

CONSUMER PRODUCT INCIDENT REPORT

OCT 11 1994 *13*

1. NAME OF RESPONDENT [REDACTED]	2. PHONE NO. (HOME) (WORK) 610- [REDACTED] same
3. STREET ADDRESS P.O. [REDACTED]	4. CITY STATE ZIP CODE Springtown PA 18081

5. DESCRIBE INCIDENT OR HAZARD, INCLUDING DATA ON INJURIES
 Consumer placed a hot pot pie on dinner plate; 3 minutes later, plate shattered into approximately 5 pieces (dimensions unknown) which remained on table and slivers which landed in a 3' radius. 10/5/94 Consumer called and explained incident to manufacturer's rep., (name unknown) who requested damaged plate for inspection and offered consumer a new identical replacement plate. Consumer plans to send damaged plate to manufacturer
 -cont-

6. DATE OF INCIDENTS 10/4/94	7. IF INJURY OR NEAR MISS OBTAIN AGE/SEX AND DESCRIBE INJURY: 0 Y/N none	8. IF VICTIM DIFFERENT FROM RESPONDENT, PROVIDE NAME none RELATIONSHIP none
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9. DESCRIPTION OF PRODUCT white glass plate in dinnerware set (amount unk.)	10. BRAND NAME Crown Corning Sculpture
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11. MFR/DISTRIBUTOR NAME, ADDR. & PHONE Corning Revere P.O. Box C Waynesboro, VA 22980 1-800-624-9218 unknown unknown unknown	12. MODEL, SERIAL NUMBERS Corelle Enhancement Dinnerware Set	13. DEALER'S NAME, ADDRESS & PHONE [REDACTED] unknown Montgomeryville, PA 00000 215-3 [REDACTED]
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14. WAS THE PRODUCT DAMAGED, REPAIRED OR MODIFIED? YES x NO IF YES, BEFORE OR AFTER THE INCIDENT? after DESCRIBE: damaged: plate shattered	15. PRODUCT PURCHASED NEW x USED DATE PURCHASED 1992 AGE 2 yrs.	16. DOES PRODUCT HAVE WARNING LABELS? IF SO, NOTE: "Do not use in oven or on top of stove; microwave safe."
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17. HAVE YOU CONTACTED THE MANUFACTURER? YES x NO IF NOT, DO YOU PLAN TO CONTACT THEM? YES NO OTHER?	18. IS THE PRODUCT STILL AVAILABLE? YES x NO IF NOT, ITS DISPOSITION	19. MAY WE USE YOUR NAME WITH THIS REPORT? YES x NO <i>Yes</i>
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FOR ADMINISTRATION USE		
20. DATE RECEIVED 10/06/94	21. RECEIVED BY (NAME & OFFICE) ctw/HL	22. DOCUMENT NO. H04A0053A0-94

23. FOLLOW-UP ACTION	24. PRODUCT CODE(S) 6474
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25. DISTRIBUTION	26. ENDORSER'S NAME & TITLE <i>ctw</i> 10/7/94
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CPSC FORM 175 (9-89)
 MFR/PRVLER [REDACTED]
 Comments made
 Revisions
 [Handwritten initials]

CONSUMER PRODUCT INCIDENT REPORT

H94A0053A

Narrative Continued

(date unknown).

Distributor phone #: unknown

CPSC Source: L/GOVT

14 OCT 1994

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If you have any changes, additions, or comments you wish to make concerning your attached report, please make them in the space below.

- 7. ~~_____~~
- 9. 2 - 16 Piece Set 5 Piece Complete Set
- 10. Crown Corning Corolle Sculpture
- 13. ~~_____~~ from Square Bethlehem Pa. Phone 610-867-~~_____~~
- 14. No
- 15. Date Purchased 4-21-90
- 18. Not sure

I confirm that the information in the attached report (including any changes, additions, or comments I have made) is accurate to the best of my knowledge and belief.

~~_____~~
Signature

10-24-94
Date

I request that you do not release my name.

You may release my name to the manufacturer but I request that you not release it to the general public.

