <u>Staff do not remember receiving notice of recall; however, staff do not believe this store carried this product.</u>			
22. <u>J. Kelly</u> <u>10/24/06</u> INVESTIGATOR AND DATE			
23. ENDORSEMENT: <u>Not notified - do not carry the product.</u> <u>Security, Memphis</u> / <u>Alfredo</u> <u>11/12/06</u> SUPERVISOR AND DATE			

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U.S. CONSUMER PRODUCT SAFETY COMMISSION

NOTICE OF INSPECTION

1. DATE 10/27/96	3. FROM (Area Office and Address) J.R. Kelly Rm 235, Mayo Bldg. Tallahassee, FL 32399-0800 904-932-2066
2. TIME _____ A.M. 11:45 P.M.	

4. TO	A. NAME AND TITLE OF INDIVIDUAL John Darguzas, Store Manager
	B. FIRM NAME wal-mart
	C. NUMBER AND STREET ADDRESS 355 Cypress Gardens Blvd
	D. CITY, STATE AND ZIP CODE Winter Haven, FL 33880-4452

Notice of Inspection is hereby given pursuant to:

- Flammable Fabrics Act (15 U.S.C. 1191 *et seq.*);
- Federal Trade Commission Act (15 U.S.C. 41 *et seq.*);
- Sections 16, 19 and 27 of the Consumer Product Safety Act (15 U.S.C. 2065, 2068 and 2076)
- Section 704(a) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 374(a)) [Authority for inspections in connection with the Poison Prevention Packaging Act of 1970 (15 U.S.C. 1471 *et seq.*)] and/or
- Section 11(b) of the Federal Hazardous Substances Act as Amended (15 U.S.C. 1270(b)).

Refer to the back of this form for a discussion of inspectional authority and for pertinent statutory language.

5. PURPOSES OF INSPECTION AND NATURE OF INFORMATION TO BE OBTAINED AND/OR COPIED.

The purpose of this inspection is to obtain information; to review and obtain copies of items including but not limited to records, reports, books, documents; and labeling; and to obtain samples, in order to enforce or determine compliance with the Acts administered by the Consumer Product Safety Commission.

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6. FREEDOM OF INFORMATION REQUIREMENTS

Those from whom information is requested should state whether any of the information submitted is believed to contain or relate to a trade secret or other matter which should be considered by the Commission to be confidential and whether any of the information is believed to be entitled to exemption from disclosure by the

RECALL EFFECTIVENESS CHECK - SUMMARY

1. TO: <u>FOER</u> ATTN: Recall Coordinator		2. RN/ID # <u>CRC</u> STI # <u>960821 CCA 1162</u>	
4. FROM: <u>Tina Adeyemo</u> <u>James R. Kelly</u> INVESTIGATOR <u>FOER</u> OFFICE		3. MIS: <u>RP960157</u> <u>32626</u>	
6. TYPE OF FOLLOW-UP: <input checked="" type="checkbox"/> ON-SITE <input type="checkbox"/> TELEPHONE		5. HOURS EXPENDED <u>1</u> TRAVEL <u>2</u>	
8. FIRM INSPECTED: Name <u>[REDACTED]</u> Address <u>[REDACTED]</u>		7. DATE INSPECTED <u>10/23/96</u>	
10. PRODUCT RECALLED: <u>PR-6050 Stamina exercise machine</u>		9. FIRM Name <u>Stamina Products, Inc.</u> INITIATING Address <u>2757 S. Austin</u> THE RECALL: <u>P.O. Box 1071</u> <u>Springfield, Mo 658011071</u>	
12. TYPE OF CONSIGNEE: <input type="checkbox"/> Wholesaler <input checked="" type="checkbox"/> Retailer <input type="checkbox"/> Consumer <input type="checkbox"/> Other (Specify) _____		11. HAZARD: <u>Weld may develop cracks</u>	
13. PERSON(S) INTERVIEWED: Name & Title <u>[REDACTED] - Asst. Manager</u> Name & Title <u>[REDACTED] - Claims Manager</u>			
14. WAS FIRM NOTIFIED OF RECALL? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes METHOD & DATE OF NOTIFICATION <u>N/A</u> RECALL NOTIFICATION PRESENTED TO INVESTIGATOR <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Notice date) _____			
15. DID FIRM FOLLOW RECALL INSTRUCTIONS? <input checked="" type="checkbox"/> N/A <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Yes WAS PRODUCT TAKEN OFF SALE? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Date <u>Feb. 1996</u>			
16. WAS SUB-RECALL INVOLVED? <input type="checkbox"/> N/A <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If "Yes" discuss details/mechanism under "REMARKS")			
17. WERE RECALL/REPURCHASE OR CORRECTIVE ACTION PLAN NOTIFICATION SIGNS POSTED? <input checked="" type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes			
18. INVENTORY OF RECALLED PRODUCT:			
a. Initial inventory received of the recalled product <u>Unknown</u>			
b. Inventory at time of notification <u>Unknown</u>			
c. Inventory at time of inspection <u>0</u>			
d. Number of returns <u>Unknown</u>			
19. DISPOSITION OF RECALLED PRODUCT: <u>Sent back to factory (do not remember if Walmart's or Stamina's)</u>			
NUMBER OF PRODUCTS DISPOSED: <u>Unknown</u>			
20. INJURIES OR COMPLAINTS: <input type="checkbox"/> N/A <input checked="" type="checkbox"/> None <input type="checkbox"/> Yes (Report by separate memo)			
21. REMARKS: <u>Staff do not remember receiving letter from Stamina. Product was returned by Walmart because they were discontinuing the item + Walmart did not want to deal with returns.</u>			
22. <u>[Signature]</u> <u>10/23/96</u> INVESTIGATOR AND DATE			
23. ENDORSEMENT: <u>Firm not notified - Returned product to manufacturer as Wal-Mart was discontinuing the product.</u> <u>[Signature]</u> <u>11/4/96</u> SUPERVISOR AND DATE			

U.S. CONSUMER PRODUCT SAFETY COMMISSION
NOTICE OF INSPECTION

1. DATE 10/23/96	3. FROM (Area Office and Address) J.R. Kelly Rm. 235, Mayo Bldg. Tallahassee, FL 32309-0800 (904) 922-3466
2. TIME A.M. 4:10 P.M.	
4. TO	A. NAME AND TITLE OF INDIVIDUAL Irene Lyons - Asst. Manager
	B. FIRM NAME Wal-Mart
	C. NUMBER AND STREET ADDRESS 3501 S. Florida Ave
	D. CITY, STATE AND ZIP CODE Lakeland, FL 33803-4860

Notice of Inspection is hereby given pursuant to:

- Flammable Fabrics Act (15 U.S.C. 1191 *et seq.*);
- Federal Trade Commission Act (15 U.S.C. 41 *et seq.*);
- Sections 16, 19 and 27 of the Consumer Product Safety Act (15 U.S.C. 2065, 2068 and 2076)
- Section 704(a) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 374(a)) [Authority for inspections in connection with the Poison Prevention Packaging Act of 1970 (15 U.S.C. 1471 *et seq.*)] and/or
- Section 11(b) of the Federal Hazardous Substances Act as Amended (15 U.S.C. 1270(b)).

Refer to the back of this form for a discussion of inspectional authority and for pertinent statutory language.

5. PURPOSES OF INSPECTION AND NATURE OF INFORMATION TO BE OBTAINED AND/OR COPIED.

The purpose of this inspection is to obtain information: to review and obtain copies of items including but not limited to records, reports, books, documents; and labeling; and to obtain samples, in order to enforce or determine compliance with the Acts administered by the Consumer Product Safety Commission.

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RECALL EFFECTIVENESS CHECK - SUMMARY

1. TO: <u>FOED</u> ATTN: Recall Coordinator	2. RN/ID # <u>RP960157</u> STI # _____
4. FROM: <u>Anthony J. Brennan, Jr</u> INVESTIGATOR <u>NYCPD OFFICE</u>	3. MIS: _____
6. TYPE OF FOLLOW-UP: <input checked="" type="checkbox"/> ON-SITE _____ TELEPHONE _____	5. HOURS EXPENDED <u>.25</u> TRAVEL <u>.25</u>
8. FIRM INSPECTED: Name _____ Address _____ <u>Tom's Place, NY</u>	7. DATE INSPECTED <u>10/4/90</u>
10. PRODUCT RECALLED: <u>Exercise Machine</u> <u>Model # - 6050</u>	9. FIRM INITIATING THE RECALL: Name <u>Gamora Products</u> Address <u>2257 S. Austin</u> <u>Springfield MA 01101</u>
12. TYPE OF CONSIGNEE: _____ Wholesaler <input checked="" type="checkbox"/> Retailer _____ Consumer _____ Other (Specify) _____	11. HAZARD: <u>welds develop cracks on</u> <u>brackets. Seats may drop unexpectedly</u>
13. PERSON(S) INTERVIEWED: Name & Title _____ Name & Title _____	_____ <u>Store Manager</u>
14. WAS FIRM NOTIFIED OF RECALL? <input checked="" type="checkbox"/> No _____ Yes _____ METHOD & DATE OF NOTIFICATION _____ RECALL NOTIFICATION PRESENTED TO INVESTIGATOR <input checked="" type="checkbox"/> No _____ Yes (Notice date) _____ <u>Store Never Called Gamora Products</u>	
15. DID FIRM FOLLOW RECALL INSTRUCTIONS? <input checked="" type="checkbox"/> N/A _____ No _____ Yes _____ WAS PRODUCT TAKEN OFF SALE? <u>Never</u> <u>Handled</u> No _____ Yes _____ Date _____	
16. WAS SUB-RECALL INVOLVED? <input checked="" type="checkbox"/> N/A _____ No _____ Yes _____ (If "Yes" discuss details/mechanism under "REMARKS")	
17. WERE RECALL/REPURCHASE OR CORRECTIVE ACTION PLAN NOTIFICATION SIGNS POSTED? <input checked="" type="checkbox"/> N/A _____ No _____ Yes _____	
18. INVENTORY OF RECALLED PRODUCT: <ul style="list-style-type: none"> a. Initial inventory received of the recalled product _____ <u>0</u> b. Inventory at time of notification _____ <u>0</u> c. Inventory at time of inspection _____ <u>0</u> d. Number of returns _____ <u>0</u> 	
19. DISPOSITION OF RECALLED PRODUCT: <u>up</u> NUMBER OF PRODUCTS DISPOSED: <u>0</u>	
20. INJURIES OR COMPLAINTS: <input checked="" type="checkbox"/> N/A _____ None _____ Yes (Report by separate memo)	
21. REMARKS: _____ _____ _____ _____ _____	
22. <u>Cowley J. Brennan</u> <u>10/4/90</u> INVESTIGATOR AND DATE	
23. ENDORSEMENT: _____ _____	

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SUPERVISOR AND DATE

U.S. CONSUMER PRODUCT SAFETY COMMISSION

NOTICE OF INSPECTION

1. DATE
10/14/96

2. TIME
A.M. 5 ~~00~~ P.M.

3. FROM (Area Office and Address)
NJ Office of Consumer Protection
Newark, NJ Office

A. NAME AND TITLE OF INDIVIDUAL
[Redacted] - Store Manager

B. FIRM NAME
[Redacted]

4. TO C. NUMBER AND STREET ADDRESS
[Redacted]

D. CITY, STATE AND ZIP CODE
Trenton, New Jersey NJ

Notice of Inspection is hereby given pursuant to:

- Flammable Fabrics Act (15 U.S.C. 1191 *et seq.*);
- Federal Trade Commission Act (15 U.S.C. 41 *et seq.*);
- Sections 16, 19 and 27 of the Consumer Product Safety Act (15 U.S.C. 2065, 2068 and 2076)
- Section 704(a) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 374(a)) [Authority for inspections in connection with the Poison Prevention Packaging Act of 1970 (15 U.S.C. 1471 *et seq.*)] and/or
- Section 11(b) of the Federal Hazardous Substances Act as Amended (15 U.S.C. 1270(b)).

