

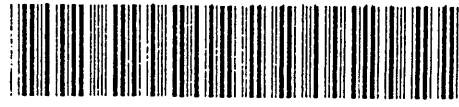
JH360187A1

photos

EPDS SEP 10 1993 31

1 Case Number 930809CCC2487		2 Investigator ID 8 6 8 9		3 Office Code 8 3 0		EPIDEMIOLOGIC INVESTIGATION REPORT	
4 Accident date 9 3 0 4 0 0		5 IDI initiated 9 3 0 8 2 6					
6 Synopsis of Accident or complaint A 53 year old female had two separate incidents concerning a glass baking dish that exploded. In one of the incidents she had her left eyeball cut and her wrists cut by the glass. She presently had carpal tunnel syndrome due to a pinched nerve from the incidents. Sample R-830-5058 was collected of an intact unit of a baking dish from the retailer.							
7 Location KITCHEN 1 0			8 City OAK PARK			9 State M I	
10a First Product BAKING DISH 0 4 6 1			11a Trade/Brand name/Model ANCHOR HOCKING GLASS CO 49454 LANCASTER, OHIO 43130				
10b Second Product NA 0 0 0 0			11b Trade/Brand name/Model NA				
12 Age of Victim 0 5 3		13 Sex 2	14 Disposition TREATED & TRANSFERRED 0 2		15 Injury diagnosis LACERATION 5 9		
16 Body part * EYEBALL 7 7		17 Respondents VICTIM 2		18 Investigation type ON-SITE 1		19 Time spent 0 4 . 0 TR=2 HRS	
20 Attachments * PHOTOGRAPHS 1		21 Case Source HOT LINE 0 7		22 Reviewed by/Date 6577 755763			
23 Permission to disclose names (Non-NEISS cases only) ___ CPSC may disclose my name XXX CPSC may not disclose my name							
24 Narrative ACCIDENT INFORMATION				25 Regional Director review date			
<p>During April 1992 the consumer purchased 4 separate amber colored glass baking dishes for her oven. The items purchased were labeled as being oven and microwave safe. The consumer used the products without incident until April 1993. At that time, the consumer had one of the dishes on a kitchen counter. The dish was at room temperature. Without notice, the dish exploded and shattered into many pieces. The pieces landed in a 10 foot radius. The consumer was not injured.</p> <p>The consumer contacted the dealer who said that the manufacturer would be notified. In June 1993 the consumer received an identical replacement dish in the mail from the manufacturer.</p>							

204
MFR/PRVLR NOTIFIED 7/7/93
No Comments made
Comments attached
Excisions/Revisions
Firm has not requested
further notice



75701

930808CCC2487

On June 12, 1993 the consumer was cooking a roast in one of the dishes originally purchased in April 1992. After cooking the roast for about 2 hours, she removed the dish from the oven and placed it on a counter. After approximately 5 minutes, the dish shattered into many pieces. Some of the pieces landed on the floor and left burn marks on the kitchen floor. Also, some fragments went into the consumer's left eye and caused a laceration. Moreover, some glass hit both of the consumer's wrists. The consumer went to her physician and all of the glass pieces were removed from the consumer's left eye. The consumer's wrists are presently wrapped since she was diagnosed as having carpal tunnel syndrome due to pinches wrist nerves as a result of the incident.

The consumer was visited on-site. (The dish that exploded in April was returned to the manufacturer). She said that the manufacturer's representative, Travelers Insurance, has the majority of the dish that exploded on June 12, 1993. The consumer has some fragments left from the dish that exploded in June and let me have one. This fragment was sent to Judy Hayes, CECA, as per Ms. Hayes assignment instructions. The consumer is saving the rest of the fragments as proof of what happened and also for a possible lawsuit that the consumer is contemplating.

PRODUCT IDENTIFICATION

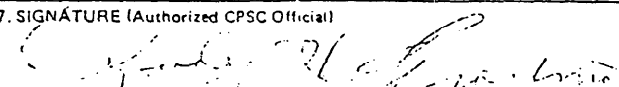
1. AMBER COLORED GLASS BAKING DISH - NUMBER 49454 - MANUFACTURED BY ANCHOR HOCKING IN LANCASTER, OHIO.