You may release my name to the manufacturer and to the public.

15

TL-21

CONSUMER PRODUCT INCIDENT REPORT

OCT 11 1994 2

1. NAME OF RESPONDENT [REDACTED]	2. PHONE NO. (HOME) (WORK) 810-2 [REDACTED] none
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3. STREET ADDRESS [REDACTED] Amberg	4. CITY STATE ZIP CODE Brighton MI 48116
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5. DESCRIBE INCIDENT OR HAZARD, INCLUDING DATA ON INJURIES
 1-1/2 long, 1/4" wide area of lid shattered into slivers during use (3 hours at 300-325 degrees F). Consumer sat broken lid on table and next morning the rest of lid had shattered into 24 pieces, 2" long, 1/8" wide to slivers landing in a 6' radius. CPSC Source: UNK

6. DATE OF INCIDENTS 10/6/94	7. IF INJURY OR NEAR MISS OBTAIN AGE/SEX AND DESCRIBE INJURY: 0 Y/N none	8. IF VICTIM DIFFERENT FROM RESPONDENT, PROVIDE NAME AND RELATIONSHIP none none
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9. DESCRIPTION OF PRODUCT 12" oval clear glass lid for white glass roaster	10. BRAND NAME Corning French White
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11. MFR/DISTRIBUTOR NAME, ADDR. & PHONE Corning unknown Midland, MI 00000 unknown unknown unknown unknown	12. MODEL, SERIAL NUMBERS F-14-8	13. DEALER'S NAME, ADDRESS & PHONE [REDACTED] Grand River Brighton, MI 48116 810-[REDACTED]
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14. WAS THE PRODUCT DAMAGED, REPAIRED OR MODIFIED? YES x NO IF YES, BEFORE OR AFTER THE INCIDENT? after DESCRIBE: damaged: see narrative	15. PRODUCT PURCHASED NEW x USED DATE PURCHASED '82 AGE 1.5 yrs.
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16. DOES PRODUCT HAVE WARNING LABELS? IF SO, NOTE: unknown
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17. HAVE YOU CONTACTED THE MANUFACTURER? YES NO x IF NOT, DO YOU PLAN TO CONTACT THEM? YES x NO OTHER?	18. IS THE PRODUCT STILL AVAILABLE? YES x NO IF NOT, ITS DISPOSITION	19. MAY WE USE YOUR NAME WITH THIS REPORT? YES x (NO) <i>purged</i>
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20. DATE RECEIVED 10/06/94	FOR ADMINISTRATION USE 21. RECEIVED BY (NAME & OFFICE) <i>[Signature]</i>	22. DOCUMENT NO. H4A0043A -94
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23. FOLLOW-UP ACTION <i>[Signature]</i> MFR/PRVLR NOTIFIED BY [Signature] No Comments/Excisions/Revisions Firm has not requested further notice	24. PRODUCT CODE(S) 0461
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25. DISTRIBUTION	26. ENDORSER'S NAME & TITLE <i>[Signature]</i>
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14 OCT 1994

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If you have any changes, additions, or comments you wish to make concerning your attached report, please make them in the space below.

I confirm that the information in the attached report (including any changes, additions, or comments I have made) is accurate to the best of my knowledge and belief.


Signature _____ Date 11-15-94

I request that you do not release my name.

You may release my name to the manufacturer but I request that you not release it to the general public.

You may release my name to the manufacturer and to the public.

