

29 DEC 1986

CONSUMER PRODUCT COMPLAINT REPORT

12/1/86

1. Name of Manufacturer: ~~Anchor Hocking~~
2. Date of Purchase: ~~206~~ Oct 12 Summer, WA 98390

3. Give details of complaint, injury, or illness. Describe how incident occurred. (Use reverse side if necessary.)
Baking dish had been in oven at 350° for 10 minutes, when it exploded. The corners broke off and the bottom shattered into small pieces. Product was used several times before incident. Purchase date 11-86

4. Is injury or illness? Patient's Name: _____
Age: _____ Sex: _____ Date: 11-86 Type of Injury: N/A
Body Part Involved: _____

7. Description of Product: uncovered baking dish (glass)
8. Was the product:
Damaged before incident? Yes No
Inspected before incident? Yes No
Inspected after incident? Yes No

9. Brand Name: Anchor Hocking
11. Manufacturer's Name and Address:
Anchor Hocking
21415 Civic Dr #302
Southfield, MI 48076

10. Identifying Numbers, Labels, etc.: _____
12. Dealer's Name and Address:
K-Mart
621

14. How product acquired?
Purchased New Second Hand Other

15. Is product available for inspection?
Yes No Other
16. Does product have warning labels or instructions? Are they readable?
Yes No

17. Have you contacted the manufacturer?
Yes No
18. Do you plan to contact them? Yes No
19. Do you object to the use of your name? Yes No

20. Reporting Office: Hot Line Date Received: 12-16-86 Name of Reporter: Cheryl John
21. Source of Report: Lecturer Phone Mail Other
22. Follow-up action: _____

H6C 0452

Product Code(s): 0461

EPDS
EC 23 1986

MFR/PRVLR NOTIFIED 12/3/86
No Comments made
Comments attached
Excisions/Revisions _____

MFR/PRVLR NOTIFIED 7/7/87
No Comments made
Comments attached
Excisions/Revisions _____
Firm has not requested further notice

FORM 175A

251c)

NI

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

RECEIVED

'87 JAN -9 P 3:29

NAT'L INJURY
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

1-5-87
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.

29 DEC 1986

H6C0452/0461

29 DEC 1986

CONSUMER PRODUCT INCIDENT REPORT

12/22

1. Name of Respondent: Carmen Palster Telephone No. 206 863-9094

2. Street Address: 1612 Valley Ave Apt. 12 City: Sumner, WA State: WA Zip: 98390

3. Give details of accident, injury, or illness. Describe how incident occurred. (Use reverse side if necessary.)
Baking dish had been in oven at 350° for 10 minutes, when it exploded. The corners broke off and the bottom shattered into small pieces. Product was used several times before incident. Purchase date 11-86

4. If injury or illness: Victim's Name: _____ Relationship: _____
Age: _____ Sex: _____ Date: 11-86 Type of Injury: N/A
Body Part Involved: _____ Treatment: _____

7. Description of Product: uncovered baking dish (glass)
8. Was the product: Damaged before incident? Yes No
Defective before incident? Yes No
Required after incident? Yes No

9. Brand Name: Anchor Hocking 10. Identifying Numbers, Letters, etc. _____

11. Manufacturer's Name and Address: Anchor Hocking
21415 Civic Dr #302
Southfield, MI 48076 12. Dealer's Name and Address: [Redacted]
621

14. How product acquired? Purchased New Second Hand Other _____ Age of Product: 2 weeks

15. Is product available for inspection? Yes No Other 16. Does product have warning labels or instructions? Yes No
Are they available? Yes No

17. Have you contacted the manufacturer? Yes No If not, do you plan to contact them? Yes No 18. Do you object to the use of your name? Yes No

FOR ADMINISTRATIVE USE ONLY

19. Receiving Office: Hot Line 20. Date Received: 12-16-86 21. Received by: C Cheryl John 22. Recording Office: _____

23. Source of Report: Lecter Phone Mail Other _____ Document No.: H6C 0452

24. Follow-up action: _____ 25. Product Details:
1. 0461
2. _____
3. _____
26. _____

EPDS
DEC 23 1986

27. Distribution: _____ 28. Initiator's Name/Title: [Signature]

N1

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RECEIVED

'87 JAN -9 P3:29

NAT'L BUREAU
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 _____ Date 1-29 87

- 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.

29 DEC 1986

H6C0452/0461