ATTACHMENTS

1. PHOTOGRAPHS WERE TAKEN OF THE GLASS FRAGMENT THAT THE CONSUMER PROVIDED TO ME AND ALSO PHOTOGRAPHS WERE TAKEN OF THE UNIT PURCHASED AS A SAMPLE. THIS SAMPLE WAS COLLECTED UNDER R-830-5058 AND SENT TO JUDY HAYES, CECA AS PER HER INSTRUCTIONS.

U.S. CONSUMER PRODUCT SAFETY COMMISSION

NOTICE OF INSPECTION

1. DATE 26 Aug 73		3. FROM (Area Office and Address) 1177 MICHIGAN AVE DETROIT, MI 48226	
2. TIME 11:05 A.M. P.M.			
A. NAME AND TITLE OF INDIVIDUAL RUDY MACKAY, MANAGER			
B. FIRM NAME TARGET			
4. TO			
C. NUMBER AND STREET ADDRESS 8500E 8 MILE RD			
D. CITY, STATE AND ZIP CODE DETROIT MICH 48226			
<p>Notice of Inspection is hereby given pursuant to:</p> <ul style="list-style-type: none"> • Flammable Fabrics Act (15 U.S.C. 1191 <i>et seq.</i>); • Federal Trade Commission Act (15 U.S.C. 41 <i>et seq.</i>); • Sections 16, 19 and 27 of the Consumer Product Safety Act (15 U.S.C. 2065, 2068 and 2076) • Section 704(a) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 374(a)) [Authority for inspections in connection with the Poison Prevention Packaging Act of 1970 (15 U.S.C. 1471 <i>et seq.</i>)] and/or • Section 11(b) of the Federal Hazardous Substances Act as Amended (15 U.S.C. 1270(b)). <p>Refer to the back of this form for a discussion of inspectional authority and for pertinent statutory language</p>			
5. PURPOSES OF INSPECTION AND NATURE OF INFORMATION TO BE OBTAINED AND/OR COPIED.			
<p>The purpose of this inspection is to obtain information; to review and obtain copies of items including but not limited to records, reports, books, documents; and labeling; and to obtain samples, in order to enforce or determine compliance with the Acts administered by the Consumer Product Safety Commission.</p>			
6. FREEDOM OF INFORMATION REQUIREMENTS			
<p>Those from whom information is requested should state whether any of the information submitted is believed to contain or relate to a trade secret or other matter which should be considered by the Commission to be confidential and whether any of the information is believed to be entitled to exemption from disclosure by the Commission under the provisions of the Freedom of Information Act (15 U.S.C. 552). Any statement asserting this claim of confidentiality must be in writing, and any request for exemption of the information from disclosure must be made in accordance with the Commission's Freedom of Information Act regulations, 16 CFR Part 1015.</p>			
7. SIGNATURE (Authorized CPSC Official)			
			

