

CONSUMER PRODUCT INCIDENT REPORT 22 SEP 1987

1. Name of Respondent Carolyn MacAllaster	2. Telephone No. (Home) _____ (Work) _____ 502-239-6354 none
3. Street Address 6508 Ridgecliff Rd.	4. City, State, Zip Code Louisville, KY 40228

9/16

5. Give details of accident, injury, or illness. Describe how incident occurred. (Use reverse side if necessary.)

Complainant used this baking dish for the first time. She used it on "medium" heat in the microwave oven and then washed it for the first time in the dishwasher. The next morning, when the dish was cool, she took the baking dish out of the dishwasher and started to carry it across the room. The dish shattered into hundreds of small pieces, some of which flew 10 to 15 feet. If a child had been standing nearby, the child could have been injured.

6. If injury or illness: Victim's Name _____ Relationship _____
 Age _____ Sex _____ Date 8/87 Type Injury N/A
 Body Part Involved _____ Treatment _____

7. Description of Product glass baking dish	Purchased: 6/87	8. Was the product: Damaged before incident? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Repaired before incident? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Repaired after incident? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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9. Brand Name Anchor-Hocking	10. Identifying Numbers, Letters, etc. baking dish -- 9 x 13 inches dimensions
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11. Manufacturer's Name and Address Anchor-Hocking 109 N. Broad St. Lancaster, OH 43132	12. Dealer's Name and Address Anchor-Hocking Shop Indian Trail Shopping Trail Louisville, KY 40213
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13. How product acquired? Purchased New <input checked="" type="checkbox"/> Second Hand <input type="checkbox"/> Other _____	14. Age of Product 2 months
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15. Is product available for inspection? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> all pieces have been saved Other _____	16. Does product have warning labels or instructions? Are they available? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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17. Have you contacted the manufacturer? If not, do you plan to contact them? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	18. Do you object to the use of your name? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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19. Received Office <u>AK</u>	20. Date Received 9/15/87	21. Received by <u>AK</u>	22. Reporting Office
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23. Source of Report Letter <input type="checkbox"/> Phone <input type="checkbox"/> Visit <input type="checkbox"/> Other _____	24. Document No. H 791819
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25. Follow-Up Action MFR/PRVLR NOTIFIED <u>7/7/87</u> No Comments made Comments attached Excisions/Revisions Firm has not made further action	26. Product Code(s) A. 0461 B.
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27. EPDS	29. Endorser's Name/Title <u>AK</u>
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