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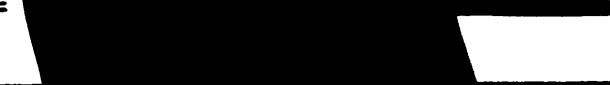

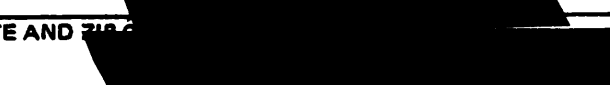
RECALL EFFECTIVENESS CHECK - SUMMARY

1. TO: <u>FOER</u> ATTN: Recall Coordinator	2. RN/ID # <u>R7960257</u> STI # _____
4. FROM: <u>Anthony J. Brennan Jr</u> INVESTIGATOR <u>WJOC</u> OFFICE	3. MIS: _____
6. TYPE OF FOLLOW-UP: <input checked="" type="checkbox"/> ON-SITE _____ TELEPHONE _____	5. HOURS EXPENDED _____ TRAVEL _____
7. DATE INSPECTED <u>12/4/95</u>	8. FIRM INSPECTED: Name _____ Address _____
9. FIRM INITIATING THE RECALL: Name <u>Stamco Products</u> Address <u>2757 S Austin Springfield, Mo 65801</u>	10. PRODUCT RECALLED: <u>Stamco Machine Model # 6050</u>
11. HAZARD: <u>Welder drops wrench on back seat. May drop unexpectedly</u>	12. TYPE OF CONSIGNEE: _____ Wholesaler <input checked="" type="checkbox"/> Retailer _____ Consumer _____ Other (Specify) _____
13. PERSON(S) INTERVIEWED: Name & Title _____ Name & Title _____	14. WAS FIRM NOTIFIED OF RECALL? _____ No <input checked="" type="checkbox"/> Yes METHOD & DATE OF NOTIFICATION _____ RECALL NOTIFICATION PRESENTED TO INVESTIGATOR <input checked="" type="checkbox"/> No _____ Yes (Notice date) _____
15. DID FIRM FOLLOW RECALL INSTRUCTIONS? <input checked="" type="checkbox"/> N/A _____ No _____ Yes _____ WAS PRODUCT TAKEN OFF SALE? <u>Did not have at time of recall</u> _____ No _____ Yes Date _____	16. WAS SUB-RECALL INVOLVED? <input checked="" type="checkbox"/> N/A _____ No _____ Yes (If "Yes" discuss details/mechanism under "REMARKS")
17. WERE RECALL/REPURCHASE OR CORRECTIVE ACTION PLAN NOTIFICATION SIGNS POSTED? _____ N/A _____ No _____ Yes	
18. INVENTORY OF RECALLED PRODUCT: <ul style="list-style-type: none"> a. Initial inventory received of the recalled product _____ ? b. Inventory at time of notification _____ 20 c. Inventory at time of inspection _____ 0 d. Number of returns _____ 	
19. DISPOSITION OF RECALLED PRODUCT: <u>N/A</u> NUMBER OF PRODUCTS DISPOSED: <u>0</u>	
20. INJURIES OR COMPLAINTS: _____ N/A <input checked="" type="checkbox"/> None _____ Yes (Report by separate memo)	
21. REMARKS: <u>Store sold last me 9/23/95 before recall came out</u>	
22. <u>Anthony J. Brennan Jr</u> <u>12/4/95</u> INVESTIGATOR AND DATE	
23. ENDORSEMENT: _____ <u>Anthony J. Brennan Jr</u> <u>12/4/95</u> SUPERVISOR AND DATE	

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U.S. CONSUMER PRODUCT SAFETY COMMISSION

NOTICE OF INSPECTION

1. DATE <i>10/4/82</i>	3. FROM (Area Office and Address) <i>NJ OFF of Consumer Protection 12 W. Halsey Street Newark, NJ 07102</i>
2. TIME A.M. <i>7 a</i> P.M.	
4. TO	A. NAME AND TITLE OF INDIVIDUAL  <i>Assistant Manager</i>
	B. FIRM NAME 
	C. NUMBER AND STREET ADDRESS 
	D. CITY, STATE AND ZIP CODE 

Notice of Inspection is hereby given pursuant to:

- Flammable Fabrics Act (15 U.S.C. 1191 *et seq.*);
- Federal Trade Commission Act (15 U.S.C. 41 *et seq.*);
- Sections 16, 19 and 27 of the Consumer Product Safety Act (15 U.S.C. 2065, 2068 and 2076)
- Section 704(a) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 374(a)) [Authority for inspections in connection with the Poison Prevention Packaging Act of 1970 (15 U.S.C. 1471 *et seq.*)] and/or
- Section 11(b) of the Federal Hazardous Substances Act as Amended (15 U.S.C. 1270(b)).

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5. PURPOSES OF INSPECTION AND NATURE OF INFORMATION TO BE OBTAINED AND/OR COPIED.

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ALL EFFECTIVENESS CHECK - SUMMARY

1. TO: <u>FRED</u> ATTN: Recall Coordinator	2. RN/ID # <u>APG 0157</u> STI# _____
3. MIS: _____	
4. FROM: <u>Anthony J. Brennan Jr</u> INVESTIGATOR <u>NTOLP</u> OFFICE	5. HOURS EXPENDED <u>50</u> TRAVEL <u>75</u>
6. TYPE OF FOLLOW-UP: <input checked="" type="checkbox"/> ON-SITE _____ TELEPHONE _____	7. DATE INSPECTED <u>10/30/96</u>
8. FIRM INSPECTED: Name <u>Wal Mart</u> Address <u>Route 9</u> <u>Hovell, NJ</u>	9. FIRM Name <u>Stamena Products</u> INITIATING Address <u>275-7.5 Austin</u> THE RECALL: <u>Springfield, NJ 05801</u>
10. PRODUCT RECALLED: <u>Stamina Exercise Machine</u> <u>Model #6050</u>	11. HAZARD: <u>Welds develop cracks on back</u> <u>Seat May Drop Unexpectedly</u>
12. TYPE OF CONSIGNEE: _____ Wholesaler <input checked="" type="checkbox"/> Retailer _____ Consumer _____ Other (Specify) _____	
13. PERSON(S) INTERVIEWED: Name & Title <u>Alane Stodghill, store manager</u> Name & Title _____	
14. WAS FIRM NOTIFIED OF RECALL? <input checked="" type="checkbox"/> No _____ Yes _____ METHOD & DATE OF NOTIFICATION _____ RECALL NOTIFICATION PRESENTED TO INVESTIGATOR _____ No _____ Yes (Notice date) _____	
15. DID FIRM FOLLOW RECALL INSTRUCTIONS? _____ N/A _____ No _____ Yes _____ WAS PRODUCT TAKEN OFF SALE? _____ No _____ Yes _____ Date _____ <u>Never had product</u>	
16. WAS SUB-RECALL INVOLVED? _____ N/A _____ No _____ Yes (If "Yes" discuss details/mechanism under "REMARKS")	
17. WERE RECALL/REPURCHASE OR CORRECTIVE ACTION PLAN NOTIFICATION SIGNS POSTED? <input checked="" type="checkbox"/> N/A _____ No _____ Yes _____	
18. INVENTORY OF RECALLED PRODUCT: a. Initial inventory received of the recalled product _____ b. Inventory at time of notification _____ c. Inventory at time of inspection _____ d. Number of returns <u>0</u>	
19. DISPOSITION OF RECALLED PRODUCT: <u>N/A</u> NUMBER OF PRODUCTS DISPOSED: <u>0</u>	
20. INJURIES OR COMPLAINTS: _____ N/A <input checked="" type="checkbox"/> None _____ Yes (Report by separate memo)	
21. REMARKS: <u>According to store manager, the store never sold recalled product</u>	
22. <u>Anthony J. Brennan Jr</u> <u>10/30/96</u> INVESTIGATOR AND DATE	
23. ENDORSEMENT: _____ <u>Anthony J. Brennan Jr</u> <u>10/30/96</u> SUPERVISOR AND DATE	

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U.S. CONSUMER PRODUCT SAFETY COMMISSION

NOTICE OF INSPECTION

1. DATE <i>10/30/96</i>	3. FROM (Area Office and Address) <i>New Jersey Office of Consumer Protection 124 Halsey Street Newark NJ 07102</i>
2. TIME ____ A.M. <i>6:10</i> P.M.	
4. TO	A. NAME AND TITLE OF INDIVIDUAL <i>Alane Stodghill, Store Manager</i>
	B. FIRM NAME <i>Wal Mart</i>
	C. NUMBER AND STREET ADDRESS <i>Route 9</i>
	D. CITY, STATE AND ZIP CODE <i>Howell, NJ</i>

Notice of Inspection is hereby given pursuant to:

- Flammable Fabrics Act (15 U.S.C. 1191 *et seq.*);
- Federal Trade Commission Act (15 U.S.C. 41 *et seq.*);
- Sections 16, 19 and 27 of the Consumer Product Safety Act (15 U.S.C. 2065, 2068 and 2076)
- Section 704(a) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 374(a)) [Authority for inspections in connection with the Poison Prevention Packaging Act of 1970 (15 U.S.C. 1471 *et seq.*)] and/or
- Section 11(b) of the Federal Hazardous Substances Act as Amended (15 U.S.C. 1270(b)).

Refer to the back of this form for a discussion of inspectional authority and for pertinent statutory language.

5. PURPOSES OF INSPECTION AND NATURE OF INFORMATION TO BE OBTAINED AND/OR COPIED.

The purpose of this inspection is to obtain information; to review and obtain copies of items including but not limited to records, reports, books, documents; and labeling; and to obtain samples, in order to enforce or determine compliance with the Acts administered by the Consumer Product Safety Commission.