FIELD ACTIVITY COVERSHEET

1. REGION/STATE FOCR		2. OPERATION (Check One) <input checked="" type="checkbox"/> Inspection () Establishment Visit <input type="checkbox"/> Telephone Contact () Investigation <input type="checkbox"/> Other _____		3. DATE 8/26/93	
				4. NUMBER (For RO Use)	
5. ESTABLISHMENT Name <u>TARGET</u> Address <u>8500 E. 8 mile rd</u> City <u>Detroit</u> State <u>MI</u> Zip <u>48234</u> Telephone No. _____					
6. RELATED FIRM Name <u>TARGET</u> () Parent (X) Headquarters () Subsidiary () Other _____ City <u>MINNEAPOLIS</u> State <u>MINN</u>					
7. PRODUCTS COVERED <u>ANCHOR HOCKING BAKING DISH</u>			8. OTHER CONSUMER PRODUCTS <u>OTHER PRODUCTS</u>		
9. ESTABLISHMENT TYPE <input type="checkbox"/> Manufacturer () Importer <input type="checkbox"/> Wholesaler () Own Label Distributor <input checked="" type="checkbox"/> Retailer () Repackager <input type="checkbox"/> Other _____			10. ANNUAL PRODUCTION Product Covered \$ <u>UNK</u> Units <u>UNK</u> Other Products \$ <u>UNK</u> Units <u>UNK</u>		
11. I.S. BUSINESS % Received <u>100</u> % Shipped <u>0</u>		12. SAMPLES COLLECTED <u>R-830-5058</u>		13. MIS CODE <u>32626</u>	14. HOURS Activity <u>1</u> Travel <u>1</u>
15. REASON FOR ACTIVITY (Assignment Reference) <u>REF: IDI 930809CCC2487</u>					
16. ANNOUNCED () Rationale for Announced Inspection UNANNOUNCED ()					
17. EMPLOYEE'S NAME <u>RUDY H. TROSTMAN</u>		TITLE <u>INVESTIGATOR</u>		SIGNATURE <i>Rudy H. Trostman</i>	
18. () ENDORSEMENT () REMARKS () SUMMARY () OTHER <p><i>This retail store was inspected as follow up to an ICI where it had stated the Manager was not aware of any similar incident. Sample R-830-5058 was obtained. F.M. as needed.</i></p>					
19. REVIEWER'S NAME <u>James A. M... ..</u>		TITLE <u>SP-1</u>		SIGNATURE <i>James A. M...</i>	
20. REVIEW DATE <u>8/26/93</u>		21. DISTRIBUTION <u>5 = FOCR, ICI</u>			

Target
8500 E. 8 Mile Rd
Detroit, Mi 48234

EIR
8/26/93
RHT

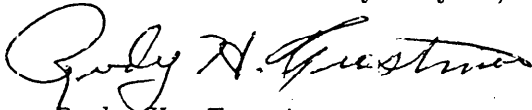
SUMMARY OF FINDINGS

An inspection of this retail store was prompted by IDI 930809CCC2487 (a baking dish exploded in the consumer's hands). The dish was purchased from this store.

On 8/26/93, a Notice of Inspection was issued and credentials were shown to Mr. Rudy Mackey, Manager. Mr. Mackey was aware of the incident in which an amber colored glass baking dish had exploded in the consumer's hands. He said that his store advised their headquarters in Minneapolis, Minn of the incident. The headquarters requested a unit of the baking dish on the retailer's shelves to be sent to Target Hq in Minneapolis, Minn. Mr. Mackey was not aware of any results of the outcome of sending the unit to its headquarters.

Mr. Mackey said that this was the only incident that he is aware of associated with an amber glass baking dish that is manufactured by Anchor Hocking in Lancaster, Oh.

While I was at the store, I purchased a unit of an amber colored Anchor Hocking baking dish. Sample was collected under R-830-5058 7 and sent to Judy Hayes, CECA as per her instructions.



