

20/11

Officer (6b6a release), Officer (wh), chron, 2618

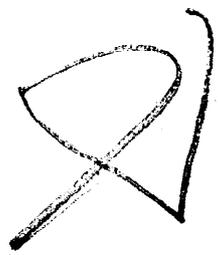
✓ 1202 ANSWER

U.S. CONSUMER PRODUCT SAFETY COMMISSION
WASHINGTON, D.C. 20207

January 15, 1997

CERTIFIED MAIL

John P. Duggan, Esquire
Warren & Duggan
401 Second Avenue South, Suite 600
Seattle, Washington 98104



Re: FOIA Request S611109: Answer Products "Manitou 4" Shock Absorbers

Dear Mr. Duggan:

Thank you for your Freedom of Information Act (FOIA) request seeking information from the Commission. The records from the Commission files responsive to your request have been processed and copies of the releasable responsive records are enclosed.

The enclosed records include file information generated by the Commission itself or its contractors for regulatory or enforcement purposes. These records are in the Commission's law enforcement investigatory file RP940124 and are identified as Laboratory Summaries, Hazard Assessment memoranda and other correspondence, notes and documents. The Commission has established management systems under which supervisors are responsible for reviewing the work of their employees or contractors. The file information materials are final and have been prepared and accepted by the Commission's staff under such review systems. The Commission believes that it has taken reasonable steps to assure the accuracy of the information. Please note that the Commission's staff, not the Commissioners themselves, made the preliminary determination that this product presented a substantial risk of injury to the public as defined by the Consumer Product Safety Act (CPSA).

The manufacturer or private labeler identified has made comments regarding some of the records enclosed. To assure fairness to the manufacturer or private labeler, please note that the manufacturer has commented that the Manitou 2 and Manitou 4 are distinct products with different designs. The manufacturer believes that disclosure of materials related to the Manitou 2 suspension fork can lead to a mistaken impression regarding the Manitou 4 suspension fork.

We must withhold other records responsive to your request contained in the Commission's law enforcement investigatory files pursuant to the FOIA Exemptions 3, 4, 5, 7(A) and 7(E), 5 U.S.C. §§ 552(b)(3), (b)(4), (b)(5), (b)(7)(A) and (b)(7)(E), and section 6(a)(2) of the CPSA, 15 U.S.C. 2055(a)(2). Portions of the file RP940124 and the entire active file designated CPSC File RP96-31 are being withheld.

The withheld records include confidential information submitted by the firm under investigation that we must withhold pursuant to Exemptions 3 and 4 and section 6(a)(2) of the CPSA. FOIA Exemption 3 provides for the withholding from disclosure of matters that are specifically exempted from disclosure by another statute. Section 6(a)(2) prohibits the Commission from disclosing information that is exempt from disclosure under Exemption 4 of the FOIA. That exemption protects trade secrets and confidential commercial information directly related to a firm's business that the firm has not made public and whose disclosure could give a substantial commercial advantage to a competitor. The withheld records include confidential submissions from Answer Products, Inc., containing proprietary testing and quality control information (pages 89-95, 97, 97-121, 123-149 and 163-165), company design information (pages 151, and 156-161), and certain financial warranty information (pages 168-172).

Exemption 5 provides for the withholding from disclosure of inter-agency and intra-agency memoranda which would not be available by law to a party other than an agency in litigation with the agency. Exemption 7(A) provides for the withholding from disclosure records or information compiled for law enforcement purposes, to the extent that the production of such law enforcement records or information could reasonably be expected to interfere with enforcement proceedings. FOIA Exemption 7(E) provides for the withholding from disclosure records or information compiled for law enforcement purposes, to the extent that the production of such law enforcement records or information would disclose techniques and procedures for law enforcement investigations or prosecutions or would disclose guidelines for law enforcement investigations or prosecutions if such disclosure could reasonably be expected to risk circumvention of the law.

Certain staff memoranda and analyses being withheld are both predecisional and deliberative, consisting of recommendations, opinions, suggestions and analyses of technical and legal staffs. Any factual materials in the memoranda not covered by some other exemption are inextricably intertwined with exempt materials or the disclosure of the factual materials would itself expose the deliberative process. We have determined that the disclosure of the law enforcement investigatory records responsive to your request would be contrary to the public interest. It would not be in the public interest to disclose these materials because disclosure would

- (1) impair the frank exchange of views necessary with respect to such matters,

(2) prematurely reveal information used in the investigation, thereby interfering with this and other matters by disclosing the government's basis for pursuing this matter, and (3) reveal the techniques, guidelines and strategies utilized by the investigative and legal staff in developing the information regarding this investigation and other on-going investigations, which if disclosed would significantly risk circumvention of the statutes and regulations that the Commission administers.

According to the Commission's regulations implementing the FOIA at 16 C.F.R. § 1015.7, a denial of access to records may be appealed to the General Counsel of the Commission within thirty (30) days of your receipt of this letter. An appeal must be in writing and addressed to: FOIA APPEAL, General Counsel, ATTN: Office of the Secretary, U.S. Consumer Product Safety Commission, Washington, D.C. 20207.

Processing your request, including searching and reviewing files, cost \$50.00. In this instance, we waived the charges. Should you have questions, contact us by letter, facsimile (301) 504-0127 or telephone (301) 504-0785.

Sincerely,

Todd A. Stevenson
Deputy Secretary and
Freedom of Information Officer
Office of the Secretary

Enclosures



~~FOR OFFICIAL USE ONLY~~

United States
CONSUMER PRODUCT SAFETY COMMISSION
Washington, D.C. 20207

MFR/PRVLR NOTIFIED
No comments made
Comments attached
Excisions/Revisions
 Firm has not requested
further notice
9/17/96 JLB

EX 3, 4, 5
(RANE)

EX 6, 7

MEMORANDUM

DATE: August 2, 1994

TO : James A. DeMarco, CECA
Through: Marc Schoem, Director, EXCE
James F. Hoebel, Acting Director, ESME
FROM : Thomas E. Caton, ESME *Thomas E. Caton*
SUBJECT: PSA 9391, RP940124, Answer Products Inc. Manitou 2 and
M-Sport Suspension Forks for Mountain Bicycles
REF : (a) Telephone Conversation, Answer Products, Inc. and
CECA, July 22, 1994
(b) Telephone Conversation, Answer Products, Inc. and
CECA, July 28, 1994

REQUEST

Review file, especially the technical assessments (parts 15a and 15b) and the proposed fix. Comment on the firm's ability to identify the problem and correct it adequately.

