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CONSUMER PRODUCT INCIDENT REPORT MAR 7 - 1994

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1. NAME OF RESPONDENT [REDACTED]	2. PHONE NO. (HOME) (WORK) 616-627- [REDACTED] none
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3. STREET ADDRESS [REDACTED] Richardson	4. CITY STATE ZIP CODE Cheboygen MI 49721
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5. DESCRIBE INCIDENT OR HAZARD, INCLUDING DATA ON INJURIES  
 Food was in pan cooking in oven at 325 degrees for 30 minutes when consumer heard an explosion and found pan shattered into pieces resembling crushed glass. Pieces were contained in oven. Consumer received a minor laceration to her right hand when she picked up glass pieces. Consumer received Rx at home. CPSC Source: WORK

6. DATE OF INCIDENTS 2/27/94	7. IF INJURY OR NEAR MISS OBTAIN AGE/SEX AND DESCRIBE INJURY: 39 Y/F minor laceration to right hand	8. IF VICTIM DIFFERENT FROM RESPONDENT, PROVIDE NAME self RELATIONSHIP self
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9. DESCRIPTION OF PRODUCT 1" x 7" glass baking pan	10. BRAND NAME Anchor Hocking
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11. MFR/DISTRIBUTOR NAME, ADDR. & PHONE Anchor Hocking unknown unknown unknown unknown	12. MODEL, SERIAL NUMBERS unknown	13. DEALER'S NAME, ADDRESS & PHONE [REDACTED] unknown Cheboygen, MI 00000 unknown
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14. WAS THE PRODUCT DAMAGED, REPAIRED OR MODIFIED? YES x NO IF YES, BEFORE OR AFTER THE INCIDENT? after DESCRIBE: damaged: shattered into pieces	15. PRODUCT PURCHASED NEW x USED DATE PURCHASED 1992 AGE 2 yr est
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16. DOES PRODUCT HAVE WARNING LABELS? IF SO, NOTE: unknown
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17. HAVE YOU CONTACTED THE MANUFACTURER? YES NO x IF NOT, DO YOU PLAN TO CONTACT THEM? YES NO x OTHER?	18. IS THE PRODUCT STILL AVAILABLE? YES NO x IF NOT, ITS DISPOSITION discarded	19. MAY WE USE YOUR NAME WITH THIS REPORT? YES x NO
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20. DATE RECEIVED 2/28/94	21. RECEIVED BY (NAME & OFFICE) [REDACTED]	22. DOCUMENT NO. H420148A
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23. FOLLOW-UP ACTION MFR/PRVNR No comments attached Exemptions/Revisions Firm has not requested further notice	24. PRODUCT CODE(S) <del>0460</del> 0461
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25. DISTRIBUTION	26. ENDORSER'S NAME & TITLE [Signature]
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AUG 16 1994

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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.

  
Signature

8.30.94  
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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