Rudy H. Trostman
Investigator
Detroit Resident Post

U. S. CONSUMER PRODUCT SAFETY COMMISSION

SAMPLE COLLECTION REPORT

1. Flag		2. Date Collected	3. Sample type & number
		26 AUG 93	<input checked="" type="checkbox"/> Physical R-830-5058
			<input type="checkbox"/> Documentary
4a. Product name	4b. Model	4c. NEISS	5. Assignment ref.
BAKING DISH	49454	0461	INITIATED
6. Complete for import samples		7. MIS	8. Hours:
a. Port of Entry	NA	35170	a. Activity 4
b. Entry # & date			b. Travel 2
c. Country of Origin		9a. Home RO	9b. Collecting RO
d. HSUSA code		FOCR	FOCR
e. Customs Contact			
10. Sample Cost	11. Invoice value of lot	12. Size of lot	
\$6.75	UNK	UNK	
13. Manufacturer/Importer	14. Shipper/Foreign Mfr.	15. Dealer/Import Broker	
ANCHOR HOCKING GLASS CO	same as # 13	TARGET	
LANCASTER, OHIO 43130		8500 E. 8 Mile Rd	
		DETROIT, MICH 48234	
ID #	ID#	ID#	
16. Supporting documents attached:			
a. Invoice # & date:		NONE	b. Date Shipped: UNK
c. Shipping record # & date:		NONE	
d. Affidavit signer's name, title & date: NONE			
17. Product Identification: Product is a baking dish with the following information on a cardboard box "****49454***Oven & Microwave Safe***2 QT***Anchor Hocking Glass Company Lancaster, Ohio 43130***"			
18. Reason for collection & analysis needed: FHSA ___ CPSA <input checked="" type="checkbox"/> FFA ___ PPPA ___ RSA ___ sample collected as per Judy Hayes, CECA. Analysis as per Ms. Hayes <i>IFT 930809 CCC 2487</i>			
19. Summary of Field Screening: collected at retail store.			
20. Sample Size, Method of Collection: 1 unit collected from retail store on shelf.			
21. Identification on sample		22. Identification on seal	
"R-830-5058 8/26/93 RHT"		"R-830-5058 8/26/93 Rudy H. Trostman"	
23a. Sample delivered to	23b. Date	24. Orig. report/records sent to	
UPS (DETROIT, MICH)	8/27/93	FOCR	
25. Laboratory/Office: ESEL <input type="checkbox"/> HSHL <input type="checkbox"/> CERM <input type="checkbox"/> CECA <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>			
26. Remarks			
27. Related Samples NONE			
28a. Collector's name, title & employee #		28b. Collector's signature & date	
RUDY H. TROSTMAN, INVESTIGATOR 8689		<i>Rudy H. Trostman 8/26/93</i>	
29a. Reviewer's name, title & employee #		29b. Reviewer's signature & date	

930809CCC24S7

U.S. CONSUMER PRODUCT SAFETY COMMISSION

AUTHORIZATION FOR RELEASE OF NAME

Thank you for assisting us in collecting information on a potential product safety problem. The Consumer Product Safety Commission depends on concerned people to share product safety information with us. We maintain a record of this information, and use it to assist us in identifying and resolving product safety problems.

We routinely forward this information to manufacturers and private labelers to inform them of the involvement of their product in an accident situation. We also give the information to others requesting information about specific products. Manufacturers need the individual's name so that they can obtain additional information on the product or accident situation.

Would you please indicate on the bottom of this page whether you will allow us to disclose your name. If you request that your name remain confidential, we will of course, honor that request. After you have indicated your preference, please sign your name and date the document on the lines provided.

You are hereby authorized to disclose my name and address with the information collected on this case.

My identity is to remain confidential.


(Signature)

26 Aug 93
(Date)

ACCIDENT INVESTIGATION REQUEST FORM

Document Number H 360187A1

Date of Incident 4/93 + 6/93 Category I.D. SECTOT

Follow-Up Requested Hazard Analysis Section 15

Type Follow-Up Requested IDI Telephone Call On-Site

Headquarters Contact Judith Hayes (301) 504-0608

Assignment Message Perform IDI of incident

re breakage/explosion of amber colored
glass baking dish. Question temp. of
counters at time hot dish was placed
on counters. Question any prior
possibilities of dish being damaged prior
to breakage, such as in stacking or
being knocked against something. Collect
sample + forward to CECA. Contact Target
re other reported incidents.

Person(s) to Contact [REDACTED] 2249

Oak Park, MI
Target, East 8 mile Rd., Detroit MI

Guideline _____

Requested By J.H.

Task Number 930809CCC2487

Assigned to _____ Date 930809

JUL 14 1993

FOR OFFICIAL USE ONLY

CONSUMER PRODUCT INCIDENT REPORT

JH T-21 (15)

JDI

CH223

1. NAME OF RESPONDENT [REDACTED]		2. PHONE NO. (HOME) [REDACTED] one		WORK
3. STREET ADDRESS [REDACTED]		4. CITY Oak Park	STATE MI	ZIP CODE 48237

5. DESCRIBE INCIDENT OR HAZARD, INCLUDING DATA ON INJURIES (USE 2ND PGE IF NEEDED)
Dish was on kitchen counter at room temperature when consumer heard an explosion and found dish had shattered into pieces ranging in size from slivers to 1/2" long. Pieces landed in a 10' radius and some of the pieces fell in consumer's hair and hit her back. Consumer was not injured.