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6. FREEDOM OF INFORMATION REQUIREMENTS

RECALL EFFECTIVENESS CHECK -- SUMMARY

1. TO: [CCA] <i>ATTN: Recall Coordinator</i> Tina Adeyeye	2. RN/ID CPSC RP960157 STI #960821CCA3158 3. MIS: 32626
4. FROM: [A.T. Sturdivant, FOWR]]	5. HOURS EXPENDED [3.0] TRAVEL [1.0]
6. TYPE OF FOLLOW-UP: [x] ON-SITE [] TELEPHONE	7. DATE INSPECTED: 10-29-96
8. FIRM INSPECTED: <i>Name: Wal-Mart</i> <i>Address: 2799 W. Thomas</i> <i>City/State/Zip: Hammond, LA 70401</i>	9. FIRM INITIATING THE RECALL: <i>Name: Stamina Products, Inc</i> <i>Address: POB 1071</i> <i>City/State/Zip: Springfield, MO 65801</i>
10. PRODUCT RECALLED: <i>Model PR-6050 exercising machines</i>	11. HAZARD: <i>walkers may develop cracks or breaks</i>
12. TYPE OF CONSIGNEE: [] Wholesaler [x] Retailer [] Consumer [] Other (Specify)	
13. PERSON(S) INTERVIEWED: Name & Title: Patricia Bourne, Dept. Manager <i>Name & Title:</i>	
14. WAS FIRM NOTIFIED OF RECALL? [x] No [] Yes METHOD & DATE OF NOTIFICATION: RECALL NOTIFICATION PRESENTED TO INVESTIGATOR? [x] No [] Yes (Notice Date):	
15. DID FIRM FOLLOW RECALL INSTRUCTIONS? [x] N/A [] No [] Yes WAS PRODUCT TAKEN OFF SALE? [] No [] Yes Date:	
16. WAS SUB-RECALL INVOLVED? [x] N/A [] No [] Yes (If "Yes" discuss details/mechanism under "REMARKS")	
17. WERE RECALL/REPURCHASE OR CORRECTIVE ACTION PLAN NOTIFICATION SIGNS POSTED? [x] N/A [] No [] Yes	
18. INVENTORY OF RECALLED PRODUCT: a. <i>Initial inventory received of the recalled product:</i> None b. <i>Inventory at time of notification:</i> None c. <i>Inventory at time of inspection:</i> None d. <i>Number of returns:</i> None	
19. DISPOSITION OF RECALLED PRODUCT: None NUMBER OF PRODUCTS DISPOSED:	
20. INJURIES OR COMPLAINTS: [] N/A [x] None [] Yes (Report by separate memo)	
21. REMARKS: Ms Bourne said she did not remember selling the PR-6050 unit nor did she remember receiving a Recall Notice. She checked her computer and found she had sold one Stamina unit (Model 6050) in September of 1995. She said she guessed that she was not sent the recall notice because she had not sold any of the recalled models at this store between November 1995 and February 1996. She did not know if the model 6050 was the same as the PR-6050.	
22. INVESTIGATOR AND DATE: [A.T. Sturdivant] [10 /30 /96]	
23. ENDORSEMENT: <i>Not Effective!</i> The Department Manager of this Wal-Mart store said this store had not sold any of the recalled Model PR-6050 exercise machines between November 1995 and February 1996 and that she had not received the recall notice. Her records showed they had sold one unit Of a model 6050 in September, 1995. It was undetermined if the 6050 unit was the same as a PR-6050.	

O:CCA

cc: DSO

cc: LDB / CET

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U.S. CONSUMER PRODUCT SAFETY COMMISSION
NOTICE OF INSPECTION

1. DATE 10-29-96	3. FROM (Area Office and Address) Dallas Satellite Office 1114 Commerce Street, Room 216 Dallas, TX 75242-1001
2. TIME 9:30 A.M. _____ P.M.	

A. NAME AND TITLE OF INDIVIDUAL [Redacted] Dept Manager	
B. CITY, STATE AND ZIP CODE [Redacted]	

Notice of inspection is hereby given pursuant to:

- Flammable Fabrics Act (15 U.S.C. 1191 *et seq.*);
- Federal Trade Commission Act (15 U.S.C. 41 *et seq.*);
- Sections 16, 19 and 27 of the Consumer Product Safety Act (15 U.S.C. 2065, 2068 and 2076)
- Section 704(a) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 374(a)) [Authority for inspections in connection with the Poison Prevention Packaging Act of 1970 (15 U.S.C. 1471 *et seq.*)] and/or
- Section 11(b) of the Federal Hazardous Substances Act as Amended (15 U.S.C. 1270(b)).

Refer to the back of this form for a discussion of inspectional authority and for pertinent statutory language.

5. PURPOSES OF INSPECTION AND NATURE OF INFORMATION TO BE OBTAINED AND/OR COPIED.
The purpose of this inspection is to obtain information; to review and obtain copies of items including but not limited to records, reports, books, documents; and labeling; and to obtain samples, in order to enforce or determine compliance with the Acts administered by the Consumer Product Safety Commission.

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RECALL EFFECTIVENESS CHECK -- SUMMARY

1. TO: [CCA] ATTN: Recall Coordinator Tina Adeyeye	2. RN/ID CPSC RP960157 STI #960821CCA3159 3. MIS: 32626
4. FROM: [A.T. Sturdivant, FOWR]	5. HOURS EXPENDED [3.0] TRAVEL []
6. TYPE OF FOLLOW-UP: [] ON-SITE [x] TELEPHONE	7. DATE INSPECTED: 10-01-96
8. FIRM INSPECTED: Name: [REDACTED] Address: [REDACTED] City/State/Zip: [REDACTED]	9. FIRM INITIATING THE RECALL: Name: Stamina Products, Inc Address: POB 1071 City/State/Zip: Springfield, MO 65801
10. PRODUCT RECALLED: Model PR-6050 exercising machines	11. HAZARD: welds may develop cracks or breaks
12. TYPE OF CONSIGNEE: [] Wholesaler [] Retailer [x] Consumer [] Other (Specify)	
13. PERSON(S) INTERVIEWED: Name & Title: Cindy Larey, Consumer (214-771-3931) Name & Title:	
14. WAS FIRM NOTIFIED OF RECALL? [x] No [] Yes METHOD & DATE OF NOTIFICATION: RECALL NOTIFICATION PRESENTED TO INVESTIGATOR? [x] No [] Yes (Notice Date):	
15. DID FIRM FOLLOW RECALL INSTRUCTIONS? [x] N/A [] No [] Yes WAS PRODUCT TAKEN OFF SALE? [] No [] Yes Date:	
16. WAS SUB-RECALL INVOLVED? [] N/A [] No [] Yes (If "Yes" discuss details/mechanism under "REMARKS")	
17. WERE RECALL/REPURCHASE OR CORRECTIVE ACTION PLAN NOTIFICATION SIGNS POSTED? [x] N/A [] No [] Yes	
18. INVENTORY OF RECALLED PRODUCT: a. Initial inventory received of the recalled product: unknown b. Inventory at time of notification c. Inventory at time of inspection: unknown d. Number of returns: unknown	
19. DISPOSITION OF RECALLED PRODUCT: Unknown NUMBER OF PRODUCTS DISPOSED:	
20. INJURIES OR COMPLAINTS: [] N/A [] None [] Yes (Report by separate memo)	
21. REMARKS: When asked if she had received a Recall Notice about the Stamina Recall of the Model PR-6050, Ms [REDACTED] said that she had not received one. She then immediately said that she could not answer any questions about this but would have her attorney call me if he deemed it appropriate.	
22. INVESTIGATOR AND DATE: [A.T. Sturdivant] [10 /30 /96]	
23. ENDORSEMENT: O: CCA CD: LDB CC: CFT SUPERVISOR AND DATE: [<i>C. Sturdivant</i> 11/05/96] [/ /]	

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RECALL EFFECTIVENESS CHECK -- SUMMARY

1. TO: [CCA] ATTN: Recall Coordinator Tina Adeyeye	2. RN/ID CPSC RP960157 STI #960821CCA3160 3. MIS: 32626
4. FROM: [A.T. Sturdivant, FOWR]	5. HOURS EXPENDED [3.0] TRAVEL [2.0]
6. TYPE OF FOLLOW-UP: [x] ON-SITE [] TELEPHONE	7. DATE INSPECTED: 10-29-96
8. FIRM INSPECTED: Name: [REDACTED] Address: [REDACTED] City/State/Zip: [REDACTED]	9. FIRM INITIATING THE RECALL: Name: Stamina Products, Inc Address: POB 1071 City/State/Zip: Springfield, MO 65801
10. PRODUCT RECALLED: Model PR-6050 exercising machines	11. HAZARD: water may develop cracks or breaks
12. TYPE OF CONSIGNEE: [] Wholesaler [x] Retailer [] Consumer [] Other (Specify)	
13. PERSON(S) INTERVIEWED: Name & Title: [REDACTED] Dept. Manager Name & Title: [REDACTED]	
14. WAS FIRM NOTIFIED OF RECALL? [x] No [] Yes METHOD & DATE OF NOTIFICATION: RECALL NOTIFICATION PRESENTED TO INVESTIGATOR? [x] No [] Yes(Notice Date):	
15. DID FIRM FOLLOW RECALL INSTRUCTIONS? [x] N/A [] No [] Yes WAS PRODUCT TAKEN OFF SALE? [] No [] Yes Date:	
16. WAS SUB-RECALL INVOLVED? [x] N/A [] No [] Yes (If "Yes" discuss details/mechanism under "REMARKS")	
17. WERE RECALL/REPURCHASE OR CORRECTIVE ACTION PLAN NOTIFICATION SIGNS POSTED? [x] N/A [] No [] Yes	
18. INVENTORY OF RECALLED PRODUCT: a. Initial inventory received of the recalled product: None b. Inventory at time of notification: None c. Inventory at time of inspection: None d. Number of returns: None	
19. DISPOSITION OF RECALLED PRODUCT: None NUMBER OF PRODUCTS DISPOSED:	
20. INJURIES OR COMPLAINTS: [] N/A [x] None [] Yes (Report by separate memo)	
21. REMARKS: Ms [REDACTED] said she had never carried any of the PR-6050 units from Stamina. (It was noted that the only Stamina item present was a Stamina Model ATS 7000). She said she guessed that she was not sent the recall notice because she had never sold any of the recalled models at this store.	
22. INVESTIGATOR AND DATE: [A.T. Sturdivant] [10 /30 /96]	
23. ENDORSEMENT: The Department Manager of this [REDACTED] store said this store had never had any of the recalled Model PR-6050 exercise machines and that she had not received the recall notice.	