BACKGROUND

Answer Products Inc. (Answer) is the assembler and distributor of the Manitou 2 and M-Sport suspension forks. These suspension forks provide the mountain bicycle rider with a shock absorber cushioning action. Answer is aware that some fork crowns used with these suspension forks may crack during use. If cracking occurs and is not detected, the fork and front wheel could separate and the rider could fall.

According to Answer, 1000 of the 23,587 fork crowns made between July 1, 1992 and December 20, 1992, may have been machined from aluminum alloy 6061-T6 extrusions¹ of insufficient strength. The insufficient strength was believed to be due to an improper heat treatment by the extrusion supplier. Answer has two reasons for believing that approximately one thousand fork crowns are suspect. First, their extrusion supplier claims that

¹extrusion - a. The operation of producing rods, tubes, and various solid and hollow sections, by forcing heated metal through a suitable die by means of a ram. b. a form produced by the process. A Dictionary of Mining, Mineral, and Related Terms, Compiled and Edited by Paul W. Thrush and the Staff of the Bureau of Mines, 1968.

WITHHOLDING PAGES 1-6

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five percent of the aluminum alloy 6061-T6 extrusions sent to Answer may be of insufficient strength. Second, Answer did not detect the problem during random sampling of incoming extrusions.

When Answer became aware of the cracking problem, they increased the fork crown's wall thickness to 0.150 inch from 0.100 inch. They initiated this change on December 20, 1992, to improve the margin of safety and to prevent cracking in the previously affected fork crown areas. Answer demonstrated the improvement provided by the thick wall with stress calculations. These calculations used the 200 lbf (890 N) load specified in 16 CFR §1512.18(k)(2), Fork and Frame Assembly Test as the load applied to the fork. The calculations show that increasing the wall thickness to 0.150 inch from 0.100 inch, decreases the stress in that section from 40,800 psi to 17,300 psi.

As of August 1, 1993, Answer reports that they have replaced 192 cracked Manitou 2 style fork crowns. All of these cracked fork crowns had walls that were 0.100 inch thick. There were no reports of cracking in the fork crowns with 0.150 inch thick walls.

In April 1994, Answer confirmed that the cracking problem resulted from the use of aluminum alloy 6061 extrusions with insufficient strength. They developed a hardness versus strength chart for aluminum alloy 6061-T6. From this chart, they decided that a minimum hardness of Rockwell B32 was needed for the aluminum alloy 6061-T6 extrusions used for making their fork crowns. Answer then had their extrusion supplier agree to verify the hardness of all extrusions that they shipped to Answer.

Answer believes that the cracking is easily detected. On June 29, 1994, Answer issued a notice requesting dealers to visually inspect the fork crowns of 1992-93 season Manitou 2 and M-Sport suspension forks. Those fork crowns found with cracks were to be replaced at no charge to the dealers or customers. Answer says that Manitou 1, Manitou 3, and Manitou Sport '94 suspension forks have not cracked and were not subject to this inspection program. Answer personnel explained during a telephone conversation [Reference (a)], that the product name acts as a date code. This is because they use a particular product name and graphics for only one season. For example, the 1992-93 season Manitou 2 suspension fork product name was changed to the Manitou 3 for the 1993-94 season and was previously the Manitou 1 for the 1991-92 season.

DISCUSSION

ES received several exhibits of intact Manitou 2 and M-Sport suspension forks for examination. These exhibits had fork crown walls that were either 0.100 inch thick or 0.150 inch thick. No exhibits of a cracked fork crown were received. Answer provided calculations that show the improvement the wall thickening provides the crown fork.

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Answer's June 29, 1994, notice requesting dealers to do a visual inspection of 1992-93 season Manitou 2 and M-Sports suspension forks may locate those forks that have cracked. However, the notice does not address those fork crowns that may not have had sufficient use to have cracked. With additional use, these other suspect fork crowns may also crack. Answer developed a hardness/strength criterion for identifying those extrusions with sufficient strength. Hardness testing of the suspect crowns could separate those with insufficient strength from those with sufficient strength, but such a test program was not proposed. Therefore, a periodic inspection of all fork crowns with 0.100 inch thick walls may be needed to locate those fork crowns that may crack after the initial inspection.

SUMMARY

ES did not have a cracked fork crown to examine. The cracking has been reported to occur only in fork crowns with 0.100 inches thick walls because no fork crowns with 0.150 inches thick walls have been reported to have cracked. As of August 1, 1993, Answer reports that they have replaced about 19 percent of the suspect fork crowns. All of these cracked fork crowns had walls that were 0.100 inch thick. There were no reports of cracking in the fork crowns with 0.150 inch thick walls.

Answer believes that the fork crown cracking of 1992-93 season suspension forks was the result of an improper heat treatment. This improper heat treatment produced extrusions of insufficient strength. Answer developed a hardness versus strength chart for aluminum alloy 6061-T6 extrusions. From this chart, Answer decided that the extrusions used for making fork crowns should have a minimum hardness. Answer convinced their material supplier to verify the hardness of all aluminum alloy 6061-T6 extrusions before shipping the extrusions to Answer. The hardness inspections by the supplier should assure that the aluminum alloy 6061-T6 extrusions Answer receives are of sufficient strength.

The 1992-93 season suspension forks can be identified from suspension forks made for other seasons by the product name because the product name is specific to a particular season.

ES believes that a periodic inspection program is needed instead of a single inspection. This is because a fork crown may not have had sufficient use to have cracked before its inspection. Unless all dealers obtain a hardness tester to separate those fork crowns made from extrusions with insufficient strength from those extrusions with sufficient strength, all subject fork crowns should be inspected periodically.

Except for the addition of periodic fork crown cracking inspections instead of a single inspection, Answer appears to have identified the source of the cracking and developed an adequate fix.

RECEIVED



BY M. J. Hammond
DATE ~~APR 19 1994~~ MAY 19 1994
mjt/HE

U.S. CONSUMER PRODUCT SAFETY COMMISSION
WASHINGTON, D.C. 20207

OFFICE OF COMPLIANCE
AND ENFORCEMENT

Division of
Administrative Litigation
Tel: 301-504-0626
Fax: 301-504-0359

Certified Mail

MAY 03 1994

Edward A. Cole, President
Answer Products Inc.
27460 Ave. Scott
Valencia, CA 91355

Re: CPSC RP940124
Answer Products Inc.
Suspension Fork for AT Bicycles

Dear Mr. Cole:

Thank you for your telecopy report of May 2, 1994 under section 15(b) of the Consumer Product Safety Act, as amended (CPSA), 15 U.S.C. § 2064(b). In your report, you indicated that a very specified number (1,000 units) of your Manitou 2 Suspension forks could develop cracks in the fork crown causing separation of the fork and wheel resulting in loss of bicycle control and a fall to the rider.