Same day, consumer called and explained incident to dealer (name and title unknown) who said manufacturer would be contacted. -cont-

6. DATE OF INCIDENTS 4/93	7. IF INJURY OR NEAR MISS OBTAIN AGE/SEX AND DESCRIBE INJURY: 53 YR/F see narrative	8. IF VICTIM DIFFERENT FROM RESPONDENT, PROVIDE NAME self RELATIONSHIP self
9. DESCRIPTION OF PRODUCT amber colored glass baking dish		10. BRAND NAME Anchor Oven Ware

11. MFR/DISTRIBUTOR NAME, ADDR. & PHONE unknown unknown unknown unknown unknown unknown	12. MODEL, SERIAL NUMBERS unknown	13. DEALER'S NAME, ADDRESS & PHONE Target East 8 Mile Road Detroit, MI zip unknown unknown <i>8500 E. 8 MILE DETROIT, MI HOOVER</i>
---	--------------------------------------	--

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 1992 AGE 1 yr. est.	16. DOES PRODUCT HAVE WARNING LABELS? IF SO, NOTE: "Oven and microwave safe." uu
---	--	---

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 has some of the pieces	19. MAY WE USE YOUR NAME WITH THIS REPORT? YES x NO
--	--	---

FOR ADMINISTRATION USE		
20. DATE RECEIVED 06/30/93	21. RECEIVED BY (NAME & OFFICE) cch/hl	22. DOCUMENT NO. H360187A1

23. FOLLOW-UP ACTION <i>930809CCC2487</i>	24. PRODUCT CODE(S)
--	---------------------

25. DISTRIBUTION	26. ENDORSER'S NAME & TITLE <i>Rest</i>
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CONSUMER PRODUCT INCIDENT REPORT

H360187A1

6/93 Consumer received an identical replacement dish in the mail from manufacturer.

6/12/93 Consumer was cooking a roast in replacement dish for about 2 hours, when she removed dish from oven and placed it on the counter. 5 minutes later, dish shattered into pieces (size and radius unknown). Some of the pieces landed on floor and left burn marks and some of the pieces hit and broke consumer's eyeglass lens. A few fragments got into consumer's eyes and consumer was taken to Providence Hospital ER where her eyes were flushed with saline solution. Consumer did not allow physician to finish flushing her eyes because her clothes were getting soaked from the solution, ER physician told consumer to go to her family physician to make sure all the glass was out of her eyes.

Same week, consumer went to physician who ran tests to determine if glass was still in consumer's eyes. Consumer is still waiting for test results.

6/93 Consumer called and explained second incident to dealer (name and title unknown) who said manufacturer would be contacted and someone would call consumer back.

6/93 Manufacturer's insurance company, Travelers Insurance, called consumer and apologized for incident and said a claims adjuster would come and take pictures of damages.

Following week, claims adjuster (name unknown) took pictures of floor and consumer's broken eyeglasses. Consumer still has some of the broken pieces from both dishes.

Consumer has not heard from manufacturer.

Consumer got CPSC hotline phone number from a newspaper article.

U.S. CONSUMER PRODUCT SAFETY COMMISSION

NOTICE OF INSPECTION

1. DATE 26 Aug 93	3. FROM (Area Office and Address) 477 MICHIGAN AVE RM 4-5 DETROIT, MI 48226
2. TIME 11:05 A.M. P.M.	

A. NAME AND TITLE OF INDIVIDUAL RUDY MACKAY, MANAGER
B. FIRM NAME TARGET
4. TO C. NUMBER AND STREET ADDRESS 8500 E. 8 MILE RD
D. CITY, STATE AND ZIP CODE DETROIT MICH 48234

Notice of Inspection is hereby given pursuant to:

- Flammable Fabrics Act (15 U.S.C. 1191 *et seq.*);
- Federal Trade Commission Act (15 U.S.C. 41 *et seq.*);
- Sections 16, 19 and 27 of the Consumer Product Safety Act (15 U.S.C. 2065, 2068 and 2076)
- Section 704(a) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 374(a)) [Authority for inspections in connection with the Poison Prevention Packaging Act of 1970 (15 U.S.C. 1471 *et seq.*)] and/or
- Section 11(b) of the Federal Hazardous Substances Act as Amended (15 U.S.C. 1270(b)).

Refer to the back of this form for a discussion of inspectional authority and for pertinent statutory language.

