

1. NAME OF RESPONDENT David Rowe		2. TELEPHONE NO. (Home) (Work) (770) 962-1304 (770) 458-8603	
3. STREET ADDRESS 1295 Grayland Hill Drive		4. CITY STATE ZIP CODE Lawrenceville, GA 30245	
5. DESCRIBE ACCIDENT SITUATION OR HAZARD, INCLUDING DATA ON INJURIES. (Use second page if necessary.)  Complainant stated that the oven was being preheated. The glass dish was sitting on top of the stove waiting to be placed in the oven once it heated up to the set temperature. The dish was not damaged in any way and had been used on many occasions in the past two years. While sitting on top of the oven, it exploded sending pieces of glass everywhere. The glass broke into thousands of small pieces in the same manner as a car windshield would break. No injury resulted, but the complainant stated that his child had just walked past the stove a few seconds before the glass dish exploded. The complainant photographed the pieces and kept some of them.			
6. DATE OF INCIDENT(S) 11/4/95	7. IF INJURY OR NEAR MISS, OBTAIN AGE _____ SEX _____ AND DESCRIBE INJURY _____ NONE	8. IF VICTIM DIFFERENT FROM RESPONDENT, PROVIDE NAME _____ RELATIONSHIP _____	
9. DESCRIPTION OF PRODUCT 3 quart glass baking dish w/o lid		10. BRAND NAME "Pyrex" generic?	
11. MANUFACTURER/DISTRIBUTOR NAME, ADDRESS & PHONE Anchor Hocking Corp. Consumer Glass Division 519 Pierce Avenue Lancaster, Ohio 43132		12. MODEL, SERIAL NO.'S ---	
		13. DEALER'S NAME, ADDRESS & PHONE <del>Lawrenceville, GA</del> Lawrenceville, GA	
14. WAS THE PRODUCT DAMAGED, REPAIRED OR MODIFIED? YES _____ NO <u>XXX</u> IF YES, BEFORE OR AFTER THE INCIDENT? _____ Describe _____		15. PRODUCT PURCHASED NEW <u>XXX</u> USED _____ DATE PURCHASED 1993 AGE 2 years	
		16. DOES PRODUCT HAVE WARNING LABELS? IF SO, NOTE: _____	
17. HAVE YOU CONTACTED THE MANUFACTURER? YES _____ NO <u>XX</u> IF NOT, DO YOU PLAN TO CONTACT THEM? YES <u>YY</u> NO _____ OTHER _____		18. IS THE PRODUCT STILL AVAILABLE? YES <u>YY</u> NO _____ IF NOT, ITS DISPOSITION _____	
19. MAY WE USE YOUR NAME WITH THIS REPORT? YES <u>XX</u> NO _____			
FOR ADMINISTRATION USE			
20. DATE RECEIVED 11/6/95		21. RECEIVED BY (Name & Office) L. George Gayman	
22. FOLLOW-UP ACTION  MFR/PRVLR NOTIFIED No Comments made Comments attached Excisions/Revisions Firm has not requested further notice		23. DOCUMENT NO. G5 B - 0020 <u>AK</u>	
24. DISTRIBUTION		25. PRODUCT CODE(S) 0221	
		26. ENDORSER'S NAME & TITLE Robert C. Okunski PAO 11/13/95	

CONSUMER PRODUCT SAFETY COMMISSION  
ROUTE SLIP

TO Foch  
Bob Ocoriski

- Take necessary action
- Approval or signature
- Comment
- Prepare reply
- Discuss with me
- For your information
- See remarks below

FROM BB

DATE 11/7/75

REMARKS

No file recommended.  
CPSC has received  
a lot of similar complaints  
due to tempered nature  
of this glass  
(NOTE: ~~Do~~ we need  
to send a response letter  
to complainant?)

NOV 28 1995

Q

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

I have no changes to make.  
Please contact me. I saved the  
Baking Dish and pictures.

Thank you,

W. R. Rowe

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.