Enclosed for your information are the Consumer Product Safety Act and the Commission's regulation entitled, "Substantial Product Hazard Reports," 16 C.F.R. Part 1115. These documents explain the Commission's authority and policy with regard to products which may present substantial product hazards and also explain the firm's rights and obligations under the Act.

One of the responsibilities of the Compliance staff is to determine preliminarily whether a defect is present in a product and, if so, whether that defect rises to the level of a substantial product hazard as defined by section 15(a) of the Consumer Product Safety Act (CPSA), 15 U.S.C. § 2064(a).

Information Requested

For the staff to assess accurately the potential hazard associated with the firm's product, if any, it requires certain information from the manufacturer or importer of this product. Please provide the "Full Report" information specified by 16 C.F.R. § 1115.13(d) (1-14) on pages 35,001-02 of the enclosed Federal Register notice. In your response, please reference each

FILE

FOR OFFICIAL USE ONLY

Certified Mail

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question number (1-14).

In addition to providing the information requested in 16 C.F.R. §1115.13(d) (1-14), paragraph 15 of the "Full Report" requests any additional information needed by the staff. In accordance with paragraph 15 (see page 35,002), please also provide the following additional information:

- 15a. Copies of all test reports, analyses, and evaluations, including premarket tests and reports of tests and any analyses related to the reported problem. Include the date and place such tests and analyses were conducted by or on behalf of the firm and the identity of the persons involved in the testing and analyses. Please specify why only 1,000 units of the 23,587 distributed are defective and provide documentation.
- 15b. Copies of all engineering drawings, engineering change notices and material specifications relevant to the identified problem.
- 15c. The identity of the person(s) who identified the potential problem, the date he/she identified the problem, any persons they notified, and the date of notification.
- 15d. Concerning the information specified by 16 C.F.R. §1115.13(d)(6), please include a copy of all safety related consumer or dealer complaints, warranty claims, reports of injury, and copies of all documents related to such complaints, claims and injuries. Please include, copies of all court complaints and related documents filed in or associated with lawsuits involving the product and a description of the resolution of those lawsuits, if any.
- 15e. Provide two samples of the product, including retail packaging and instructions for assembly and use. Also provide a sample of the "fix", if such has been made, with instructions to be given to consumers. If there is a cost associated with these samples, notify us prior to sending the samples.
- 15f. A copy of the firm's catalog depicting the product.
- 15g. What plans does your firm have regarding corrective action and/or notification to dealers and consumers.

If the consumer complaints and the other documents requested in Paragraph 15d above are unavailable, please indicate the reason for such unavailability, and provide a summary of the requested items containing the name, address and telephone number of the claimant, or the name address and telephone number of the

plaintiff's attorney.

Staff Assessment

After receiving the firm's response, the Commission's Compliance staff will make a preliminary determination as to whether it believes the product presents a substantial product hazard. See 16 C.F.R. § 1115.12(a). Therefore, it is of primary importance that the firm now provide all of the requested information so that the staff can make an accurate assessment of the potential safety hazard associated with the product.

Information Disclosure

The Commission often receives requests for information provided by firms under section 15(b) of the CPSA. Section 6(b)(5) of the CPSA, 15 U.S.C. § 2055(b)(5), prohibits the release of such information unless a remedial action plan has been accepted in writing, a complaint has been issued or a firm consents to such release. (See section 6(b) of the CPSA, as amended (enclosed)).

In addition to the above, if the firm submits any information that it considers to be a trade secret, or confidential commercial or financial information, it must mark it "confidential" in accordance with section 6(a)(3) of the CPSA, as amended, 15 U.S.C. § 2055(a)(3) and 16 C.F.R. § 1015.18. The Commission is prohibited from disclosing to the public information that is in fact trade secret or proprietary commercial or financial data. If the firm does not request confidential treatment at the time of its submission or within ten days thereafter, the staff will assume that it does not consider information in the submission to be a trade secret or otherwise exempt from disclosure under section 6(a) of the CPSA and the Freedom of Information Act, 5 U.S.C. § 552(b)(4).

Continuing Obligation

Please note that the firm has a continuing obligation to supplement or correct its "Full Report" as new or different information becomes known. For instance, if after filing the "Full Report" the firm receives or learns of information concerning other incidents or injuries, or information that affects the scope, prevalence or seriousness of the defect or hazard, it must report that information to this Division immediately.

The Division of Corrective Actions requests that the firm provide a response within 10 working days of your receipt of this letter. Please reference the CPSC file number in your response. If you seek assistance or if you have any questions, you may

contact James A. DeMarco, Compliance Officer, Division of
Corrective Actions, U.S. Consumer Product Safety Commission, 4330
East West Highway, Room 613, Washington, D.C. 20207-0001,
telephone: (301) 504-0608 ext. 1353. Thank you for your
cooperation in reporting under section 15 of the Consumer Product
Safety Act.

Sincerely,

Marc J. Schoem
Director
Division of Corrective Actions

Enclosures

Compilation of CPSC Statutes
Substantial Product Hazard Regulations
FOIA Regulations
Information Disclosure Sheet
Recall Handbook

cc: Consumer Product Safety Commission
Western Regional Center
600 Harrison Street
Room 245
San Francisco, CA 94107-1370

Telecopy (805) 257-4011



Jes

**ANSWER PRODUCTS, INC. 27460 Ave. Scott Valencia, CA 91355
Phone (805) 257-4411 FAX (805) 257-4011**

FAX SHEET

TO: CPSC, Office of Compliance

ATTENTION: Mr. Mark J. Schoem

FROM: Eddie Cole

DATE: May 20, 1994

PAGE 1 of 2

Dear Mr. Schoem,

This FAX is to advise you that we have now just received your letter and the documents that were sent via Certified Mail on May 3, 1994. We realize that there are some specific time requirements for our response and want you to notify you that the documents took an extraordinary length of time to reach our office.

We will make every effort to meet the time required for a response based on our receipt of the materials on May 19, 1994.

Sincerely,

Eddie Cole
Edward A. Cole,
President

*6/2/94
Called*

PRODUCT SAFETY ASSESSMENT (PSA) TECHNICAL EVALUATION REQUEST

Note: Print, use black pen, no blue ink.