O: CCA (Adeyeye)

cc: DSD and LDB

[Signature] 11/05/96

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U.S. CONSUMER PRODUCT SAFETY COMMISSION
NOTICE OF INSPECTION

1. DATE
10-29-96

2. TIME
11:30 A.M. _____ P.M.

3. FROM (Area Office and Address)
Dallas Satellite Office
1114 Commerce Street, Room 216
Dallas, TX 75242-1001

A. NAME AND TITLE OF INDIVIDUAL
[Redacted] Dept Manager

B. [Redacted]

4. TO [Redacted]

Notice of Inspection is hereby given pursuant to:

- Flammable Fabrics Act (15 U.S.C. 1191 *et seq.*);
- Federal Trade Commission Act (15 U.S.C. 41 *et seq.*);
- Sections 16, 19 and 27 of the Consumer Product Safety Act (15 U.S.C. 2065, 2068 and 2076)
- Section 704(a) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 374(a)) [Authority for inspections in connection with the Poison Prevention Packaging Act of 1970 (15 U.S.C. 1471 *et seq.*)] and/or
- Section 11(b) of the Federal Hazardous Substances Act as Amended (15 U.S.C. 1270(b)).

Refer to the back of this form for a discussion of inspectional authority and for pertinent statutory language.

5. PURPOSES OF INSPECTION AND NATURE OF INFORMATION TO BE OBTAINED AND/OR COPIED.

The purpose of this inspection is to obtain information; to review and obtain copies of items including but not limited to records, reports, books, documents; and labeling; and to obtain samples, in order to enforce or determine compliance with the Acts administered by the Consumer Product Safety Commission.

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6. FREEDOM OF INFORMATION REQUIREMENTS

RECALL EFFECTIVENESS CHECK -- SUMMARY

1. TO: [CA] ATTN: Recall Coordinator Tina Adeyeye	2. RN/ID STI 9600821CCA2168 3. MIS: 32626
4. FROM: [Donald Dudley] ATL-SO	5. HOURS EXPENDED [2] TRAVEL [1]
6. TYPE OF FOLLOW-UP: [x] ON-SITE [] TELEPHONE	7. DATE INSPECTED: 10-9-96
8. FIRM INSPECTED: [REDACTED] Name [REDACTED] City/State [REDACTED] 30087	9. FIRM INITIATING THE RECALL: Name : Stamina Products, Inc. 2757 S. Austin Springfield, MO 65801
10. PRODUCT RECALLED: EXERCISE MACHINES	PP. HAZARD: SEAT CAN COLLAPSE
12. TYPE OF CONSIGNEE: [] Wholesaler [x] Retailer [] Consumer [] Other (Specify)	
13. PERSON(S) INTERVIEWED: Name & Title: [REDACTED] Asst. Mgr. Name & Title:	
14. WAS FIRM NOTIFIED OF RECALL? [] No [] Yes METHOD & DATE OF NOTIFICATION: see remarks RECALL NOTIFICATION PRESENTED TO INVESTIGATOR? [x] No [] Yes (Notice Date):	
15. DID FIRM FOLLOW RECALL INSTRUCTIONS? [x] N/A [] No [] Yes WAS PRODUCT TAKEN OFF SALE? [] No [x] Yes Date unk	
16. WAS SUB-RECALL INVOLVED? [] N/A [x] No [] Yes (if "Yes" discuss details/mechanism under "REMARKS")	
17. WERE RECALL/REPURCHASE OR CORRECTIVE ACTION PLAN NOTIFICATION SIGNS POSTED? [x] N/A [] No [] Yes	
18. INVENTORY OF RECALLED PRODUCT: a. Initial inventory received of the recalled product: UNKNOWN b. Inventory at time of notification: " c. Inventory at time of inspection: " d. Number of returns: "	
19. DISPOSITION OF RECALLED PRODUCT: SEE REMARKS	
20. INJURIES OR COMPLAINTS: [] N/A [] None [x] Yes (Report by separate memo)	
21. REMARKS : The respondent reported that the store has had lot of personnel changes over the past six months, therefore, no determination could be made as to whether a recall notice was received. However, none of the recalled items were found on the sales floor or in over stock in the store room, and no complaints or injuries have been reported. The asst. mgr. reported that if the subject item were on hand they probably were returned to the recalling firm.	
22. INVESTIGATOR AND DATE Donald Dudley, 10-9-96	
23. ENDORSEMENT: <div style="text-align: center; font-size: 1.2em; font-family: cursive;">See remarks</div> <div style="text-align: right; margin-top: 20px;"> 10/17/96 </div>	
SUPERVISOR AND DATE: [W]	

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U.S. CONSUMER PRODUCT SAFETY COMMISSION
NOTICE OF INSPECTION

1. DATE 10-9-96	3. FROM (Area Office and Address) CPSC P.O. Box 2110 Stone Mountain, GA 30086
2. TIME 11:00 A.M. / P.M.	

A. NAME AND TITLE OF INDIVIDUAL [REDACTED]
B. FIRM NAME [REDACTED]
C. ADDRESS [REDACTED]
D. CITY, STATE AND ZIP CODE [REDACTED]

Notice of inspection is hereby given pursuant to:

- Flammable Fabrics Act (15 U.S.C. 1191 *et seq.*);
- Federal Trade Commission Act (15 U.S.C. 41 *et seq.*);
- Sections 16, 19 and 27 of the Consumer Product Safety Act (15 U.S.C. 2065, 2068 and 2076)
- Section 704(a) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 374(a)) [Authority for inspections in connection with the Poison Prevention Packaging Act of 1970 (15 U.S.C. 1471 *et seq.*)] and/or
- Section 11(b) of the Federal Hazardous Substances Act as Amended (15 U.S.C. 1270(b)).

Refer to the back of this form for a discussion of inspectional authority and for pertinent statutory language.

5. PURPOSES OF INSPECTION AND NATURE OF INFORMATION TO BE OBTAINED AND/OR COPIED.



The purpose of this inspection is to obtain information; to review and obtain copies of items including but not limited to records, reports, books, documents; and labeling; and to obtain samples, in order to enforce or determine compliance with the Acts administered by the Consumer Product Safety Commission.

7. SIGNATURE (Authorized CPSC Official)

Donald Dudley

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RECALL EFFECTIVENESS CHECK -- SUMMARY

1. TO: [CCA] ATTN: Recall Coordinator Tina Adeyeye	2. RN/ID STI 9600821CCA2168 3. MIS: 32626
4. FROM: [Donald Dudley]	5. HOURS EXPENDED [1] TRAVEL [0]
6. TYPE OF FOLLOW-UP: [] ON-SITE [x] TELEPHONE	7. DATE INSPECTED: 10-9-96
8. FIRM INSPECTED: Annette Graves Name [REDACTED] City/State [REDACTED]	9. FIRM INITIATING THE RECALL: Name : Stamina Products, Inc. 2757 S. Austin Springfield, MO 65801
10. PRODUCT RECALLED: EXERCISE MACHINES	PP. RECALL: SEAT CAN COLLAPSE
12. TYPE OF CONSIGNEE: [] Wholesaler [] Retailer [x] Consumer [] Other (Specify)	
13. PERSON(S) INTERVIEWED: Name & Title: [REDACTED] Consumer Name & Title:	
14. WAS FIRM NOTIFIED OF RECALL? [x] No [] Yes METHOD & DATE OF NOTIFICATION: RECALL NOTIFICATION PRESENTED TO INVESTIGATOR? [x] No [] Yes(Notice Date):	
15. DID FIRM FOLLOW RECALL INSTRUCTIONS? [] N/A [] No [x] Yes WAS PRODUCT TAKEN OFF SALE? [] No [x] Yes Date July 1996	
16. WAS SUB-RECALL INVOLVED? [] N/A [] No [x] Yes (If "Yes" discuss details/mechanism under "REMARKS")	
17. WERE RECALL/REPURCHASE OR CORRECTIVE ACTION PLAN NOTIFICATION SIGNS POSTED? [x] N/A [] No [] Yes	
18. INVENTORY OF RECALLED PRODUCT: a. Initial inventory received of the recalled product: 1 units b. Inventory at time of notification: n/a c. Inventory at time of inspection: none d. Number of returns: 1 unit	
19. DISPOSITION OF RECALLED PRODUCT: returned to recalling firm in July 1996.	
20. INJURIES OR COMPLAINTS: [] N/A [] None [x] Yes (Report by separate memo)	
21. REMARKS : The consumer experienced problems with the cylinder and welds on the exerciser in approximately May and July 1996. In both cases she notified the recalling firm and received a replacement cylinder, and the entire unit was replaced in July after the weld problem was reported to the recalling firm. The consumer was not injured when the weld on the machine broke. The consumer stated that she never received a recall letter from the recalling firm, and she was not aware that a recall had been issued.	
22. INVESTIGATOR AND DATE Donald Dudley, 10-9-96	
23. ENDORSEMENT: <div style="text-align: center; font-size: 1.5em; font-family: cursive;"> IN effective </div> <div style="text-align: center; font-size: 1.5em; font-family: cursive;">  </div> <div style="text-align: right; font-size: 1.5em; font-family: cursive;"> 10/17/96 158 </div>	
SUPERVISOR AND DATE: [<div style="display: inline-block; text-align: center; font-size: 1.5em; font-family: cursive;">  </div>]	

RECALL EFFECTIVENESS CHECK - SUMMARY

1. TO: _____ ATTN: Recall Coordinator	2. RN/ID # <u>960821C41160</u> STI # _____
4. FROM: <u>Jean C Jordan</u> INVESTIGATOR <u>NYC/CT OFFICE</u>	3. MIS: _____ 5. HOURS EXPENDED <u>25</u> TRAVEL <u>25</u>
6. TYPE OF FOLLOW-UP: <input type="checkbox"/> ON-SITE <input type="checkbox"/> TELEPHONE	7. DATE INSPECTED <u>9/17/96</u>
8. FIRM INSPECTED: Name <u>Walmart</u> Address <u>Buckland Hills</u> <u>Manchester, CT 06040</u>	9. FIRM INITIATING THE RECALL: Name <u>Stamina Products Inc</u> Address <u>2757 S. Austin, PO Box 1071</u> <u>Springfield MO 65801-1071</u>
10. PRODUCT RECALLED: <u>exercise equipment</u>	11. HAZARD: <u>welds may develop cracks</u>
12. TYPE OF CONSIGNEE: <input type="checkbox"/> Wholesaler <input checked="" type="checkbox"/> Retailer <input type="checkbox"/> Consumer <input type="checkbox"/> Other (Specify) _____	
13. PERSON(S) INTERVIEWED: Name & Title <u>Art Tardy, assistant manager</u> Name & Title _____	
14. WAS FIRM NOTIFIED OF RECALL? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes METHOD & DATE OF NOTIFICATION _____ RECALL NOTIFICATION PRESENTED TO INVESTIGATOR <input type="checkbox"/> No <input type="checkbox"/> Yes (Notice date) _____	
15. DID FIRM FOLLOW RECALL INSTRUCTIONS? <input checked="" type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes WAS PRODUCT TAKEN OFF SALE? <input type="checkbox"/> No <input type="checkbox"/> Yes Date _____	
16. WAS SUB-RECALL INVOLVED? <input checked="" type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes (If "Yes" discuss details/mechanism under "REMARKS")	
17. WERE RECALL/REPURCHASE OR CORRECTIVE ACTION PLAN NOTIFICATION SIGNS POSTED? <input checked="" type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes	
18. INVENTORY OF RECALLED PRODUCT: a. Initial inventory received of the recalled product <u>unknown</u> b. Inventory at time of notification <u>none never notified</u> c. Inventory at time of inspection <u>none</u> d. Number of returns <u>none</u>	
19. DISPOSITION OF RECALLED PRODUCT: _____ NUMBER OF PRODUCTS DISPOSED: _____	
20. INJURIES OR COMPLAINTS: <input type="checkbox"/> N/A <input type="checkbox"/> None <input type="checkbox"/> Yes (Report by separate memo)	
21. REMARKS: <u>The assistant manager is new to this store, but stated that there were now none in stock, and if someone brought one back, that the store would refund the money</u>	
22. <u>Jean C Jordan</u> <u>9/17/96</u> INVESTIGATOR AND DATE	
23. ENDORSEMENT: <u>not effective</u> <u>[Signature]</u> <u>10/11</u> SUPERVISOR AND DATE	

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STATE OF CONNECTICUT

DEPARTMENT OF CONSUMER PROTECTION

DATE _____ TIME _____

NAME OF INDIVIDUAL _____

TITLE _____

FIRM NAME _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

NOTICE OF INSPECTION IS HEREBY GIVEN PURSUANT TO:

Connecticut General Statutes, Sections 21a-343(a), 21a-340(a), and 21a-344 of the State Child Protection Act.

