

CONSUMER PRODUCT INCIDENT REPORT

JAN 26 1995

1. Name of Respondent SAM FROSINI		2. Telephone No. (Home) (Work) HOME: 214-840-8664	
3. Street Address 2030 W. KINGSLEY		4. City State Zip Code GARLAND, TEXAS 75041	
5. Describe accident situation or hazard, including data on injuries. (Use second page if necessary.) THE CONSUMER REPORTED THAT HIS WIFE PREPARED FOOD IN A CLEAR GLASS CASSEROLE DISH. THE DISH WAS IN THE OVEN AT ABOUT 350 DEGREES FOR AROUND THIRTY MINUTES. WHEN THE FOOD WAS READY, THE DISH WAS REMOVED FROM THE OVEN AND PLACED ON A HOT PAD ON A KITCHEN COUNTER TOP. THIRTY TO FORTY MINUTES LATER, THE GLASS DISH WITH FOOD EXPLODED AND GLASS SHARDS WERE THROWN THROUGHOUT THE KITCHEN. NO INJURIES OCCURRED.			
6. Date of Incident(s) 12/94	7. If injury or near miss, obtain Age [] Sex [] and describe injury NO INJURY	8. If victim different from respondent, provide Name: NA Relationship:	
9. Description of Product CLEAR GLASS RECTANGULAR COOKWARE 11" x 8" x 2"		10. Brand Name ANCHOR-HOCKING	
11. Manufacturer/Distributor Name, Address & Phone ANCHOR-HOCKING 2893 W. FAIR, BOX 2004 LANCASTER, OHIO 43130		12. Model, Serial No.'s UNKNOWN	
		13. Dealer's Name, Address, & Phone UNKNOWN	
14. Was the product damaged, repaired or modified? Yes [] No [X] If yes, before or after the incident? Describe:		15. Product purchased New [XX] Used [] Date purchased [] Age [2+]	
		16. Does product have warning labels? NONE If so, Note:	
17. Have you contacted the manufacturer? Yes [] No [] ATTEMPTED If not, Do you plan to contact them? Yes [X] 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 []			
FOR ADMINISTRATION USE			
20. Date Received 1/4/95	21. Received by (Name & Office) JOAN GREGG, PSI, DAL/FOUR		22. Document No. F510135A
23. Follow-Up Action None		24. Product Code(s) 0461	
25. Distribution JET		26. Endorser's Name & Title	

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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.

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.

Samy From 3-8-95
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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