I-1
H4A 0043

1021
- 242
(15)

JUL 19 1994

895

CONSUMER PRODUCT INCIDENT REPORT

1. NAME OF RESPONDENT [REDACTED]		2. TELEPHONE NO. (Home) (Work) (415) 96 [REDACTED]	
3. STREET ADDRESS [REDACTED] Bryant Avenue		4. CITY STATE ZIP CODE Mountain View, CA 94040	
5. DESCRIBE ACCIDENT SITUATION OR HAZARD, INCLUDING DATA ON INJURIES. (Use second page if necessary.) Caller had put pot on stove with water in it. It was left unattended for a minute or two. The pot exploded - glass and water were all over the 8x10 kitchen. The pot broke into many small pieces (approximately 1/2"). The pot had <u>not</u> boiled dry. No one was in the room, so no one was hurt.			
6. DATE OF INCIDENT(S) 7/14/94	7. IF INJURY OR NEAR MISS, OBTAIN AGE _____ SEX _____ AND DESCRIBE INJURY _____	8. IF VICTIM DIFFERENT FROM RESPONDENT, PROVIDE NAME _____ RELATIONSHIP _____	
9. DESCRIPTION OF PRODUCT Cooking pot (saucepan)		10. BRAND NAME Visions Corningware	
11. MANUFACTURER/DISTRIBUTOR NAME, ADDRESS & PHONE Corning		12. MODEL, SERIAL NO.'S unknown	
		13. DEALER'S NAME, ADDRESS & PHONE unknown	
14. WAS THE PRODUCT DAMAGED, REPAIRED OR MODIFIED? YES <input checked="" type="checkbox"/> NO _____ IF YES, BEFORE OR AFTER THE INCIDENT? <u>after</u> Describe <u>broken into small pieces</u>		15. PRODUCT PURCHASED NEW <input checked="" type="checkbox"/> USED _____ DATE PURCHASED <u>unknown</u> AGE _____	
		16. DOES PRODUCT HAVE WARNING LABELS? IF SO, NOTE: <u>no</u>	
17. HAVE YOU CONTACTED THE MANUFACTURER? YES _____ NO <input checked="" type="checkbox"/> IF NOT, DO YOU PLAN TO CONTACT THEM? YES _____ NO <input checked="" type="checkbox"/> OTHER _____	18. IS THE PRODUCT STILL AVAILABLE? YES _____ NO <input checked="" type="checkbox"/> IF NOT, ITS DISPOSITION <u>trash</u>	19. MAY WE USE YOUR NAME WITH THIS REPORT? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> <u>purged.</u>	
FOR ADMINISTRATION USE			
20. DATE RECEIVED 7/18/94	21. RECEIVED BY (Name & Office) Catherine A. Bush EPDS		22. DOCUMENT NO. X4 74957AD-9A
23. FOLLOW-UP ACTION <u>8/27/96</u> No Comments made Comments attached revisions/Revisions rechecked		24. PRODUCT CODE(S) <u>0461</u> <u>8213</u>	
25. DISTRIBUTION <u>25121A</u>		26. ENDORSER'S NAME & TITLE <u>[Signature]</u>	


mg

DEC - 6 1994

If you have any changes, additions, or comments you wish to make concerning your attached report, please make them in the space below.

The sample pin is for micro-wave usage and not for the conventional elements - thus it was a mistake on our part. Please discard this report and thank you for the concern and follow up of my report.

I confirm that the information in the attached report (including any changes, additions, or comments I have made) is accurate to the best of my knowledge and belief.


Signature

Dec 28, 94
Date

I request that you do not release my name.

You may release my name to the manufacturer but I request that you not release it to the general public.

You may release my name to the manufacturer and to the public.

I . 42
Document # X474957
Product Code # 0461/0273

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(15)

CONSUMER PRODUCT INCIDENT REPORT

76-21

JUL 19 1994
LB69

1. NAME OF RESPONDENT
Lila Fish

2. PHONE NO. (HOME) (WORK)
703-890-7802 none

3. STREET ADDRESS
831 Summer House Road

4. CITY STATE ZIP CODE
Hardy VA 24101

5. DESCRIBE INCIDENT OR HAZARD, INCLUDING DATA ON INJURIES
Water was boiling in pot on high setting for approximately 3 minutes when pot shattered into pieces resembling crushed ice and landed on kitchen floor, counter, and in sink. CPSC Source: WOM