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7. SIGNATURE (Authorized CPSC Official)

Rudy H. Mackay

EXHIBIT

DATE

FIRM

930809 CCC 2487

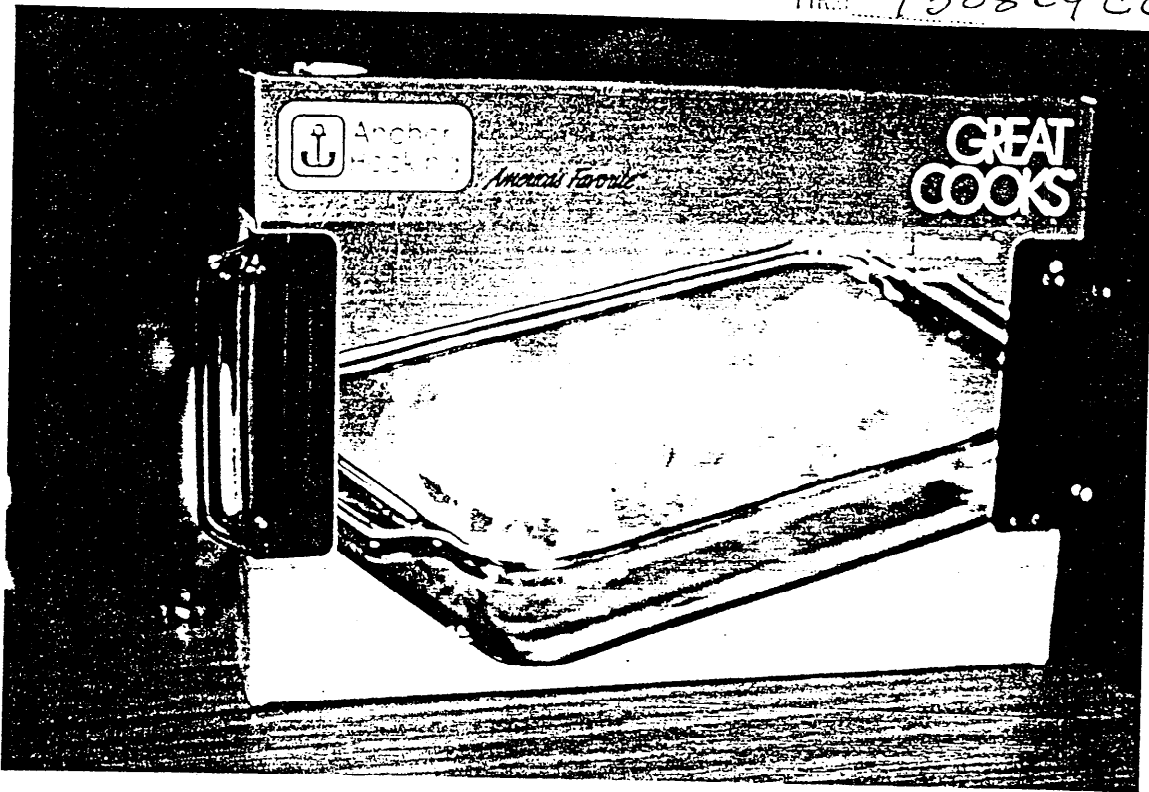


