

NOV 20 1995

E-HDS

CONSUMER PRODUCT INCIDENT REPORT

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Judy

1. NAME OF RESPONDENT David Rowe		2. TELEPHONE NO. (Home) (770) 962-1304		2. TELEPHONE NO. (Work) (770) 458-8603	
3. STREET ADDRESS 1295 Grayland Hill Drive		4. CITY Lawrenceville, GA		4. STATE ZIP CODE 30245	

5. DESCRIBE ACCIDENT SITUATION OR HAZARD, INCLUDING DATA ON INJURIES. (Use second page if necessary.)

Complainant stated that the oven was being preheated. The glass dish was sitting on top of the stove waiting to be placed in the oven once it heated up to the set temperature. The dish was not damaged in any way and had been used on many occasions in the past two years. While sitting on top of the oven, it exploded sending pieces of glass everywhere. The glass broke into thousands of small pieces in the same manner as a car windshield would break. No injury resulted, but the complainant stated that his child had just walked past the stove a few seconds before the glass dish exploded. The complainant photographed the pieces and kept some of them.

6. DATE OF INCIDENT(S) 11/4/95	7. IF INJURY OR NEAR MISS, OBTAIN AGE _____ SEX _____ AND DESCRIBE INJURY _____ NONE _____	8. IF VICTIM DIFFERENT FROM RESPONDENT, PROVIDE NAME _____ RELATIONSHIP _____
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9. DESCRIPTION OF PRODUCT 3 quart glass baking dish w/o lid	10. BRAND NAME Pyrex generic?
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11. MANUFACTURER/DISTRIBUTOR NAME, ADDRESS & PHONE Anchor Hocking Corp. Consumer Glass Division 519 Pierce Avenue Lancaster, Ohio 43132	12. MODEL, SERIAL NO.'S ---	13. DEALER'S NAME, ADDRESS & PHONE Winn Dixie Lawrenceville, GA
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14. WAS THE PRODUCT DAMAGED, REPAIRED OR MODIFIED? YES _____ NO <u>XXX</u> IF YES, BEFORE OR AFTER THE INCIDENT? _____ Describe _____	15. PRODUCT PURCHASED NEW <u>XXX</u> USED _____ DATE PURCHASED <u>1993</u> AGE <u>2</u> years	16. DOES PRODUCT HAVE WARNING LABELS? IF SO, NOTE: _____
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17. HAVE YOU CONTACTED THE MANUFACTURER? YES _____ NO <u>XX</u> IF NOT, DO YOU PLAN TO CONTACT THEM? YES <u>XX</u> NO _____ OTHER _____	18. IS THE PRODUCT STILL AVAILABLE? YES <u>XX</u> NO _____ IF NOT, ITS DISPOSITION _____	19. MAY WE USE YOUR NAME WITH THIS REPORT? YES <u>XX</u> NO _____
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FOR ADMINISTRATION USE

20. DATE RECEIVED 11/6/95	21. RECEIVED BY (Name & Office) L. George Gayman	22. DOCUMENT NO. G5 B - 0020 AX
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23. FOLLOW-UP ACTION <i>Comments attached</i> <i>Excisions/Revisions</i> <i>Firm has not requested further notice</i>	24. PRODUCT CODE(S) 0221
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25. DISTRIBUTION	26. ENDORSER'S NAME & TITLE Robert C. Okunski PAO 11/13/95
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CONSUMER PRODUCT SAFETY COMMISSION
ROUTE SLIP

TO Foch

Bob Kcoriski

FROM BB

- Take necessary action
- Approval or signature
- Comment
- Prepare reply
- Discuss with me
- For your information
- See remarks below

DATE 11/7/78

REMARKS

do file recommended.
CPSC has received
a lot of similar complaints
due to tempered nature
of this glass
(NOTE: ~~do~~ we need
to send a response letter
to complainant?)