Requested by: James DeMarco Org. Codes: CACA FOMR

Date: 5-2-94 Priority:

Case# RP940124

JD
5/2/94

PSA ACTION (FOR PSA USE ONLY)

Request number: 9236

Compliance no.: RP940124

Priority: C

Received: 5/2/94
(time/date)

Date Requested: 5/24/94

Due Date: -

Mfg. Answer Products

Product: Bicycles

Req'd. by: *JD* Org. CACA

ASSIGNMENT:

Date: 5/2 Org: *EL*

Assigned to: *Edmonds*

Req. Summary: *Date Review*

Completed: _____

DICED
5/28
2220
Answer

COPY

PRODUCT INFORMATION

Manufacturer: Answer Products Inc. State: Valencia, CA 91355

Product: Suspension Fork for AT Bicycles

Brand name, model, etc. Manitou 2

Sample number: n/a

EVALUATION REQUESTED:

EPI - please do a data assessment on both product and manufacturer from 1989 - present. Note all accidnets, complaints or injuries with the above firm or product line.

Hazard: If the crown of a fork breaks or cracks it could separate from the wheel and result in loss of bicycle control by the rider.

Requested date: 5-24-94 Attachments:

Notes:

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~~FOR OFFICIAL USE ONLY~~

DIRECTORATE FOR EPIDEMIOLOGY

DATA REVIEW

TO : J. DeMarco, CECA
Thru: M. Schoem
FROM : M. Edmonds, EPHA *NE*

DATE: 5/4/94
DATE DUE: 5/24/94
PRIORITY: c

REQUEST: PSA 9236, Answer Products Inc.
Suspension fork for AT bicycles

HAZARD PATTERN: If the crown of a fork breaks or cracks it could separate from the wheel and result in loss of bicycle control by the rider.

SELECTION CRITERIA:

Product Code(s): 1202
Text/Other : Answer, Manitou
Time Frame : 890000 - 940503
NFIRS Search Criteria: N/A

INCIDENTS IDENTIFIED:

<u>Data Base(s)*</u>	<u># of Incidents</u>	<u># of Deaths</u>
Accident Investigations	--	--
Reported Incidents	--	--
Death Certificates	--	--
NEISS (Actual number)	--	--
NFIRS	--	--
TOTAL	--	--

* Incidents reported in more than one data base are included only once, in the data base listed first. These are reports EPHA was able to identify from the CPSC data files and should not be considered a statistical sample or a complete count of all such incidents that may have occurred.

NOTES/COMMENTS:

No reports found for this mfg. Attached are other reported incidents having suspension fork problems

#8043

MS
final
5/2

Certified Mail

Edward A. Cole, President
Answer Products Inc.
27460 Ave. Scott
Valencia, CA 91355

Re: CPSC RP940124
Answer Products Inc.
Suspension Fork for AT Bicycles

Dear Mr. Cole:

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plaintiff's attorney.

Staff Assessment

After receiving the firm's response, the Commission's Compliance staff will make a preliminary determination as to whether it believes the product presents a substantial product hazard. See 16 C.F.R. § 1115.12(a). Therefore, it is of primary importance that the firm now provide all of the requested information so that the staff can make an accurate assessment of the potential safety hazard associated with the product.

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contact James A. DeMarco, Compliance Officer, Division of Corrective Actions, U.S. Consumer Product Safety Commission, 4330 East West Highway, Room 613, Washington, D.C. 20207-0001, telephone: (301) 504-0608 ext. 1353. Thank you for your cooperation in reporting under section 15 of the Consumer Product Safety Act.

Sincerely,

Marc J. Schoem
Director
Division of Corrective Actions

Enclosures

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Substantial Product Hazard Regulations
FOIA Regulations
Information Disclosure Sheet
Recall Handbook

cc: Consumer Product Safety Commission
Western Regional Center
600 Harrison Street
Room 245
San Francisco, CA 94107-1370

Telecopy (805) 257-4011

DRAFT

COPY

Certified Mail/Telecopy (805) 257-4011

Edward A. Cole, President
Answer Products Inc.
27460 Ave. Scott
Valencia, CA 91355

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Dear Mr. Cole:

Thank you for your telecopy report of May 2, 1994 under section 15(b) of the Consumer Product Safety Act, as amended (CPSA), 15 U.S.C. § 2064(b). In your report, you indicated that a very specified number (1,000 units) of your Manitou 2 Suspension forks could develop cracks in the fork crown causing separation of the fork and wheel resulting in loss of bicycle control and a fall to the rider.

Enclosed for your information are the Consumer Product Safety Act and the Commission's regulation entitled, "Substantial Product Hazard Reports," 16 C.F.R. Part 1115. These documents explain the Commission's authority and policy with regard to products which may present substantial product hazards and also explain the firm's rights and obligations under the Act.

One of the responsibilities of the Compliance staff is to determine preliminarily whether a defect is present in a product and, if so, whether that defect rises to the level of a substantial product hazard as defined by section 15(a) of the Consumer Product Safety Act (CPSA), 15 U.S.C. § 2064(a).

Information Requested

For the staff to assess accurately the potential hazard associated with the firm's product, if any, it requires certain information from the manufacturer or importer of this product. Please provide the "Full Report" information specified by 16 C.F.R. § 1115.13(d) (1-14) on pages 35,001-02 of the enclosed

Federal Register notice. In your response, please reference each question number (1-14).

In addition to providing the information requested in 16 C.F.R. §1115.13(d) (1-14), paragraph 15 of the "Full Report" requests any additional information needed by the staff. In accordance with paragraph 15 (see page 35,002), please also provide the following additional information:

- 15a. Copies of all test reports, analyses, and evaluations, including premarket tests and reports of tests and any analyses related to the reported problem. Include the date and place such tests and analyses were conducted by or on behalf of the firm and the identity of the persons involved in the testing and analyses. Please specify why only 1,000 units of the 23,587 distributed are defective and provide documentation.
- 15b. Copies of all engineering drawings, engineering change notices and material specifications relevant to the identified problem.
- 15c. The identity of the person(s) who identified the potential problem, the date he/she identified the problem, any persons they notified, and the date of notification.
- 15d. Concerning the information specified by 16 C.F.R. §1115.13(d)(6), please include a copy of all safety related consumer or dealer complaints, warranty claims, reports of injury, and copies of all documents related to such complaints, claims and injuries. Please include, copies of all court complaints and related documents filed in or associated with lawsuits involving the product and a description of the resolution of those lawsuits, if any.
- 15e. Provide two samples of the product, including retail packaging and instructions for assembly and use. Also provide a sample of the "fix", if such has been made, with instructions to be given to consumers. If there is a cost associated with these samples, notify us prior to sending the samples.
- 15f. A copy of the firm's catalog depicting the product.
- 15g. What plans does your firm have regarding corrective action and/or notification to dealers and consumers.

If the consumer complaints and the other documents requested in Paragraph 15d above are unavailable, please indicate the reason for such unavailability, and provide a summary of the requested items containing the name, address and telephone number

of the claimant, or the name address and telephone number of the plaintiff's attorney.