PHOTO OF SAMPLE COLLECTED (R-830-5808) OF FRONT OF BOX

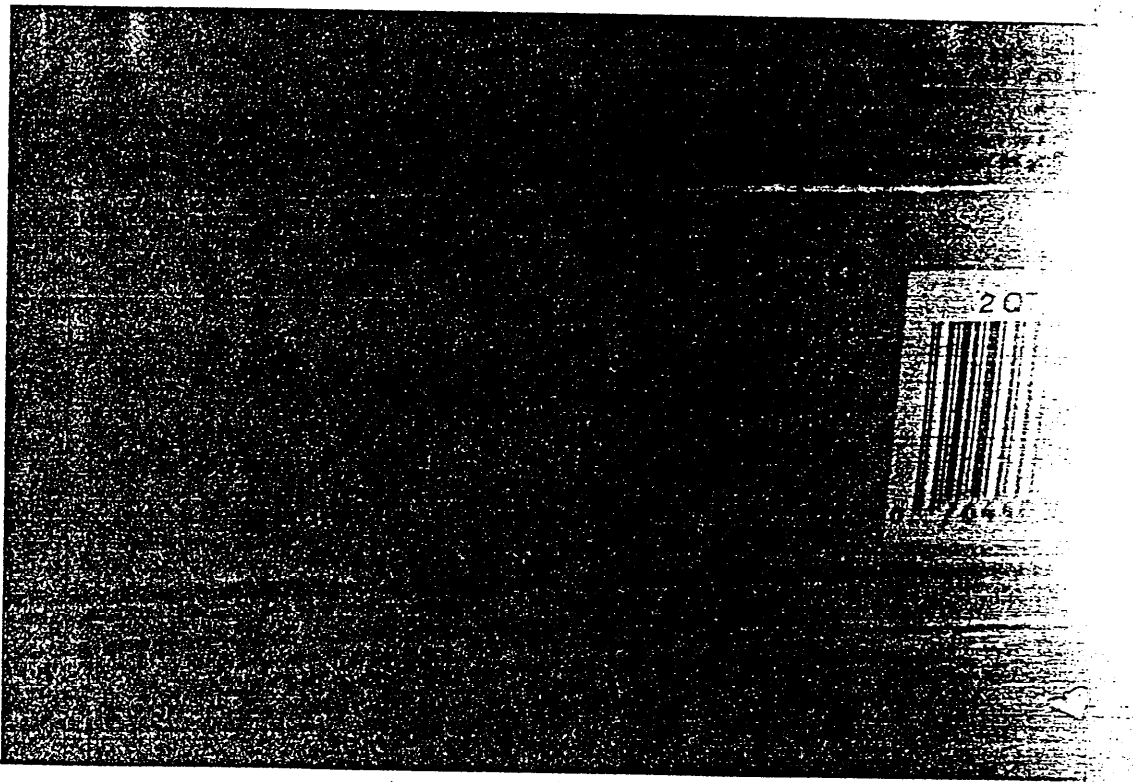


PHOTO OF SAMPLE COLLECTED (R-830-5808) SHOWING REAR OF CARTON (MFGR INFO)