And to determine compliance with the Federal Hazardous Substances Act as Amended (15 U.S.C. 1261, et seq.).

SIGNATURE (Consumer Protection Employee)

REMARKS:

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RECALL EFFECTIVENESS CHECK - SUMMARY

1. TO: _____ ATTN: Recall Coordinator	2. RN/ID # <u>96021CCA160</u> STI # _____
4. FROM: <u>Joan C. Jordan</u> INVESTIGATOR <u>PY/CCT</u> OFFICE	3. MIS: _____
6. TYPE OF FOLLOW-UP: <input type="checkbox"/> ON-SITE <input type="checkbox"/> TELEPHONE	5. HOURS EXPENDED <u>0.5</u> TRAVEL <u>1.5</u>
8. FIRM INSPECTED: Name _____ Address _____	7. DATE INSPECTED <u>9/17/96</u>
10. PRODUCT RECALLED: <u>exercise machine</u>	9. FIRM INITIATING THE RECALL: Name <u>Stamina Products Inc</u> Address <u>2757 S. Austin PO Box 1071</u> <u>Springfield MO 65801-1071</u>
12. TYPE OF CONSIGNEE: <input type="checkbox"/> Wholesaler <input checked="" type="checkbox"/> Retailer <input type="checkbox"/> Consumer <input type="checkbox"/> Other (Specify) _____	11. HAZARD: <u>Welds may develop cracks</u>
13. PERSON(S) INTERVIEWED: Name & Title _____ Name & Title _____	14. WAS FIRM NOTIFIED OF RECALL? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes METHOD & DATE OF NOTIFICATION _____ RECALL NOTIFICATION PRESENTED TO INVESTIGATOR <input type="checkbox"/> No <input type="checkbox"/> Yes (Notice date) _____
15. DID FIRM FOLLOW RECALL INSTRUCTIONS? <input checked="" type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes WAS PRODUCT TAKEN OFF SALE? <input type="checkbox"/> No <input type="checkbox"/> Yes Date _____	16. WAS SUB-RECALL INVOLVED? <input checked="" type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes (If "Yes" discuss details/mechanism under "REMARKS")
17. WERE RECALL/REPURCHASE OR CORRECTIVE ACTION PLAN NOTIFICATION SIGNS POSTED? <input checked="" type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes	
18. INVENTORY OF RECALLED PRODUCT: a. Initial inventory received of the recalled product <u>unknown</u> b. Inventory at time of notification <u>never notified</u> c. Inventory at time of inspection <u>none</u> d. Number of returns <u>none</u>	
19. DISPOSITION OF RECALLED PRODUCT: _____ NUMBER OF PRODUCTS DISPOSED: _____	
20. INJURIES OR COMPLAINTS: <input type="checkbox"/> N/A <input type="checkbox"/> None <input type="checkbox"/> Yes (Report by separate memo)	
21. REMARKS: <u>The manager was stated that he did not receive the letter of notification concerning the problem. There were none in stock at the time of notification.</u>	
22. <u>Joan C Jordan</u> <u>9/17/96</u> INVESTIGATOR AND DATE	
23. ENDORSEMENT: <u>not effective</u> <u>10/11</u> <u>161</u> SUPERVISOR AND DATE	



STATE OF CONNECTICUT

DEPARTMENT OF CONSUMER PROTECTION

DATE _____ TIME _____

NAME OF INDIVIDUAL _____

TITLE _____

FIRM NAME _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

NOTICE OF INSPECTION IS HEREBY GIVEN PURSUANT TO:

Connecticut General Statutes, Sections 21a-343(a), 21a-340(a), and 21a-344 of the State Child Protection Act.

And to determine compliance with the Federal Hazardous Substances Act as Amended (15 U.S.C. 1261, et seq.).

SIGNATURE (Consumer Protection Employee)

REMARKS:

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NOT
CALL

RECALL EFFECTIVENESS CHECK - SUMMARY

1. TO: <u>CCA</u> ATTN: Recall Coordinator <u>Marc Schoem</u>	2. RN/ID # <u>960821CCA</u> STI # _____ 3. MIS: <u>32626</u>
4. FROM: <u>Bridgette Cottral</u> INVESTIGATOR <u>FOCR</u> OFFICE	5. HOURS EXPENDED <u>2</u> TRAVEL <u>0</u>
6. TYPE OF FOLLOW-UP: <u>ON-SITE</u> <input checked="" type="checkbox"/> TELEPHONE	7. DATE INSPECTED <u>9/18/96</u>
8. FIRM INSPECTED: Name <u>[REDACTED]</u> Address <u>[REDACTED]</u>	9. FIRM INITIATING THE RECALL: Name <u>Stamina Products Inc.</u> Address <u>2757 S. Austin, PO Box 107</u> <u>Springfield, MO 658011071</u>
10. PRODUCT RECALLED: <u>Excercise Machine</u>	11. HAZARD: <u>Injury from broken welds.</u>
12. TYPE OF CONSIGNEE: <u>Wholesaler</u> <input type="checkbox"/> <u>Retailer</u> <input checked="" type="checkbox"/> <u>Consumer</u> <input type="checkbox"/> <u>Other (Specify)</u> _____	
13. PERSON(S) INTERVIEWED: Name & Title <u>[REDACTED] Consumer</u> Name & Title <u>[REDACTED] Friend of [REDACTED]</u>	
14. WAS FIRM NOTIFIED OF RECALL? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes METHOD & DATE OF NOTIFICATION _____ RECALL NOTIFICATION PRESENTED TO INVESTIGATOR <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Notice date) _____	
15. DID FIRM FOLLOW RECALL INSTRUCTIONS? <input checked="" type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes WAS PRODUCT TAKEN OFF SALE? <input type="checkbox"/> No <input type="checkbox"/> Yes Date _____	
16. WAS SUB-RECALL INVOLVED? <input checked="" type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes (If "Yes" discuss details/mechanism under "REMARKS")	
17. WERE RECALL/REPURCHASE OR CORRECTIVE ACTION PLAN NOTIFICATION SIGNS POSTED? <input checked="" type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes	
18. INVENTORY OF RECALLED PRODUCT: a. Initial inventory received of the recalled product <u>n/a</u> b. Inventory at time of notification <u>n/a</u> c. Inventory at time of inspection <u>n/a</u> d. Number of returns <u>n/a</u>	
19. DISPOSITION OF RECALLED PRODUCT: <u>Her excercise machine was returned to Walmart for a full refund in April or early May, 1996.</u> NUMBER OF PRODUCTS DISPOSED: <u>One</u>	
20. INJURIES OR COMPLAINTS: <u>N/A</u> <input type="checkbox"/> None <input checked="" type="checkbox"/> Yes (Report by separate memo)	
21. REMARKS: <u>Ms. [REDACTED] was not aware of the product recall. She did not have the excercise machine, as she had returned it to Walmart for a full refund in late April or early May, 1996.</u> <u>Ms. [REDACTED] was injured when the exercise machine broke in early March, 1996.</u> <u>The exercise machine could no longer be used after it broke.</u> <u>Ms. [REDACTED] requested a copy of the recall notice.</u>	
22. <u>Bridgette Cottral</u> <u>9/19/96</u> INVESTIGATOR AND DATE	
23. ENDORSEMENT: <u>Not notified.</u> <u>[Signature]</u> <u>9/20/96</u>	

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U. S. Government
Memorandum

U. S. Consumer Product
Safety Commission

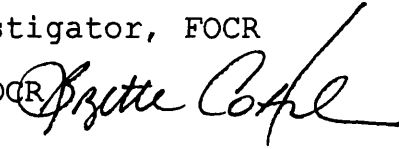
September 17, 1996

To: Marc Schoem, CCA

Thru: Eric B. Ault, Regional Director, FOCR

Thru: James A. Miersch, Supervisory Investigator, FOCR

From: Bridgette Cottral, Investigator, FOCR



Subject: Complaint/Injury Report
Recall Effectiveness Checks - CPSC RP960157
FOCR: 960821CCA2167
Exercise Equipment, Stamina Products, Inc.

A Complaint/Injury Report was received during a recall effectiveness check by telephone with consumer, [REDACTED]

Ms. [REDACTED] reported she was given the Stamina Products, Inc., Exercise Machine (model # PR-6050), as a Christmas gift in December, 1995. She stated she first used it in February, 1996, and after about one month of use it broke, causing her to be injured.

Ms. [REDACTED] reported that in early March, 1996, while she was using the exercise machine, something broke causing her to fall forward into her fireplace. She reported that her young son was near her when the incident occurred and she originally thought that he had caused the incident. Upon further investigation, she found a broken weld on the exercise machine and believed it to be the cause of the incident.

Ms. [REDACTED] reported a weld, below the handle bars on the main support bar, snapped loose causing the main support bar to disconnect. The exercise machine could not be used after this incident.

Ms. [REDACTED] reported when the exercise machine broke, she suffered numerous injuries including pulled muscles and scratches on her legs, tenderness and pain in her lower back and tailbone, and she was unable to work for a total of 6 days.

Ms. [REDACTED] reported she sought medical care the day after the injury at [REDACTED]. She sought further medical care at Lawdale Christian Clinic.

Ms. [REDACTED] reported that the exercise machine had originally been purchased at [REDACTED]

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She returned the exercise machine to this location at the end of April or in early May, 1996 and received a full refund.