6. DATE OF INCIDENTS
7/6/94

7. IF INJURY OR NEAR MISS OBTAIN AGE/SEX AND DESCRIBE INJURY:
0 Y/N
none

8. IF VICTIM DIFFERENT FROM RESPONDENT, PROVIDE NAME RELATIONSHIP
none
none

9. DESCRIPTION OF PRODUCT
brown glass 2 quart pot

10. BRAND NAME
Vision Ware

11. MFR/DISTRIBUTOR NAME, ADDR. & PHONE
Vison Ware
unknown
unknown, VA 00000
1-800-682-4555
unknown
unknown
unknown

12. MODEL, SERIAL NUMBERS
unknown

13. DEALER'S NAME, ADDRESS & PHONE
unknown
unknown
unknown
unknown

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

15. PRODUCT PURCHASED NEW x USED
DATE PURCHASED unknown AGE unknown

16. DOES PRODUCT HAVE WARNING LABELS? IF SO, NOTE: unknown

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

18. IS THE PRODUCT STILL AVAILABLE? YES NO x IF NOT, ITS DISPOSITION
Discarded

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

FOR ADMINISTRATION USE

20. DATE RECEIVED
07/15/94

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

22. DOCUMENT NO.
H#470134A 74

23. FOLLOW-UP ACTION
MFR/PRV/LEBR NOTIFIED
No Comments made
Comments attached

24. PRODUCT CODE(S)
1 0401

25. DISTRIBUTION
Excisions/Revisions
Firm has not requested further notice

26. ENDORSER'S NAME & TITLE
7/15/94

DEC - 6 1994

J1

If you have any changes, additions, or comments you wish to make concerning your attached report, please make them in the space below.

I confirm that the information in the attached report (including any changes, additions, or comments I have made) is accurate to the best of my knowledge and belief.

Lucia M. Juel 12/19/94
Signature Date

I request that you do not release my name.

You may release my name to the manufacturer but I request that you not release it to the general public.

You may release my name to the manufacturer and to the public.

I . 42

Document # H470134

Product Code # 0461

TC 21

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CONSUMER PRODUCT INCIDENT REPORT

OCT 17 1994

CH-3

1. NAME OF RESPONDENT [REDACTED]	2. PHONE NO. (HOME) (WORK) 206-[REDACTED] none
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3. STREET ADDRESS [REDACTED] Street Court E.	4. CITY STATE ZIP CODE Puyallup WA 98374
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5. DESCRIBE INCIDENT OR HAZARD, INCLUDING DATA ON INJURIES
 Water was heating in saucepan on range top 5 to 10 minutes at medium setting, when saucepan shattered into 4" long pieces to shards embedding in kitchen wall and floor in a 5' radius. 10/94 Consumer called and explained incident to manufacturer (name and title unknown) who said there was a problem with consumer's range and offered to replace saucepan. Consumer accepted but feels the same thing could happen.

6. DATE OF INCIDENTS 9/30/94	7. IF INJURY OR NEAR MISS OBTAIN AGE/SEX AND DESCRIBE INJURY: 0 Y/N none	8. IF VICTIM DIFFERENT FROM RESPONDENT, PROVIDE NAME RELATIONSHIP none none
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9. DESCRIPTION OF PRODUCT 8" smoked glass saucepan with lid	10. BRAND NAME Visions
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11. MFR/DISTRIBUTOR NAME, ADDR. & PHONE Visions unknown unknown 800-999-3436 unknown	12. MODEL, SERIAL NUMBERS V-24B	13. DEALER'S NAME, ADDRESS & PHONE unknown, gift unknown unknown unknown
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14. WAS THE PRODUCT DAMAGED, REPAIRED OR MODIFIED? YES x NO IF YES, BEFORE OR AFTER THE INCIDENT? after DESCRIBE: damaged: see narrative	15. PRODUCT PURCHASED NEW x USED DATE PURCHASED 1988 AGE 6 years	16. DOES PRODUCT HAVE WARNING LABELS? IF SO, NOTE: unknown
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17. HAVE YOU CONTACTED THE MANUFACTURER? YES x NO IF NOT, DO YOU PLAN TO CONTACT THEM? YES NO OTHER?	18. IS THE PRODUCT STILL AVAILABLE? YES x NO IF NOT, ITS DISPOSITION	19. MAY WE USE YOUR NAME WITH THIS REPORT? YES x NO
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FOR ADMINISTRATION USE

