

2 1-JAN 1987

2

CONSUMER PRODUCT INCIDENT REPORT

1. Name of Respondent XXXXXXXXXX	2. Telephone No. (Home) 215-363- XXXX	(Work)
3. Street Address XXXXXXXXXX Spring Run Lane	4. City, State, Zip Code Downingtown, PA 19335	

5. Give details of accident, injury, or illness. Describe how incident occurred. (Use reverse side if necessary.)
 Complainant states hse was using an Anchor Hocking utility dish in an oven set at 350° to bake chicken and potatoes. Complainant states manufacturer's instructions state there are no restrictions regarding oven temperature; the dish can be used in a refrigerator to oven capacity & it is dishwasher & microwave oven safe. Five minutes before dish was due out of oven, complainant heard a loud "pop" and opened the oven to discover dish had completely exploded. She feels this is unsafe as it could have blown up in her face. Complainant says manufacturer has been extremely reticent in following up on the incident to prevent this from happening to someone else.

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

7. Description of Product 12" x 14" Utility Dish	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"/>
---	--

9. Brand Name Anchor Hocking Warranted Kitchen Classics	10. Identifying Numbers, Letters, etc.
11. Manufacturer's Name and Address Anchor Hocking Corp. 109 N. Broad St. Box 600 Lancaster, OH 43132	12. Dealer's Name and Address XXXXXXXXXX Department Store Exton, PA

13. How product acquired? Purchased New <input checked="" type="checkbox"/> Second Hand <input type="checkbox"/> Other _____	14. Age of Product 2 Months
15. Is product available for inspection? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Other _____	16. Does product have warning labels or instructions? Are they available? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
17. Have you contacted the manufacturer? If not, do you plan to contact them? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	18. Do you object to the use of your name? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

FOR ADMINISTRATIVE USE ONLY

19. Receiving Office PHL/RP	20. Date Received 12/4/86	21. Received by P. Meadows	22. Reporting Office NYC
23. Source of Report Letter <input type="checkbox"/> Phone <input checked="" type="checkbox"/> Visit <input type="checkbox"/> Other <input type="checkbox"/>		24. Document No. 1860025	
25. Follow-Up Action Refer to C & T 257(c) No Comments made Comments attached Excisions/Revisions Firm has not requested further notice EPDS JAN 15 1987		26. Product Code(s) A. 0461 B.	
		27.	

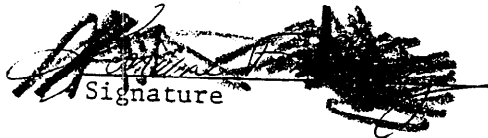
N

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

A neighbor of mine also had purchased the same disk. After hearing of my accident, he inspected her disk and found that it had numerous cracks in it after only once ^{being} used. She had checked out the disk before first using it and had not seen any of the cracks now present after one use. The disk has now also been returned to K-mart.

RECEIVED
'87 MAR 27 P 1:40
NAT'L. INQUIRY
CLEARINGHOUSE
CPSC

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

2/28/87
Date

Do not release my name.

You may release my name to the manufacturer but not to the general public.

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

N6C0025/0461
21 JAN 1987