On the day of the incident, Ms. ██████ called ██████ to report it. She later received a cash settlement of \$500.00 for medical expenses, lost time from work, and personal inconvenience.

At this time, Ms. ██████ has not contacted a Lawyer. She stated there were no prolonged injuries from this incident.

Ms. ██████ was not aware of the product recall and had not received the recall notice. She asked that she be given a copy of this notice and it was provided to her by mail.

KS

U.S. Consumer Product Safety Commission

230 S. Dearborn Street, Suite 2944, Chicago, IL 60604 • 312-353-8260

September 19, 1996

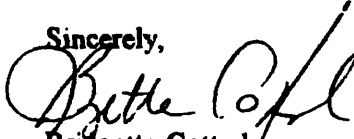


Re: Our telephone conversation dated 9/18/96
Exercise Equipment
Stamina Products, Inc.
2757 S. Austin
P.O.Box 1071
Springfield, MO 65801-1071

Dear Ms. Kelly,

Thank you for your recent telephone report to the U. S. Consumer Product Safety Commission (CPSC). Our staff will review the information you provided regarding the Exercise Equipment recall. This type of information allows us to focus on cases which pose the greatest degree of risk to consumers. In determining whether to take action, the Commission considers a number of factors including the likelihood of injury, the nature and degree of injury, and whether action by CPSC can address the problem.

Our staff will contact you if we need additional information. The CPSC appreciates the interest you have shown in helping us to reduce the unreasonable risk of injury from consumer products.

Sincerely,

Bridgette Cottral,
Investigator

Chicago Regional Office

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RECALL EFFECTIVENESS CHECK -- SUMMARY

1. TO: [CCA] <i>ATTN: Recall Coordinator</i>	2. RN/ID # 960821CCA2166 3. MIS: 32626
4. FROM: [Joseph McDowell] [Investigator] [STL-RP]	5. HOURS EXPENDED [.3] TRAVEL [.8]
6. TYPE OF FOLLOW-UP: [X] ON-SITE [] TELEPHONE	7. DATE INSPECTED: 9/4/96
8. FIRM INSPECTED: Name: [REDACTED] Address: [REDACTED] City/State/Zip: [REDACTED]	9. FIRM INITIATING THE RECALL: Name: Stamina Products, Inc. Address: 2757 S. Austin P.O.Box 1071 City/State/Zip: Springfield, MO 65801-1071
10. PRODUCT RECALLED: Exercise Machine Model #PR-6050, Folding Rider	11. HAZARD: Machine welds may develop cracks or breaks & seat could drop unexpectedly.
12. TYPE OF CONSIGNEE: [] Wholesaler [X] Retailer [] Consumer [] Other (Specify)	
13. PERSON(S) INTERVIEWED: Name & Title: Doug Dunlap-Ass't Store Manager Name & Title:	
14. WAS FIRM NOTIFIED OF RECALL? [] No [X] Yes METHOD & DATE OF NOTIFICATION: Notified from headquarters on 2/16/96 RECALL NOTIFICATION PRESENTED TO INVESTIGATOR? [] No [X] Yes (Notice Date): 2/16/96	
15. DID FIRM FOLLOW RECALL INSTRUCTIONS? [] N/A [] No [X] Yes WAS PRODUCT TAKEN OFF SALE? [] No [X] Yes Date: 2/16/96	
16. WAS SUB-RECALL INVOLVED? [] N/A [X] No [] Yes (If "Yes" discuss details/mechanism under "REMARKS")	
17. WERE RECALL/REPURCHASE OR CORRECTIVE ACTION PLAN NOTIFICATION SIGNS POSTED? [X] N/A [] No [] Yes	
18. INVENTORY OF RECALLED PRODUCT: a. Initial inventory received of the recalled product: 1 unit b. Inventory at time of notification: 0 unit c. Inventory at time of inspection: 0 unit d. Number of returns: None	
19. DISPOSITION OF RECALLED PRODUCT: N/A NUMBER OF PRODUCTS DISPOSED: None	
20. INJURIES OR COMPLAINTS: [] N/A [X] None [] Yes (Report by separate memo)	
21. REMARKS: None	
22. INVESTIGATOR AND DATE: [Joseph McDowell] <i>Joseph McDowell</i> [9/4/96]	
23. ENDORSEMENT: <i>Effective</i> SUPERVISOR AND DATE: [<i>[Signature]</i>] [9/23/96]	

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U.S. CONSUMER PRODUCT SAFETY COMMISSION
NOTICE OF INSPECTION

1. DATE 9-4-96	3. FROM (Area Office and Address) 11220 W. Florissant Box 317 Florissant, MO 63033
2. TIME ____ A.M. 3:00 P.M.	
A. NAME AND TITLE OF INDIVIDUAL Doug Dunlop - Ass't Store Manager	
B. FIRM NAME WALMART Store # 1265	
4. TO C. NUMBER AND STREET ADDRESS 10741 W. Florissant	
D. CITY, STATE AND ZIP CODE FERGUSON, MO 63135	

Notice of Inspection is hereby given pursuant to:

- Flammable Fabrics Act (15 U.S.C. 1191 *et seq.*);
- Federal Trade Commission Act (15 U.S.C. 41 *et seq.*);
- Sections 16, 19 and 27 of the Consumer Product Safety Act (15 U.S.C. 2065, 2068 and 2076)
- Section 704(a) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 374(a)) [Authority for inspections in connection with the Poison Prevention Packaging Act of 1970 (15 U.S.C. 1471 *et seq.*)] and/or
- Section 11(b) of the Federal Hazardous Substances Act as Amended (15 U.S.C. 1270(b)).

Refer to the back of this form for a discussion of inspectional authority and for pertinent statutory language.

5. PURPOSES OF INSPECTION AND NATURE OF INFORMATION TO BE OBTAINED AND/OR COPIED.

The purpose of this inspection is to obtain information: to review and obtain copies of items including but not limited to records, reports, books, documents; and labeling; and to obtain samples, in order to enforce or determine compliance with the Acts administered by the Consumer Product Safety Commission.

7. SIGNATURE (Authorized CPSC Official)

Josh McDowell

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12/17/96

RECALL EFFECTIVENESS CHECK -- SUMMARY

1. TO: [CCA] ATTN: Recall Coordinator T. ADEYEYE		2. RN/ID #960157	STI 960821CCA4110
		3. MIS: 32626	
4. FROM: [P. ROBINSON] INVESTIGATOR [MASC] OFFICE		5. HOURS EXPENDED [1.0] TRAVEL [1.0]	
6. TYPE OF FOLLOW-UP: [XX] ON-SITE [] TELEPHONE		7. DATE INSPECTED: 9/13/96	
8. FIRM INSPECTED: Name: WALMART STORE #2141 Address: 1601 S. COLUMBUS BLVD. City/State/Zip: PHILA., PA 19148		9. FIRM INITIATING THE RECALL: Name: STAMINA PRODUCTS, INC. Address: 2757 S. AUSTIN, P.O. BX 1071 SPRINGFIELD, MO 65801	
10. PRODUCT RECALLED: EXERCISE MACHINE MOD #PR-6050		11. HAZARD: UNIT'S WELDS MAY CRACK OR BREAK	
12. TYPE OF CONSIGNEE: [] Wholesaler [XX] Retailer [] Consumer [] Other (Specify)			
13. PERSON(S) INTERVIEWED: Name & Title: KIM McCARTY, MGR., SPORTING GOODS DEPT. Name & Title:			
14. WAS FIRM NOTIFIED OF RECALL? [XX] No [] Yes METHOD & DATE OF NOTIFICATION: RECALL NOTIFICATION PRESENTED TO INVESTIGATOR? [] No [] Yes (Notice Date):			
15. DID FIRM FOLLOW RECALL INSTRUCTIONS? [] N/A [XX] No [] Yes WAS PRODUCT TAKEN OFF SALE? [] No [] Yes Date:			
16. WAS SUB-RECALL INVOLVED? [XX] N/A [] No [] Yes (If "Yes" discuss details/mechanism under "REMARKS")			
17. WERE RECALL/REPURCHASE OR CORRECTIVE ACTION PLAN NOTIFICATION SIGNS POSTED? [XX] N/A [] No [] Yes SEE REMARKS			
18. INVENTORY OF RECALLED PRODUCT: a. Initial inventory received of the recalled product: 0 b. Inventory at time of notification: 0 c. Inventory at time of inspection: 0 d. Number of returns: 0			
19. DISPOSITION OF RECALLED PRODUCT: N/A NUMBER OF PRODUCTS DISPOSED:			
20. INJURIES OR COMPLAINTS: [] N/A [XX] None [] Yes (Report by separate memo)			
21. REMARKS: MANAGEMENT STATED THAT TO HER KNOWLEDGE THERE WAS NO NOTICE OF RECALL RECEIVED BY THIS WALMART STORE. MANAGEMENT STATED THAT AS MANAGER OF SPORTING GOODS SHE WOULD BE IN CHARGE OF POSTING THE RECALL IN THE SPORTING GOODS DEPT. AND AT THE SERVICE DESK. SHE STATED THAT ACCORDING TO STORE RECORDS, THEY NEVER CARRIED THE ABOVE REFERENCE EXERCISE EQUIPMENT, HOWEVER, THE STORE DOES CARRY THE STAMINA PRODUCTS LINE. I ISSUED A RECALL POSTER AND ASKED TO HAVE IT PROMINENTLY DISPLAYED IN THE STORE.			
22. INVESTIGATOR AND DATE: [PAMELA ROBINSON] [9 / 17 / 96]			
23. ENDORSEMENT: SUPERVISOR AND DATE: [] [/ /]			

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U.S. CONSUMER PRODUCT SAFETY COMMISSION

NOTICE OF INSPECTION

1. DATE
7/1

2. TIME
A.M. 2:45 P.M.

3. FROM (Area Office and Address)
**U. S. CONSUMER PRODUCT
SAFETY COMMISSION
4330 East West Highway
Bethesda, MD 20814**

4. TO

A. NAME AND TITLE OF INDIVIDUAL
Ken MacCarty, Vice President

B. FIRM NAME
Walmart Store # 2111

C. NUMBER AND STREET ADDRESS
1601 S. Poplar Blvd

D. CITY, STATE AND ZIP CODE
Ft. Worth TX 76104

Notice of Inspection is hereby given pursuant to:

- Flammable Fabrics Act (15 U.S.C. 1191 *et seq.*);
- Federal Trade Commission Act (15 U.S.C. 41 *et seq.*);
- Sections 16, 19 and 27 of the Consumer Product Safety Act (15 U.S.C. 2065, 2068 and 2076)
- Section 704(a) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 374(a)) [Authority for inspections in connection with the Poison Prevention Packaging Act of 1970 (15 U.S.C. 1471 *et seq.*)] and/or
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6. FREEDOM OF INFORMATION REQUIREMENTS

REQUEST FOR FIELD SERVICES – SHORT TERM

DATE: August 22, 1996 **ISSUANCE:**
FOCR: 960821CCA2166, 2167, 2168
TO: All Regional Center FOER: 960821CCA1160, 1161, 1162
Mid-Atlantic Center FOWR: 960821CCA3158, 3159, 3160
MASC: 960821CCA4110
FROM: Marc Schoem *MS* **PROJECT:** 32626
Director, CCA *for*
CONTACT: Tina Adeyeye *TAA* **PRIORITY:** Routine
Recall Coordinator **TARGET:** 10/2/96
PHONE: (301)504-0608, X1223 **ESTIMATED MANHOURS:** 10checks /total

SUBJECT: Request for Effectiveness Checks - CPSC RP960157
Voluntary Corrective Action Plan Under Section 15
Exercise equipment
Stamina Products, Inc.
2757 S. Austin
P.O. Box 1071
Springfield, MO 658011071
Compliance Officer: John Shumlansky

CORRECTIVE ACTIVE PLAN: Joint Press Release
Letter to Retailers

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Please conduct: 10/total___ effectiveness checks by:
 telephone
 personal visit at locations listed in Attachment 3.