Staff Assessment

After receiving the firm's response, the Commission's Compliance staff will make a preliminary determination as to whether it believes the product presents a substantial product hazard. See 16 C.F.R. § 1115.12(a). Therefore, it is of primary importance that the firm now provide all of the requested information so that the staff can make an accurate assessment of the potential safety hazard associated with the product.

Information Disclosure

The Commission often receives requests for information provided by firms under section 15(b) of the CPSA. Section 6(b)(5) of the CPSA, 15 U.S.C. § 2055(b)(5), prohibits the release of such information unless a remedial action plan has been accepted in writing, a complaint has been issued or a firm consents to such release. (See section 6(b) of the CPSA, as amended (enclosed)).

In addition to the above, if the firm submits any information that it considers to be a trade secret, or confidential commercial or financial information, it must mark it "confidential" in accordance with section 6(a)(3) of the CPSA, as amended, 15 U.S.C. § 2055(a)(3) and 16 C.F.R. § 1015.18. The Commission is prohibited from disclosing to the public information that is in fact trade secret or proprietary commercial or financial data. If the firm does not request confidential treatment at the time of its submission or within ten days thereafter, the staff will assume that it does not consider information in the submission to be a trade secret or otherwise exempt from disclosure under section 6(a) of the CPSA and the Freedom of Information Act, 5 U.S.C. § 552(b)(4).

Continuing Obligation

Please note that the firm has a continuing obligation to supplement or correct its "Full Report" as new or different information becomes known. For instance, if after filing the "Full Report" the firm receives or learns of information concerning other incidents or injuries, or information that affects the scope, prevalence or seriousness of the defect or hazard, it must report that information to this Division immediately.

The Division of Corrective Actions requests that the firm provide a response within 10 working days of your receipt of this letter. Please reference the CPSC file number in your response.

If you seek assistance or if you have any questions, you may contact James A. DeMarco, Compliance Officer, Division of Corrective Actions, U.S. Consumer Product Safety Commission, 4330 East West Highway, Room 613, Washington, D.C. 20207-0001, telephone: (301) 504-0608 ext. 1353. Thank you for your cooperation in reporting under section 15 of the Consumer Product Safety Act.

Sincerely,

Marc J. Schoem
Director
Division of Corrective Actions

Enclosures

Compilation of CPSC Statutes
Substantial Product Hazard Regulations
FOIA Regulations
Information Disclosure Sheet
Recall Handbook

cc: Consumer Product Safety Commission
Western Regional Center
600 Harrison Street
Room 245
San Francisco, CA 94107-1370

RP 94-124

Post-It™ brand fax transmittal memo 7671		# of pages > 2
To C.P.S.C.	From ANSWER PRODUCTS	
Co.	Co. EDDIE COLE	
Dept.	Phone #	
Fax # 301 504 0359	Fax #	

April 27, 1993

Division of Cooperative Actions
Office of Compliance
Consumer Product Safety Commission
Washington, D.C. 20207

Re: Initial Report About Answer Products, Inc.'s Manitou 2 Suspension Forks

Dear Sir or Madame:

This letters purpose is to make an initial report to the Consumer Product Safety Commission ("CPSC") about one of our assembled products, the Manitou 2 suspension fork for Mountain bikes. After reviewing the CPSC's regulations set forth in the Code of Federal Regulations, we are not convinced Answer Products is required to make this initial report since we do not believe the Manitou 2 suspension fork contains a substantial defect which could create a substantial product hazard within the meaning of section 15(b) of the Consumer Product Safety Act or creates an unreasonable risk of serious injury or death. That said, Answer Products believes in public safety and wishes to comply fully with any applicable regulations which conceivably could mandate a report to the CPSC. In making our analysis regarding an initial report, we have resolved all doubts about any reporting obligation in favor of making a report.

This initial report is about the suspension forks "crown" on a limited number of Manitou 2 forks. The suspension fork crown is the part which holds the legs of the front fork in place. It connects the wheel to the bicycles handlebars and frame. We have received several claims that confirm that a small percentage of the Manitou 2 Suspension fork crowns in use can develop cracks after extended use. If the cracks in the crown go undetected and the forks use is continued, the cracks in the crown can lead to the possibility of fork and the wheel separating during use.

Approximately 1,000 of the approximately 23,587 suspension forks or crowns ^{WHY ONLY} manufactured between August, 1992 and December, 1992 could develop the

ANSWER PRODUCTS, INC.
27460 AVE. SCOTT, VALENCIA, CA. 91355
805-257-4411 FAX: 805-257-4011

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situation discussed above. Our address is: Answer Products, Inc., 27460 Avenue Scott, Valencia, California 91355. Answer Products, Inc., is the assembler and distributor of the Manitou 2 suspension fork.

We want to emphasize that Answer Products believes in the quality of its products as well as safety. The company will stand behind all of its products and is ready to take all reasonable steps necessary to remedy this situation in the unlikely event a customer finds this situation with his or her Manitou 2 suspension fork crown. We stress that we make this initial report out of a genuine desire to fully comply with all applicable federal regulations. If necessary, we will follow up with a more detailed report as required under the CPSC's regulations. We would welcome an opportunity to discuss this matter with a member of the CPSC's staff.

Sincerely,



Edward A. Cole
President/C.O.O.