20. DATE RECEIVED 10/14/94	21. RECEIVED BY (NAME & OFFICE) cch/HL	22. DOCUMENT NO. H 4A0119A0-94
23. FOLLOW-UP ACTION MFR/PRVLR NOTIFIED No Comments made Comments attached Excisions/...	24. PRODUCT CODE(S) 046104/...	25. DISTRIBUTION
26. ENDORSER'S NAME & TITLE [Signature] 10/14/94		0273

20 OCT 1994

ni j

If you have any changes, additions, or comments you wish to make concerning your attached report, please make them in the space below.

I confirm that the information in the attached report (including any changes, additions, or comments I have made) is accurate to the best of my knowledge and belief.

[Signature] 11/24/94
Signature Date

- I request that you do not release my name.
- You may release my name to the manufacturer but I request that you not release it to the general public.
- You may release my name to the manufacturer and to the public.

I-3
144A 0119

CONSUMER PRODUCT INCIDENT REPORT

DEC-77

NOV 14 1994

1. NAME OF RESPONDENT
Laura Primavera

2. PHONE NO. (HOME) (WORK)
904-789-9435 407-321-4500 x5734

3. STREET ADDRESS
2881 Courtland Blvd.

4. CITY STATE ZIP CODE
Deltona FL 32738

5. DESCRIBE INCIDENT OR HAZARD, INCLUDING DATA ON INJURIES
Pot had been used to cook a pot roast on range top for 2 hours prior to incident. 1/2 hour later, consumer took empty pot and placed it in sink under warm water and pot shattered into 7" long pieces to slivers and landed in a 2' radius. Consumer received a laceration and 2 severed ligaments to her left forearm and about 30 stitches at Central Florida Regional Hospital. Consumer received surgery to repair her severed ligaments.

6. DATE OF INCIDENTS
4/87

7. IF INJURY OR NEAR MISS OBTAIN AGE/SEX AND DESCRIBE INJURY:
37 Y/F
laceration and 2 severed ligaments to left forearm

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

9. DESCRIPTION OF PRODUCT
5 qt. glass pot

10. BRAND NAME
Visionware

11. MFR/DISTRIBUTOR NAME, ADDR. & PHONE
Visionware
unknown
unknown
unknown
unknown
unknown

12. MODEL, SERIAL NUMBERS
unknown

13. DEALER'S NAME, ADDRESS & PHONE
~~XXXXXXXXXX~~ Department Store
unknown
Altamonte Springs, FL 00000
unknown

14. WAS THE PRODUCT DAMAGED, REPAIRED OR MODIFIED? YES x NO IF YES, BEFORE OR AFTER THE INCIDENT? after DESCRIBE:
damaged: glass pot shattered

15. PRODUCT PURCHASED NEW x USED
DATE PURCHASED 4/87 AGE 1 day

16. DOES PRODUCT HAVE WARNING LABELS? IF SO, NOTE: unknown

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

18. IS THE PRODUCT STILL AVAILABLE? YES NO x
IF NOT, ITS DISPOSITION
consumer discarded pot

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

FOR ADMINISTRATION USE

20. DATE RECEIVED
11/08/94

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

22. DOCUMENT NO.
H04B0094A1-94

23. FOLLOW-UP ACTION

24. PRODUCT CODE(S)
0461/0273

25. DISTRIBUTION

26. ENDORSER'S NAME & TITLE
11/9/94

DEC-1-2 1994

J1

If you have any changes, additions, or comments you wish to make concerning your attached report, please make them in the space below.

I confirm that the information in the attached report (including any changes, additions, or comments I have made) is accurate to the best of my knowledge and belief.

[Signature] 1/19/95
Signature Date

- I request that you do not release my name.
- You may release my name to the manufacturer but I request that you not release it to the general public.
- You may release my name to the manufacturer and to the public.