Effectiveness checks to be conducted at Attachment 3:
___ manufacturer ___ distributor
 retailer (Walmart) consumer
___ other:

Determine if the following forms of notification were

___ mailed
 received
___ properly displayed

___ Safety Alert
___ Safety Poster displayed for ___ days
___ Pediatrician Notice
___ Distributor letter dated _____
 Dealer/Retailer letter dated Februaury 16, 1996
___ Consumer letter dated _____

Special Directions: Please conduct three effectiveness checks in each Regional center and one at Mid-Atlantic Center. The checks will be conducted at both the retail and consumer level. **Conduct two checks at any Walmart store and one telephone check at the consumer level. MASC should conduct one check at a Walmart store.**

Effectiveness check reports to CCA should include any observed problems with the recall.

Attachments:

- 1. Joint Press Release.
- 2. Letter to retailers.
- 3. List for effectiveness checks.

TO BE FILLED IN BY AREA OFFICE	
DATE COMPLETED:	COMMENTS:
MANHOURS ACTUALLY REQUIRED:	
TRAVEL TIME REQUIRED:	

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CAUSE NO. _____

[REDACTED]

VS.

WAL-MART STORES, INC. and
STAMINA PRODUCTS, INC.

|| IN THE DISTRICT COURT
||
|| TARRANT COUNTY
||
||
|| JUDICIAL DISTRICT

RECEIVED
DEC 10 1996
P. 1442
MIRRO

PLAINTIFF'S ORIGINAL PETITION

TO THE HONORABLE JUDGE OF SAID COURT:

NOW COMES [REDACTED], hereinafter referred to as Plaintiff, complaining of WAL-MART STORES, INC. hereinafter referred to as "WAL-MART" and STAMINA PRODUCTS, hereinafter referred to as "STAMINA" Defendants, and for cause of action, Plaintiff would respectfully show the Court and Jury as follows:

I.

Plaintiff is a resident of Tarrant County, Texas.

Defendant, WAL-MART STORES, INC. is a corporation licensed to do business in the State of Texas and may be served with citation by and through its registered agent for service, C.T. Corp. Systems, at 350 North St. Paul Street, Dallas, Texas 75201.

Defendant, STAMINA, PRODUCTS, INC. is a corporation licensed to do business in the State of Texas and may be served with citation by and through its registered agent for service, Arthur E. Curtis, 1340 East Woodhurst, Springfield, Missouri 65804.

II.

On or about the 10th day of March, 1996, Plaintiff was an invitee onto the premises of Wal-Mart, located at 6401 N.E. Loop 820, in North Richland Hills, Tarrant County, Texas, when he purchased an exercise machine from Wal-Mart.

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Plaintiff purchased exercise equipment from Defendant, Stamina, specifically the PR-6050.

III.

Plaintiff brings this suit to recover for personal injuries sustained as a result of a dangerous condition of Defendants' property and equipment specifically, the PR-6050.

This is a products liability cause of action which arises from design, manufacturing and marketing defects of a PR-6050 designed, manufactured and marketed by Defendants and purchased by Plaintiff.

At all time mentioned herein, Defendant Stamina was engaged in the business of designing, manufacturing and marketing pieces of equipment such as the PR-6050 to the general public, throughout the United States, as well as within the State of Texas, through duly appointed dealers.

Defendant manufacturer designed, manufactured and placed into the stream of commerce the PR-6050, which reached Plaintiff in the same or substantially the same condition in which it was sold. Upon purchase by the Plaintiff the product in question was represented to be safe and free from latent defects.

When the product in question was delivered to Plaintiff, it was assembled, designed and manufactured defectively and was inherently dangerous as assembled, designed, manufactured and sold.

IV.

On the occasion in question, Plaintiff was an invitee or in the alternative a licensee on Defendant's property. Defendant knew or should have known of the unreasonably dangerous condition and was negligent in failing to protect the Plaintiff from such condition.

Further, such negligence was a proximate cause of the occurrence in question and the Plaintiff's damages. Plaintiff did not have any knowledge of the dangerous condition and could not have reasonably been expected to discover it.

V.

Defendants, are strictly liable to Plaintiff for designing, manufacturing, and placing into the stream of commerce the product in question which was unreasonably dangerous for its reasonably foreseeable uses at the time it left the control of the Defendant because of the following design and manufacturing defects, each of which was a producing cause of the occurrence in question:

- (1) In failing to properly inspect the product;
- (2) In failing to properly and reasonably maintain product;
- (3) In failing to properly assemble the product;
- (4) In failing to warn Plaintiff of the unsafe condition; and
- (5) In misrepresenting the quality of the product.

The product in question was defectively marketed by Defendant with respect to its failure to warn or adequately warn or instruct or assemble the safe use of the product and such defect was a producing cause of the occurrence in question.

Plaintiff, therefore, invokes the Doctrine of Strict Liability, § 402A, RESTATEMENT (SECOND) OF TORTS, and is adopted by the Supreme Court of Texas.

VI.

Defendant was negligent in the design, manufacture and marketing of the product in question. Defendant knew, or in the exercise of ordinary care should have known, that the

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product assembled therein was defective and unreasonably dangerous to those persons likely to use the product for the purpose and in the manner for which was intended to be used. Defendant was negligent in the particulars set forth in this and the preceding paragraph and such negligence was a proximate cause of the occurrence in question.

Defendants knew or should have known in the exercise of ordinary care of the dangers connected with misassembling the product.

Further Defendants owed Plaintiff the duty of reasonable care when it designed, manufactured, and marketed the product in question. Defendants violated its duty and were negligent in the particulars set forth above.

Each of the above-mentioned acts or omissions was a proximate cause of the injuries suffered by Plaintiff.

VI.

Defendants by and through the sale of the product in question, expressly and impliedly warranted to the public generally, and the Plaintiff specifically, that the product in question was fit for the purposes for which they were intended.

Plaintiff made use of the product as alleged herein, and relied on the express and implied warranties. Contrary thereto, the product was not fit for its intended use, rendering the product in question unreasonably dangerous.

Defendants breached the express and implied warranties by the failure of the product as alleged above, and the improper marketing as to Defendants' failure to warn and failure to instruct in the safe operation of the product.

Defendants' breach of warranties and the above-mentioned defects rendered the

product unreasonably dangerous and a proximate cause and a producing cause of the occurrence in question and the resulting injuries suffered by Plaintiff. further, Defendants' conduct was done knowingly.

VI.

D.T.P.A.

Plaintiff is a consumer as defined by D.T.P.A. at times material hereto. Defendant further failed to advise Plaintiff of the defective product in the Wal-Mart store and by their silence induced her into a false sense of security. All employees' acts were done in the course and scope of their employment with Defendant or their acts were ratified by Defendant. This suit is brought pursuant to Texas Business and Commerce Code Section 17.41 et. seq. commonly known as the "D.T.P.A."

Plaintiff used the Defendants' product with the belief that he was provided a safe machine on which to exercise. Had the Plaintiff known the truth about the product thereby creating potential hazards, he would not have used the product. Further, Defendants misrepresented the quality of the machine. Defendants violated the following sections, among others, of the Deceptive Trade Practices act: 17.46 b(2), b(5), b(7), b(19) and b(23), and the same were a producing and proximate cause of actual damages to Plaintiff.

Defendants were given notice in writing of the claims made in this petition including a statement of Plaintiff's actual damages including attorney fees.

All conditions precedent necessary to maintain this action have been performed or have occurred as required by law and D.T.P.A. Section 17.505(a).

VII.

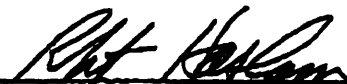
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As a proximate result of the negligence as above described, Plaintiff, [REDACTED] [REDACTED] sustained personal injuries, all of which have caused him in the past, and will cause him in the future, physical pain, mental anguish, lost wages and loss of earning capacity, physical impairment, disfigurement, and medical and hospital expenses, for which he should be compensated in accordance with the laws of the State of Texas.

WHEREFORE, PREMISES CONSIDERED, Plaintiff prays that Defendants be cited to appear and answer herein, and that upon final hearing hereof, Plaintiff have judgment against Defendant for all damages to which he is entitled under the laws of the State of Texas, which amount exceeds the minimum jurisdictional limits of this Court; for pre-judgment interest in accordance with the law; for interest on the judgment; cost of suit; and for such other and further relief, either at law or in equity, to which Plaintiff may be entitled.

Respectfully submitted,

THE HASLAM FIRM
 1320 South University
 Suite 804
 Fort Worth, Texas 76107
 817/332-3115
 817/332-3148 Fax



 ROBERT HASLAM
 State Bar No. 09201900

ATTORNEY FOR PLAINTIFF

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CONSUMER PRODUCT INCIDENT REPORT

Region: EASTERN

John S

1621

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1. NAME OF RESPONDENT

2. PHONE NO. (HOME) (WORK)
none

3. STREET ADDRESS

4. CITY STATE ZIP CODE
Quincy FL 32351

5. DESCRIBE INCIDENT OR HAZARD, INCLUDING DATA ON INJURIES
Exercise machine is under CAP, NR#96-155. Manufacturer didn't notify consumer of CAP.