EAC/mjh

CALL EFFECTIVENESS CHECK - SUMMARY

1. TO: <u>File</u> ATTN: Recall Coordinator	2. REPORT # <u>RP94-127</u> #
4. FROM: <u>DEMARCO</u> INVESTIGATOR <u>CECA/HQ</u> OFFICE	3. MIS: _____ 5. HOURS EXPENDED _____ TRAVEL _____
6. TYPE OF FOLLOW-UP: ___ ON-SITE <input checked="" type="checkbox"/> TELEPHONE	7. DATE INSPECTED: <u>5/2/95</u>
8. FIRM INSPECTED: Name <u>Prokens Cycle</u> Address <u>Cabin John MD</u>	9. FIRM INITIATING THE RECALL: Name <u>Ans. Prod. Inc</u> Address <u>Valencia CA</u>
10. PRODUCT RECALLED: <u>Manif on 2 / Fork</u>	11. HAZARD: <u>Fork Breakage</u>
12. TYPE OF CONSIGNEE: ___ Wholesaler <input checked="" type="checkbox"/> Retailer ___ Consumer ___ Other (Specify) _____	
13. PERSON(S) INTERVIEWED: Name & Title _____ Name & Title <u>Ben or Chris</u> <u>301-229-5900</u>	
14. WAS FIRM NOTIFIED OF RECALL? ___ No <input checked="" type="checkbox"/> Yes METHOD & DATE OF NOTIFICATION _____ RECALL NOTIFICATION PRESENTED TO INVESTIGATOR ___ No <input checked="" type="checkbox"/> Yes (Notice date) _____	
15. DID FIRM FOLLOW RECALL INSTRUCTIONS? ___ N/A ___ No <input checked="" type="checkbox"/> Yes WAS PRODUCT TAKEN OFF SALE? ___ No ___ Yes Date _____	
15. WAS SUB-RECALL INVOLVED? ___ N/A <input checked="" type="checkbox"/> No ___ Yes (If "Yes" discuss details/mechanism under "REMARKS")	
17. WERE RECALL/REPURCHASE OR CORRECTIVE ACTION PLAN NOTIFICATION SIGNS POSTED? ___ N/A ___ No <input checked="" type="checkbox"/> Yes	
18. INVENTORY OF RECALLED PRODUCT: a. Initial inventory received of the recalled product _____ b. Inventory at time of notification _____ c. Inventory at time of inspection _____ d. Number of returns _____	
19. DISPOSITION OF RECALLED PRODUCT: _____ NUMBER OF PRODUCTS DISPOSED: _____	
20. INJURIES OR COMPLAINTS: ___ N/A ___ None ___ Yes (Report by separate memo)	
21. REMARKS: _____ <u>None in archive</u> <u>effective.</u> <u>[Signature]</u>	
_____ INVESTIGATOR AND DATE	
ENDORSEMENT: _____ _____ SUPERVISOR AND DATE	

RECALL EFFECTIVENESS CHECK - SUMMARY

1. TO: <u>File</u> ATTN: Recall Coordinator	2. FILE # <u>RP94-124</u> #
4. FROM: <u>DEMARCO</u> INVESTIGATOR <u>CEC/HH</u>	3. MIS: _____ 5. HOURS EXPENDED _____ TRAVEL _____
6. TYPE OF FOLLOW-UP: <input type="checkbox"/> ON-SITE <input checked="" type="checkbox"/> TELEPHONE	7. DATE INSPECTED <u>5/2/95</u>
8. FIRM INSPECTED: Name <u>Performance</u> Address <u>Cycle</u> <u>Alex, WA</u>	9. FIRM INITIATING THE RECALL: Name <u>Answer Products</u> Address <u>Manitowish</u>
10. PRODUCT RECALLED: _____	11. HAZARD: _____
12. TYPE OF CONSIGNEE: <input type="checkbox"/> Wholesaler <input checked="" type="checkbox"/> Retailer <input type="checkbox"/> Consumer <input type="checkbox"/> Other (Specify) _____	
13. PERSON(S) INTERVIEWED: Name & Title <u>Rick, Sales</u> Name & Title <u>or Sales #703-236-6500</u>	
14. WAS FIRM NOTIFIED OF RECALL? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes METHOD & DATE OF NOTIFICATION _____ RECALL NOTIFICATION PRESENTED TO INVESTIGATOR <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (Notice date) _____	
15. DID FIRM FOLLOW RECALL INSTRUCTIONS? <input type="checkbox"/> N/A <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes WAS PRODUCT TAKEN OFF SALE? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Date _____	
16. WAS SUB-RECALL INVOLVED? <input type="checkbox"/> N/A <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If "Yes" discuss details/mechanism under "REMARKS")	
17. WERE RECALL/REPURCHASE OR CORRECTIVE ACTION PLAN NOTIFICATION SIGNS POSTED? <input type="checkbox"/> N/A <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
18. INVENTORY OF RECALLED PRODUCT: a. Initial inventory received of the recalled product _____ b. Inventory at time of notification <u>1 unit</u> c. Inventory at time of inspection _____ d. Number of returns _____	
19. DISPOSITION OF RECALLED PRODUCT: <u>repaired</u> NUMBER OF PRODUCTS DISPOSED: _____	
20. INJURIES OR COMPLAINTS: <input type="checkbox"/> N/A <input type="checkbox"/> None <input type="checkbox"/> Yes (Report by separate memo)	
21. REMARKS: _____ <u>Effective</u> _____ _____	
2. _____	<u>5/95</u> INVESTIGATOR AND DATE
3. ENDORSEMENT: _____ _____ _____	
_____ SUPERVISOR AND DATE	

RECALL EFFECTIVENESS CHECK - SUMMARY

1. TO: <u>File</u> ATTN: Recall Coordinator	2. ENR# <u>RP94-127</u> # _____
4. FROM: <u>DEMARCO</u> INVESTIGATOR <u>CECA/HQ</u> OFFICE	3. MIS: _____
6. TYPE OF FOLLOW-UP: <input type="checkbox"/> ON-SITE <input checked="" type="checkbox"/> TELEPHONE	5. HOURS EXPENDED _____ TRAVEL _____
8. FIRM INSPECTED: Name <u>Proteus Pipes</u> Address <u>College Park MD</u>	7. DATE INSPECTED <u>5/2/95</u>
10. PRODUCT RECALLED: <u>Forks</u>	9. FIRM INITIATING THE RECALL: Name <u>Answer Prod. Inc.</u> Address _____
11. HAZARD: _____	
12. TYPE OF CONSIGNEE: <input type="checkbox"/> Wholesaler <input checked="" type="checkbox"/> Retailer <input type="checkbox"/> Consumer <input type="checkbox"/> Other (Specify) _____	
13. PERSON(S) INTERVIEWED: Name & Title <u>David, Mgr.</u> Name & Title _____	
14. WAS FIRM NOTIFIED OF RECALL? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes METHOD & DATE OF NOTIFICATION <u>Letter + Poster</u> RECALL NOTIFICATION PRESENTED TO INVESTIGATOR <input type="checkbox"/> No <input type="checkbox"/> Yes (Notice date) _____	
15. DID FIRM FOLLOW RECALL INSTRUCTIONS? <input type="checkbox"/> N/A <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes WAS PRODUCT TAKEN OFF SALE? <input type="checkbox"/> No <input type="checkbox"/> Yes Date _____	
16. WAS SUB-RECALL INVOLVED? <input type="checkbox"/> N/A <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If "Yes" discuss details/mechanism under "REMARKS")	
17. WERE RECALL/REPURCHASE OR CORRECTIVE ACTION PLAN NOTIFICATION SIGNS POSTED? <input type="checkbox"/> N/A <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
18. INVENTORY OF RECALLED PRODUCT: a. Initial inventory received of the recalled product <u>2 or 3 (a few)</u> b. Inventory at time of notification _____ c. Inventory at time of inspection _____ d. Number of returns _____	
19. DISPOSITION OF RECALLED PRODUCT: NUMBER OF PRODUCTS DISPOSED: <u>Repaired a few</u>	
20. INJURIES OR COMPLAINTS: <input type="checkbox"/> N/A <input type="checkbox"/> None <input type="checkbox"/> Yes (Report by separate memo)	
21. REMARKS: <div style="text-align: center; font-size: 2em; font-family: cursive;"> [Signature] </div>	
22. _____	INVESTIGATOR AND DATE
23. ENDORSEMENT: <div style="text-align: center; font-size: 2em; font-family: cursive;"> [Signature] </div>	
_____ SUPERVISOR AND DATE	