David P. Rowe 12/2/95  
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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G5B0020

221



CONSUMER PRODUCT INCIDENT REPORT

AEC 994

1. NAME OF RESPONDENT Amelia Allen	2. PHONE NO. (HOME) (WORK) 904-767-7248 none
3. STREET ADDRESS 100 Anchor Drive	4. CITY STATE ZIP CODE Ponce Inlet FL 32127

5. DESCRIBE INCIDENT OR HAZARD, INCLUDING DATA ON INJURIES  
 Baking dish (containing turkey and its drippings) was in 325 degree oven for about 20 minutes when it shattered into several 4.5" x 1.25" pieces to slivers that landed inside oven. Consumer called and explained incident to manufacturer's consumer information center rep., Kay Davis, who said someone from manufacturer would be in contact with consumer. 9/18/95 Consumer received a letter from Ms Davis offering consumer a \$6 credit towards the

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6. DATE OF INCIDENTS 9/11/95	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 28" x 18" oblong tinted glass baking dish	10. BRAND NAME Pyrex Baking Dish
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11. MFR/DISTRIBUTOR NAME, ADDR. & PHONE Corning P.O. Box 1994 Waynesboro, VA 22980 800-999-3436 unknown unknown unknown	12. MODEL, SERIAL NUMBERS 6016310; color: cranberry	13. DEALER'S NAME, ADDRESS & PHONE Walmart (store #0582) unknown Port Orange, FL 00000 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 9/9/95 AGE 2 days	16. DOES PRODUCT HAVE WARNING LABELS? IF SO, NOTE: "Do not use on stove top or under broiler."
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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 09/13/95	21. RECEIVED BY (NAME & OFFICE) aec/HL <i>[Signature]</i>	22. DOCUMENT NO. H9590179A
23. FOLLOW-UP ACTION	24. PRODUCT CODE(S) 0461	
25. DISTRIBUTION	25. ENDORSER'S NAME & TITLE <i>[Signature]</i> 9/14/95	

CONSUMER PRODUCT INCIDENT REPORT

H9590179A

Narrative Continued

purchase of another one of manufacturer's products; consumer refused and feels that baking dish's packaging should contain a warning label alerting users that dish can shatter while using it inside a hot oven. Consumer believes dish isn't safe for use in ovens and manufacturer should remove the word "ovenware" from dish's packaging.

Distributor phone #: unknown

CPSC Source: MAG

SEP 20 1995

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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.

15. Date purchased .. 4/21/95  
(I have contacted the manufacturer 9/9/95  
this is the 3rd baking dish broken  
in a year !!  
the twelve "warnings" on label were  
read, understood and followed.

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.

Shuelia Allen Sept 23, 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.

H9590179  
Ø461



CONSUMER PRODUCT INCIDENT REPORT

W-598

1. NAME OF RESPONDENT  
Walter Ardini

2. PHONE NO. (HOME) (WORK)  
603-622-3483 none

3. STREET ADDRESS  
242 Leda Avenue

4. CITY STATE ZIP CODE  
Manchester NH 03104

5. DESCRIBE INCIDENT OR HAZARD, INCLUDING DATA ON INJURIES  
Dishwasher was on when wife heard a noise inside dishwasher; wife turned dishwasher off and found plate shattered into 1" diameter pieces to slivers. CPSC Source: TEL

6. DATE OF INCIDENTS  
9/1/95

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  
9" white glass plate from 4-piece dinnerware set

10. BRAND NAME  
Corelle

11. MFR/DISTRIBUTOR NAME, ADDR. & PHONE  
Dow Corning  
unknown  
unknown  
unknown  
unknown

12. MODEL, SERIAL NUMBERS  
unknown, pattern: wheat straw

13. DEALER'S NAME, ADDRESS & PHONE  
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 1985 AGE 10 yrs.

16. DOES PRODUCT HAVE WARNING LABELS? IF SO, NOTE: none

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

FOR ADMINISTRATION USE

20. DATE RECEIVED  
09/05/95

21. RECEIVED BY (NAME & OFFICE)  
[Signature]

22. DOCUMENT NO.  
H9590027A

23. FOLLOW-UP ACTION  
[Signature]

24. PRODUCT CODE(S)  
0474

25. DISTRIBUTION

26. ENDORSER'S NAME & TITLE  
[Signature]

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SEP 6 1995

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.

Walter D. ...  
Signature

9/11/95  
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.

H9590027  
0474