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H480094

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Product Safety Engineer
Visions Cookware
Corning Glass
Corning, N.Y.

RE: Safety hazard encountered with Vision
modification to minimize hazard

To Whom It May Concern,

My wife incurred a minor burn to her hand when she grasped the handle of a Vision cookware and pulled it out of the oven. (Since it was on the oven, I assumed I had cooked on the stovetop and not in the oven.)

I hate to think what could happen if someone grabbed the hot handle of a Vision cookware in the oven and dropped its contents on someone.

There are a number of substances that can be heated. For example I have a coffee mug that is only visible when a hot beverage is poured into it. A catalog contains heat indicator products.

I suggest that you similarly use a heat indicator to emboss or imbed a picture of fire or a warning message on the handle to prevent the user from getting burned. Perhaps existing saucepan handles could use a grip styled handle cover that would stick on label.

I recall that the literature that you have that one know the handle will stay cool and not get hot on the stovetop, and warns of the danger of getting burned with one person cooking and another getting burned it is my opinion that you should, whether you incorporate my idea or come up with your own.

Sincerely,

[Signature]

Kermit

cc/ Consumer Product Safety Commission

"For your information"

media?
attached
requested

11 JUL 1994

3

If you have any changes, additions, or comments you wish to make concerning your attached report, please make them in the space below.

I confirm that the information in the attached report (including any changes, additions, or comments I have made) is accurate to the best of my knowledge and belief.

Daniel Louis Libensperger 7/16/94
Signature Date

I request that you do not release my name.

You may release my name to the manufacturer but I request that you not release it to the general public.

You may release my name to the manufacturer and to the public.

0410017

UPPS/BOC

CYC5033

94 DEC 1:

JAN 17 1995

TC 24 SAFETY CC

December 8, 1994

NO COMMENTS
No Comments attached
Exemptions/Revisions
Firm has not requested
further notice
0461

FOI Office
United States Consumer Product
Safety Commission
Washington, DC 20207

Re: Corning/"Visions" cookware



Dear Sir/Madam:

This firm represents a young lady who, while holding a "Visions" cookware pot (made by Corning), suddenly had the pot shatter into pieces and cut her quite severely. The injuries were severe enough that she almost lost one of her hands.

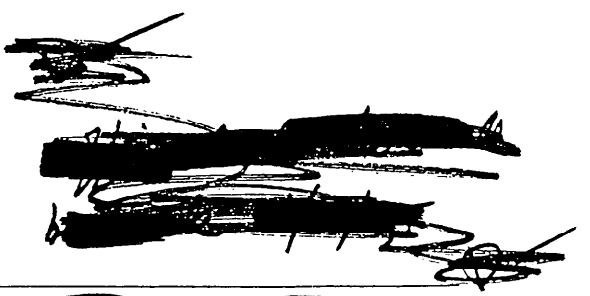
We would like you to search for any similar incidents concerning Corning's "Visions" cookware wherein individuals experienced breaking or shattering of the cookware and were cut.

If there is a clerical charge for this information, please contact me and we will immediately forward a check for same.

Sincerely,


Secretary to 

/vkr



CALLS TO LAWYERS

IDENTIFICATION # C4C5033A/

CITY/STATE Pontiac, MI

DATE OF ACCIDENT 3/31/92

TYPE OF INJURY - laceration

AGE/SEX 23 yoa female

SCENARIO (1 sentence)

coming / "Visions" cookware - see narrative

Set visions cookware in sink to wash it and it exploded with great force, causing severe lacerations. The explosion was so devastating that there was nothing left of the cookware afterwards.

my,

MAR - 3 1995

If you have any changes, additions, or comments you wish to make concerning your attached report, please make them in the space below.

The bowl never touched the water.

I confirm that the information in the attached report (including any changes, additions, or comments I have made) is accurate to the best of my knowledge and belief.

 3/4-95

I request that you do not release my name.

You may release my name to the manufacturer but I request that you not release it to the general public.

You may release my name to the manufacturer and to the public.

I-16

C, 4 C 50 33