RECALL EFFECTIVENESS CHECK - SUMMARY

1. TO: <u>File</u> ATTN: Recall Coordinator	2. FORM # <u>RP94-124</u> # _____
4. FROM: <u>DEMARCO</u> INVESTIGATOR <u>CECA/HQ</u> OFFICE	3. MIS: _____ 5. HOURS EXPENDED _____ TRAVEL _____
6. TYPE OF FOLLOW-UP: <input type="checkbox"/> ON-SITE <input checked="" type="checkbox"/> TELEPHONE	7. DATE INSPECTED _____
8. FIRM Name _____ INSPECTED: Address _____	9. FIRM Name _____ INITIATING Address _____ THE RECALL: _____
10. PRODUCT RECALLED: _____	11. HAZARD: _____
12. TYPE OF CONSIGNEE: <input type="checkbox"/> Wholesaler <input type="checkbox"/> Retailer <input type="checkbox"/> Consumer <input type="checkbox"/> Other (Specify) _____	
13. PERSON(S) INTERVIEWED: Name & Title _____ Name & Title _____	
14. WAS FIRM NOTIFIED OF RECALL? <input type="checkbox"/> No <input type="checkbox"/> Yes METHOD & DATE OF NOTIFICATION _____ RECALL NOTIFICATION PRESENTED TO INVESTIGATOR <input type="checkbox"/> No <input type="checkbox"/> Yes (Notice date) _____	
15. DID FIRM FOLLOW RECALL INSTRUCTIONS? <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes WAS PRODUCT TAKEN OFF SALE? <input type="checkbox"/> No <input type="checkbox"/> Yes Date _____	
16. WAS SUB-RECALL INVOLVED? <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes (If "Yes" discuss details/mechanism under "REMARKS")	
17. WERE RECALL/REPURCHASE OR CORRECTIVE ACTION PLAN NOTIFICATION SIGNS POSTED? <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes	
18. INVENTORY OF RECALLED PRODUCT: a. Initial inventory received of the recalled product _____ b. Inventory at time of notification _____ c. Inventory at time of inspection _____ d. Number of returns _____	
19. DISPOSITION OF RECALLED PRODUCT: _____ NUMBER OF PRODUCTS DISPOSED: _____	
20. INJURIES OR COMPLAINTS: <input type="checkbox"/> N/A <input type="checkbox"/> None <input type="checkbox"/> Yes (Report by separate memo)	
21. REMARKS: _____ _____ _____ _____ _____ _____ _____	
22. _____ INVESTIGATOR AND DATE	
23. ENDORSEMENT: _____ _____ _____ SUPERVISOR AND DATE	

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RECALL EFFECTIVENESS CHECK - SUMMARY

1. TO: <u>File</u> ATTN: Recall Coordinator	2. REPORT # <u>RP94-124</u> # _____
4. FROM: <u>DEMARCO</u> INVESTIGATOR <u>OFFICE/HQ</u>	3. MIS: _____ 5. HOURS EXPENDED _____ TRAVEL _____
6. TYPE OF FOLLOW-UP: _____ ON-SITE <input checked="" type="checkbox"/> TELEPHONE	7. DATE INSPECTED _____
8. FIRM Name _____ INSPECTED: Address _____	9. FIRM Name _____ INITIATING Address _____ THE RECALL: _____
10. PRODUCT RECALLED: _____	11. HAZARD: _____
12. TYPE OF CONSIGNEE: _____ Wholesaler _____ Retailer _____ Consumer _____ Other (Specify) _____	
13. PERSON(S) INTERVIEWED: Name & Title _____ Name & Title _____	
14. WAS FIRM NOTIFIED OF RECALL? _____ No _____ Yes METHOD & DATE OF NOTIFICATION _____ RECALL NOTIFICATION PRESENTED TO INVESTIGATOR _____ No _____ Yes (Notice date) _____	
15. DID FIRM FOLLOW RECALL INSTRUCTIONS? _____ N/A _____ No _____ Yes WAS PRODUCT TAKEN OFF SALE? _____ No _____ Yes Date _____	
16. WAS SUB-RECALL INVOLVED? _____ N/A _____ No _____ Yes (If "Yes" discuss details/mechanism under "REMARKS")	
17. WERE RECALL/REPURCHASE OR CORRECTIVE ACTION PLAN NOTIFICATION SIGNS POSTED? _____ N/A _____ No _____ Yes	
18. INVENTORY OF RECALLED PRODUCT: a. Initial inventory received of the recalled product _____ b. Inventory at time of notification _____ c. Inventory at time of inspection _____ d. Number of returns _____	
19. DISPOSITION OF RECALLED PRODUCT: _____ NUMBER OF PRODUCTS DISPOSED: _____	
20. INJURIES OR COMPLAINTS: _____ N/A _____ None _____ Yes (Report by separate memo)	
21. REMARKS: _____ _____ _____ _____ _____ _____	
22. _____	INVESTIGATOR AND DATE
23. ENDORSEMENT: _____ _____ _____	
_____	SUPERVISOR AND DATE

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RECALL EFFECTIVENESS CHECK - SUMMARY