235 lb., 6'4" tall, consumer was using exercise machine as instructed for less than a minute when machine's tubular metal sliding rod broke at welds
-cont-

6. DATE OF INCIDENTS
3/3/96

7. IF INJURY OR NEAR MISS OBTAIN AGE/SEX AND DESCRIBE INJURY:
49 Y/M
fractured tail bone

8. IF VICTIM DIFFERENT FROM RESPONDENT, PROVIDE NAME self
RELATIONSHIP self

9. DESCRIPTION OF PRODUCT
manual exercise machine

10. BRAND NAME
Stamina Products, Inc.

11. MFR/DISTRIBUTOR NAME, ADDR. & PHONE
Stamina Products, Inc. *ISSUE 6*
unknown
unknown
800-375-7520
unknown

12. MODEL, SERIAL NUMBERS
PR-6050

13. DEALER'S NAME, ADDRESS & PHONE
Wal-Mart
W. Tennessee St.
Tallahassee, FL 00000
904-574-3588

NOV 7 1996

14. WAS THE PRODUCT DAMAGED, REPAIRED OR MODIFIED? YES NO IF YES, BEFORE OR AFTER THE INCIDENT? after DESCRIBE:
damaged: see narrative

15. PRODUCT PURCHASED NEW USED
DATE PURCHASED 2/96 AGE 1.5 wks.

16. DOES PRODUCT HAVE WARNING LABELS? IF SO, NOTE: warnings & weight limit are unknown

17. HAVE YOU CONTACTED THE MANUFACTURER? YES NO
IF NOT, DO YOU PLAN TO CONTACT THEM? YES NO OTHER?

18. IS THE PRODUCT STILL AVAILABLE? YES NO
IF NOT, ITS DISPOSITION
returned to dealer for refund

19. MAY WE USE YOUR NAME WITH THIS REPORT? YES NO

FOR ADMINISTRATION USE

20. DATE RECEIVED
11/06/96

21. RECEIVED BY (NAME & OFFICE)
ldm/HL

22. DOCUMENT NO.
H96B0039A

23. FOLLOW-UP ACTION

24. PRODUCT CODE(S)
3277

25. DISTRIBUTION

26. ENDORSER'S NAME & TITLE
CCH 11/6/1996

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Dear Consumer:

You recently purchased Stamina's PR 6050 Folding Rider (Model # 25-6050) from Damark International.

Stamina, in conjunction with the Consumer Product Safety Commission (CPSC) has issued the attached press release concerning the PR 6050 Folding Rider.

Please read the attached Press Release and contact Stamina's Customer Service Department at 1-800-375-7520 between the hours of 8:00 am and 5:00 pm, Central Time, Monday through Friday to arrange for a replacement machine or a refund. You may also fax our office at (417) 889-8064.

Sincerely,

Stamina Customer Service Department

Corporate Office

2757 S. Austin
P.O. Box 1071

Springfield, MO 65801-1071
Phone: (417) 889-7011

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USDA Forest Service
 State and Private Forestry
 Concord and Mast Roads
 P.O. Box 640
 Durham, NH 03824


Phone: (603)868-7600
 Fax: (603)868-7604



Facsimile Machine Transmittal

To: Corporate Office, Stamina Customer Service Fax # (417) 889-8064

Organization: Stamina Rider Corporate Office Date: Aug 13, 1996
2757 S. Austin; PO Box 1071; Springfield, MO 65801-1071

From:  No. of Pages: 4
 (including cover page)

Comments: See enclosed materials I
can be reached at the address
on the letter head during work
hours & my home address is
enclosed.

08/13/96 10:06:00 603 868 7604


FRST. SERV. DURH

001

ACTIVITY REPORT

~~TRANSMISSION OK~~

TRANSACTION #	0773
CONNECTION TEL	
CONNECTION ID	G3
START TIME	08/13 10:06
USAGE TIME	04'20
PAGES	4

KA


AUG - 2 1996

THE WESTER
Sun City West, AZ
Cir: 14,000 wk

Additional Death Renews Warning About Baby Trend Crib/Playpen

The U. S. Consumer Product Safety Commission (CPSC) and Baby Trend, Inc., are urging consumers to stop using Home and Roam or Baby Express portable crib/playpens manufactured before 1995. The sides of the crib/playpen may appear to be securely locked in place when they are not. As a result, the sides could collapse in a "V" shape causing children to strangle or suffocate if they get entrapped.

CPSC and Baby Trend recalled the products in January 1995 because two babies died and two

others were found not breathing when their crib/playpens collapsed. A third death recently occurred in California.

CPSC is issuing this safety alert to reemphasize the importance of returning these products and are concerned that some of these crib/playpens remain in use.

The Baby Trend playpens now on the market are not subject to

the recall and have a new lock designed to prevent the collapsing risk. To find out if you have one of the recalled Baby Trend playpens, and to obtain a free repair, call (800)-421-1902.

187
19
~~scribble~~

TROUBLE Shooter

Q My leased car, a 1993 model, frequently stalls in traffic. I have brought it to two different dealerships to be serviced and neither one could "duplicate the problem." On May 3 I reported the problem to a dealership in Englewood. They replaced the engine control module. A week later the same problem occurred.

So I brought the car back again to be repaired. This time they said "We cannot find anything wrong with your car. It might be the gas that you are using." I took the car back and used a special, high-quality gas, but the car still continued to stall frequently when I was in traffic. It also began to hesitate at speeds of about 40 miles an hour.

On May 20 I brought the car to the dealer where I purchased it. They ran a diagnostic test on the car and found no faults either. They also suggested it may be the gas I am using in the car.

On June 3 I took the car to them again to report the same problem. They ran more tests on the car and still found nothing at fault. They told me they would need to keep my car for a few days, a week or maybe even a month until they could find the problem. I told them this would be fine if they could supply me with a car.

So I called a manufacturer's representative and asked them if they could provide me with a car until the service found the problem and repaired my car. They refused to give me a car, even though I pointed out how dangerous it was to drive a car that stalled without warning. Their reply was that the car was over the 24,000-mile warranty. However, they don't know what the problem is so how can they tell me it isn't covered under the warranty because there are still many items that are related to the engine and transmission that are still covered.

M.A.J., Monmouth Beach

A It's obvious that a mechanic can't repair your car until he knows what is causing it to stall. We assume the dealership wants to have someone drive your car until it stalls, so the problem can be diagnosed and repaired. As we see it, you have four options:

- Continue to drive a car that may stall at any moment.
- Have a third repair shop check the car.
- Leave the car at one of the dealerships until the problem can be diagnosed and repaired. This may force you to rent a car, unless you can borrow one from a relative or friend.
- Terminate the lease early and buy or lease another car. This may be costly, depending upon the terms of the lease.

Only you can make this decision. But Trouble Shooter would be inclined toward leaving the car at one of the dealerships.

PRODUCT RECALLS

The federal Consumer Product Safety Commission has announced the following product recalls:

- CharBroil table top LP gas grills, model 1200, by CharBroil of Columbus, Ga. If dirt, sand or other debris becomes lodged in grill's regulator valve, the regulator may appear to be shut off when it's not. Gas may continue to flow through the valve, build up over time and could cause a fire when grill is re-lighted. Call company at (800)-241-7548 to obtain free replacement regulator.
- Exercise machines (model PR-6050) by Stamina Products Inc., Springfield, Mo. Welds may develop cracks or breaks, and could cause injury if apparatus collapses. Contact Stamina at Box 1071, Springfield, Mo. 65801 to obtain free replacement.
- PureSilk Shave Gel in cans, for use by women, made by Pfizer Inc., Inner liner of can may corrode, allowing the can to explode and propel the plastic component or the gel from the can. (A cream with the same name is not affected by the recall.) Write Pfizer's consumer relations department, 235 East 42nd St., New York, N.Y. 10017, and provide product number (on bottom of can) to determine if gel is subject to recall and to obtain free replacement certificate or a refund. Only cans sold between October 1995 and June are being recalled.

□ Trouble Shooter cannot accept inquiries by telephone. Readers are requested to submit photocopies of valuable documents, not originals. This column cannot be responsible for their return.

Readers' letters should specifically authorize agencies to disclose relevant information to this column. All letters must bear the full name and address of the writer. Address letters to Trouble Shooter, Asbury Park Press, 3601 Highway 66, Box 1550, Neptune, NJ 07754 or fax them to (908)-370-0062.

ASBURY PARK PRESS
NEPTUNE, NJ
D - 166,177
S - 234,394

AUG 1 1996
1-908-842-1616
GARDEN STATE PRESS
CLIPPING BUREAU

188-25

FAX

Date 5-28-96

Number of pages including cover sheet 2

TO: Consumer Products Safety Commission
ATTN: F.O.I. office

FROM: Russell S. Kohn
Attorney At Law
2170 El Camino Real, Ste.
103
Oceanside, CA 92054

Phone

Fax Phone (301) 504-0127

Phone (619) 721-8182

Fax Phone (619) 941-4345

RE: F.O.I. Request letter

REMARKS: Urgent For your review Reply ASAP Please Comment

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CALLS TO LAWYERS

IDENTIFICATION C9655041

CITY/STATE: Oceanside, CA

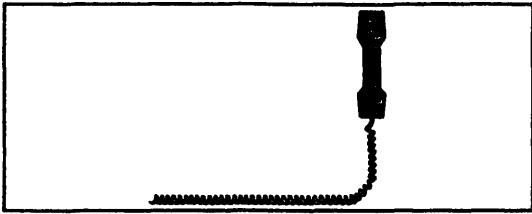
DATE OF INCIDENT: February 12, 1996

TYPE OF INJURY: Rotator cuff tear (shoulder)

AGE/SEX: 67 year old male

SCENARIO: Gentleman was riding the machine
when the metal brace broke sending him
crashing to the floor.

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MEMORANDUM OF TELEPHONE CALL

DATE: 12-18-96

NAME AND TITLE: Connie

FIRM: STAMINA

TELEPHONE: 800 375-7520

SUBJECT: _____

- left a message for Connie to call concerning the attached ~~attached~~ Complaint

(417) 862-5012 - called Jeffrey Hutchins

He wasn't under the impression that there were any problems -

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(619) 721-8182
Personal Injury Law
Consumer Rights Law

Russell S. Kohn

Attorney At Law

2170 El Camino Real
Suite 103
Oceanside, CA 92054



May 28, 1996

TC
29
15
John

C9655041

Consumer Products Safety Commission
Attn: Freedom of Information Office
Washington, D.C. 20207

VIA FACSIMILE

4/1

Re: Manufacturer: Stamina Products, Inc.
Product Model: PR-6050 exercise machine (a.k.a. 25-6050 Rider)

Dear Sir/Madam:

3277

My office has the privilege of representing a person injured when a metal brace broke during use of the above-referenced product. In accordance with the Freedom of Information Act, please forward to me any and all information acquired by your office over the last three (3) years pertaining to:

I/c/c

- 1.) Consumer complaints about defects in the above referenced product, or any similar model exercise machines, of the above-named manufacturer, including, but not limited to, metal fatigue and/or failure of metal welds.
- 2.) Recalls of the above referenced product, or any similar model exercise machines, of the above-named manufacturer.
- 3.) Government agency actions taken with regard to the above referenced product, or any similar model exercise machines, of the above-named manufacturer.

EXC/S

Thank you in advance for your assistance and your prompt reply. Please contact the undersigned if you have any questions pertaining to this request.

Very truly yours,

Russell S. Kohn
Russell S. Kohn, Esq.

RSK:dk

Fax # (619) 941-4345

4-605154
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~~XXXXXXXXXX~~