EXHIBIT

FILE 930809CCC2487

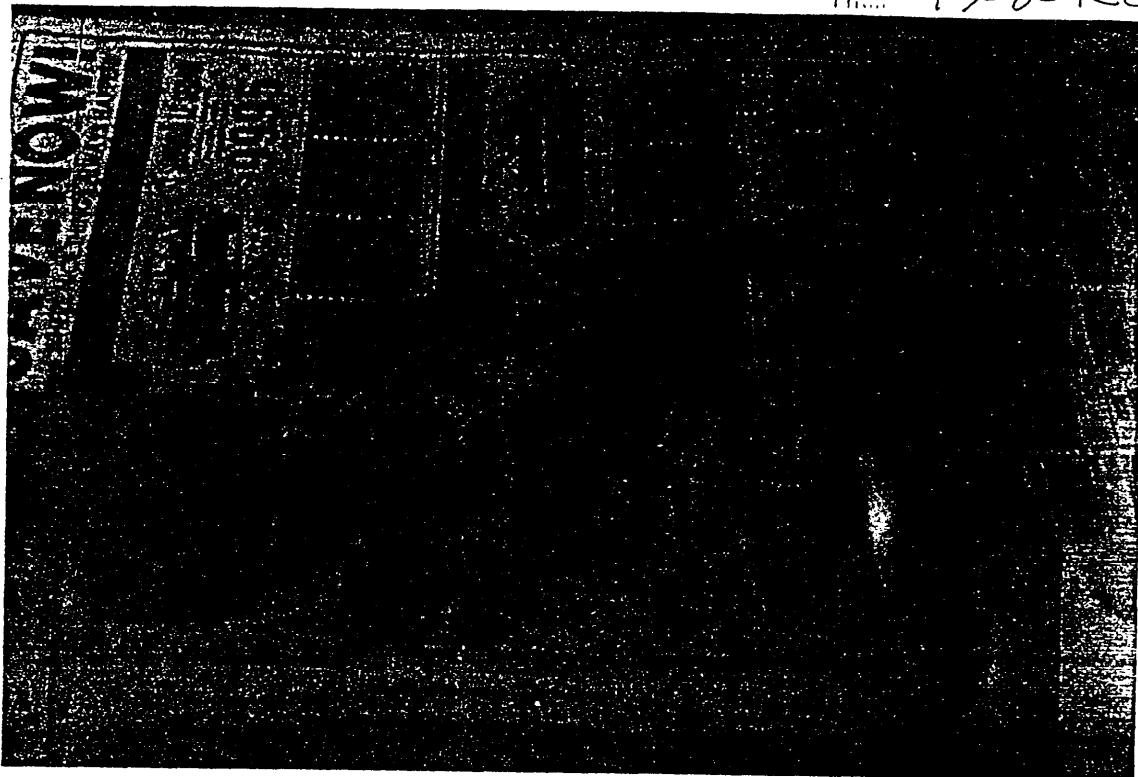


PHOTO OF CONSUMER'S UNIT THAT BROKE (PHOTO IS OF GLASS PIECES ON NEWSPAPER)

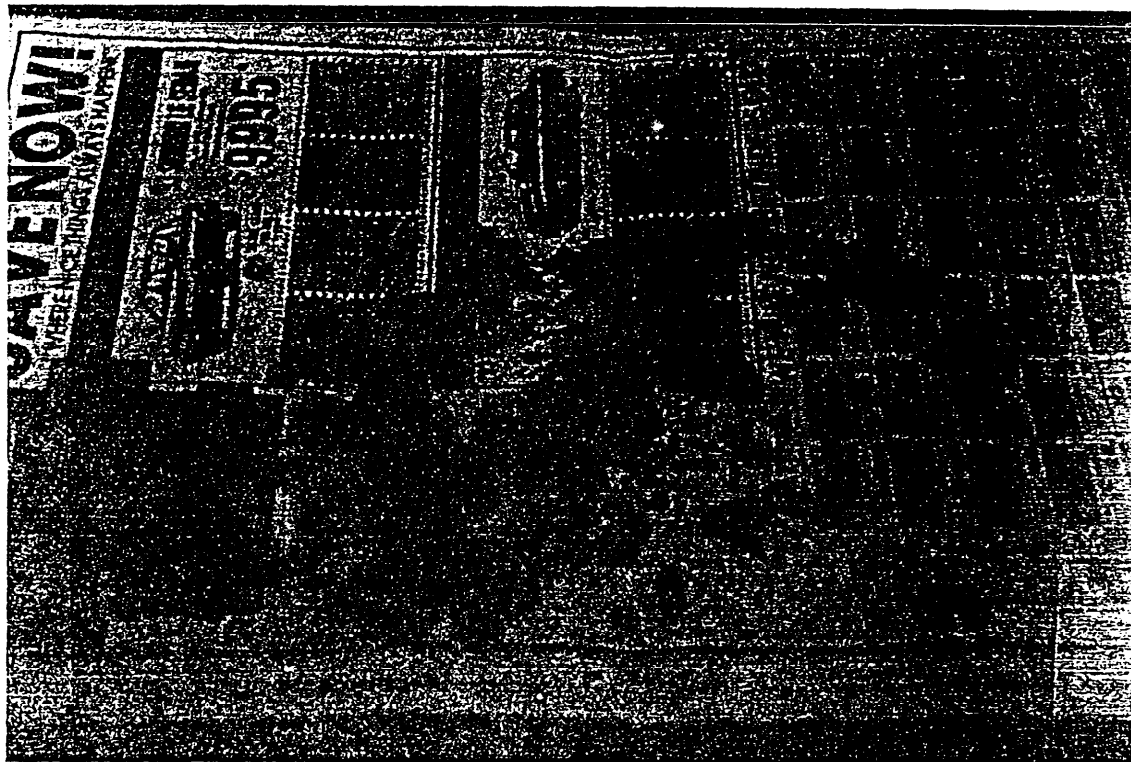


PHOTO OF CONSUMER'S UNIT THAT BROKE (PHOTO IS OF GLASS PIECES ON NEWSPAPER)