1. TO: <u>File</u> ATTN: Recall Coordinator	2. REPORT # <u>RP94-124</u> ST # _____
4. FROM: <u>DEMARCO</u> INVESTIGATOR <u>CECA/HQ</u> OFFICE/HQ	3. MIS: _____ 5. HOURS EXPENDED _____ TRAVEL _____
6. TYPE OF FOLLOW-UP: <input type="checkbox"/> ON-SITE <input checked="" type="checkbox"/> TELEPHONE	7. DATE INSPECTED _____
8. FIRM INSPECTED: Name _____ Address _____	9. FIRM INITIATING THE RECALL: Name _____ Address _____
10. PRODUCT RECALLED: _____	11. HAZARD: _____
12. TYPE OF CONSIGNEE: <input type="checkbox"/> Wholesaler <input type="checkbox"/> Retailer <input type="checkbox"/> Consumer <input type="checkbox"/> Other (Specify) _____	
13. PERSON(S) INTERVIEWED: Name & Title _____ Name & Title _____	
14. WAS FIRM NOTIFIED OF RECALL? <input type="checkbox"/> No <input type="checkbox"/> Yes METHOD & DATE OF NOTIFICATION _____ RECALL NOTIFICATION PRESENTED TO INVESTIGATOR <input type="checkbox"/> No <input type="checkbox"/> Yes (Notice date) _____	
15. DID FIRM FOLLOW RECALL INSTRUCTIONS? <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes WAS PRODUCT TAKEN OFF SALE? <input type="checkbox"/> No <input type="checkbox"/> Yes Date _____	
16. WAS SUB-RECALL INVOLVED? <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes (If "Yes" discuss details/mechanism under "REMARKS")	
17. WERE RECALL/REPURCHASE OR CORRECTIVE ACTION PLAN NOTIFICATION SIGNS POSTED? <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes	
18. INVENTORY OF RECALLED PRODUCT: a. Initial inventory received of the recalled product _____ b. Inventory at time of notification _____ c. Inventory at time of inspection _____ d. Number of returns _____	
19. DISPOSITION OF RECALLED PRODUCT: _____ NUMBER OF PRODUCTS DISPOSED: _____	
20. INJURIES OR COMPLAINTS: <input type="checkbox"/> N/A <input type="checkbox"/> None <input type="checkbox"/> Yes (Report by separate memo)	
21. REMARKS: _____ _____ _____ _____ _____ _____	
22. _____	INVESTIGATOR AND DATE
23. ENDORSEMENT: _____ _____ _____	
_____ SUPERVISOR AND DATE	

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RECALL EFFECTIVENESS CHECK - SUMMARY

1. TO: <u>File</u> ATTN: Recall Coordinator	2. REPORT # <u>RP94-127</u> STI # _____
4. FROM: <u>DEMARCO</u> INVESTIGATOR <u>CECA/HQ</u> OFFICE	3. MIS: _____ 5. HOURS EXPENDED _____ TRAVEL _____
6. TYPE OF FOLLOW-UP: <input type="checkbox"/> ON-SITE <input checked="" type="checkbox"/> TELEPHONE	7. DATE INSPECTED _____
8. FIRM INSPECTED: Name _____ Address _____	9. FIRM INITIATING THE RECALL: Name _____ Address _____
10. PRODUCT RECALLED: _____	11. HAZARD: _____
12. TYPE OF CONSIGNEE: <input type="checkbox"/> Wholesaler <input type="checkbox"/> Retailer <input type="checkbox"/> Consumer <input type="checkbox"/> Other (Specify) _____	
13. PERSON(S) INTERVIEWED: Name & Title _____ Name & Title _____	
14. WAS FIRM NOTIFIED OF RECALL? <input type="checkbox"/> No <input type="checkbox"/> Yes METHOD & DATE OF NOTIFICATION _____ RECALL NOTIFICATION PRESENTED TO INVESTIGATOR <input type="checkbox"/> No <input type="checkbox"/> Yes (Notice date) _____	
15. DID FIRM FOLLOW RECALL INSTRUCTIONS? <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes WAS PRODUCT TAKEN OFF SALE? <input type="checkbox"/> No <input type="checkbox"/> Yes Date _____	
16. WAS SUB-RECALL INVOLVED? <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes (If "Yes" discuss details/mechanism under "REMARKS")	
17. WERE RECALL/REPURCHASE OR CORRECTIVE ACTION PLAN NOTIFICATION SIGNS POSTED? <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes	
18. INVENTORY OF RECALLED PRODUCT: a. Initial inventory received of the recalled product _____ b. Inventory at time of notification _____ c. Inventory at time of inspection _____ d. Number of returns _____	
19. DISPOSITION OF RECALLED PRODUCT: _____ NUMBER OF PRODUCTS DISPOSED: _____	
20. INJURIES OR COMPLAINTS: <input type="checkbox"/> N/A <input type="checkbox"/> None <input type="checkbox"/> Yes (Report by separate memo)	
21. REMARKS: _____ _____ _____ _____ _____ _____	
22. _____ INVESTIGATOR AND DATE	
23. ENDORSEMENT: _____ _____ _____ SUPERVISOR AND DATE	

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RECALL EFFECTIVENESS CHECK - SUMMARY

1. TO: <u>File</u> ATTN: Recall Coordinator	2. FILED # <u>RP94-124</u> # _____
4. FROM: <u>DEMARCO</u> INVESTIGATOR <u>CECA/HG</u> OFFICE/HQ	3. MIS: _____ 5. HOURS EXPENDED _____ TRAVEL _____
6. TYPE OF FOLLOW-UP: <input type="checkbox"/> ON-SITE <input checked="" type="checkbox"/> TELEPHONE	7. DATE INSPECTED _____
8. FIRM INSPECTED: Name _____ Address _____	9. FIRM INITIATING THE RECALL: Name _____ Address _____
10. PRODUCT RECALLED: _____	11. HAZARD: _____
12. TYPE OF CONSIGNEE: <input type="checkbox"/> Wholesaler <input type="checkbox"/> Retailer <input type="checkbox"/> Consumer <input type="checkbox"/> Other (Specify) _____	
13. PERSON(S) INTERVIEWED: Name & Title _____ Name & Title _____	
14. WAS FIRM NOTIFIED OF RECALL? <input type="checkbox"/> No <input type="checkbox"/> Yes METHOD & DATE OF NOTIFICATION _____ RECALL NOTIFICATION PRESENTED TO INVESTIGATOR <input type="checkbox"/> No <input type="checkbox"/> Yes (Notice date) _____	
15. DID FIRM FOLLOW RECALL INSTRUCTIONS? <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes WAS PRODUCT TAKEN OFF SALE? <input type="checkbox"/> No <input type="checkbox"/> Yes Date _____	
16. WAS SUB-RECALL INVOLVED? <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes (If "Yes" discuss details/mechanism under "REMARKS")	
17. WERE RECALL/REPURCHASE OR CORRECTIVE ACTION PLAN NOTIFICATION SIGNS POSTED? <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes	
18. INVENTORY OF RECALLED PRODUCT: a. Initial inventory received of the recalled product _____ b. Inventory at time of notification _____ c. Inventory at time of inspection _____ d. Number of returns _____	
19. DISPOSITION OF RECALLED PRODUCT: _____ NUMBER OF PRODUCTS DISPOSED: _____	
20. INJURIES OR COMPLAINTS: <input type="checkbox"/> N/A <input type="checkbox"/> None <input type="checkbox"/> Yes (Report by separate memo)	
21. REMARKS: _____ _____ _____ _____ _____ _____	
22. _____ INVESTIGATOR AND DATE	
23. ENDORSEMENT: _____ _____ _____ SUPERVISOR AND DATE	

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