

JG2C0163A1

JAN 19 1993

1. CASE NO. 921230CCN0563			2. INVESTIGATOR'S ID 8 1 5 6				3. OFFICE CODE 8 3 0		
4. DATE OF ACCIDENT YR MO DAY 92 1 2 2 7			5. DATE INVESTIGATION INITIATED YR MO DAY 9 3 0 1 0 4						

EPIDEMIOLOGIC INVESTIGATION REPORT

6. SYNOPSIS OF ACCIDENT OR COMPLAINT The 25 yr. old female complainant used an aerosol container of leather protector on a leather coat and pair of boots inside her home. She said about an hr. later she experienced SOB, tightness in chest, coughing spells and other respiratory distress. Her 6 yr. old son also experienced some respiratory problems. She visited a medical clinic was treated for reaction to chemical irritant. She has recovered from this incident.

7. LOCATION (Home, school, etc.) Home		8. CITY 1 0 White Bear Lake		9. STATE Minnesota M N	
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10A. FIRST PRODUCT Aerosol Leather Protector		11A. TRADE/BRAND NAME, MODEL NUMBER, MANUFACTURER & ADDRESS 5-Oz. SKU# 18996003 "C129" Wilson's-The Leather Experts, 400 Hiwy# 169 So; Mpls, MN.			
10B. SECOND PRODUCT None		11B. TRADE/BRAND NAME, MODEL NUMBER, MANUFACTURER & ADDRESS N/A			

12. AGE OF VICTIM 0 2 5		13. SEX (Use numerical code) MALE -1 FEMALE -2 UNKNOWN -3 2		14. DISPOSITION T & R 1		15. INJURY DIAGNOSIS Chemical Irrit. 6 8	
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16. BODY PART APB 8 5		17. RESPONDENT(S) (Mother, Friend) Complainant, Doctor 1		18. TYPE INVESTIGATION ON SITE 1 TELEPHONE 2 OTHER 3 1		19. TIME SPENT 0 9 0 1-Travel	
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20. ATTACHMENTS Product Label, MD Rept, Etc. 9		21. CASE SOURCE Complaint 0 7		22. REVIEWED BY 8 1 3 0 YR MO DAY 9 3 0 1 1 4			
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23. PERMISSION TO DISCLOSE NAMES (NON-NEISS CASES ONLY)
 CPSC MAY DISCLOSE MY NAME XX
 CPSC MAY NOT DISCLOSE MY NAME

24. NARRATIVE (See Instructions on Other Side)
SEE ATTACHED

25. REGIONAL OFFICE DIRECTOR REVIEW DATE

MFR/PVLSR NOTIFIED 6/10/93
 No Comments made
 Comments attached
 Excisions/Revisions
 Firm has not requested further notice

JG2C0163A1

(USE OTHER SIDE AND ADDITIONAL SHEETS IF NECESSARY)

921230CCN0563

SUMMARY:

The complainant said she received a new leather jacket on 12/24/92. When the jacket was purchased they also bought a 5 ounce aerosol can of leather protector from the same store. This is a product you spray on the coat to help protect it from dirt and moisture.

She said several days later on 12/27/92 she decided to apply the leather protector to her coat. She added that her husband had a pair of leather boots so she decided that she would apply the protector product to both products.

She was in a split level home and on the upper level where the kitchen, dining room and living room all adjoined. She said that the house was closed up as it was winter in Minnesota and guessed that the outside temperature was probably in the teens. She sprayed both her jacket and the boots and guessed it took about 15 minutes and she used up about half of the contents of the 5 ounce aerosol container. While she was applying the spray her son (6 years old) and a sister-in-law were in an adjoining room on the same level. Her husband was not present.

She said about an hour later she experienced shortness of breath, tightness in her chest, sporadic coughing spells, and a sore throat. An hour later her 6 year old son developed a sporadic cough, neck pain and a sore throat. She said to a lesser degree her sister in law developed a cough. She said she's a non-smoker with some minor history of asthma-like conditions. She said she's allergic to cats and dogs. She said these conditions occurred many years ago and she's not under medical attention for her asthma. She said she just avoids going to homes where there are dogs and cats which has eliminated that problem. None of the other family members have any history of respiratory problems.

She visited a medical clinic on the following day and was diagnosed as having a reaction to a chemical irritant. She was giving a inhaler for her cough spasms when needed (See Attachment 3). She and the other family members had recovered from their respiratory problems at the time of my investigation. She added that her husband who was not present when the product was being used did not experience any of the respiratory problems experienced by the other family members.

She said she did contact the distributor of the product about her experience with the leather protector. She was told by someone in customer service that the office has been receiving a number of calls regarding their 5 ounce container of aerosol leather and suede protector. She was told by the firm that she should see her physician and if her physician had any questions as to the ingredients within the product they should contact them. She was told that they could return the product at any of their retail stores in the Twin Cities, Minnesota area.

STANDARDS ADHERENCE:

There is no information available on the product's container in respect to adhering to any voluntary or mandatory safety standards.

SAMPLES COLLECTED:

As requested by FOIC (Vece) I collected the partially used 5 ounce aerosol container of "Wilson" Leather Protector from the complainant. This product was sampled, identified and sent to HSAM under Sample R-830-4206.

PRODUCT IDENTIFICATION:

Product involved in this incident is a 5 ounce aerosol container of suede and leather protector. Examination of the label reveals the following information:

"Suede and Leather Protector ***Wilson's ***Caution: Vapor may be harmful. ***Net Weight - 5 ounces. ***No Fluorocarbons. ***Caution: Extremely flammable. Contains petroleum distillates. ***Keep Out Of Reach Of Children*** ***Manufactured for Wilson's*** Minneapolis, Minnesota 55426 SKU-18996003 ***C 129***".

Product was purchased on 12/24/92 from:

Wilson's
Lakewood Mall
St. Paul, Minnesota

921230CCN0563

(3)

Product is manufactured for:

Wilson's The Leather Experts
400 Hwy 169 South
Minneapolis, Minnesota 55426

ATTACHMENTS:

1. Copy of Product Label
2. Copy of CR R-830-4206
3. Medical Records

8950N000

MADE IN U.S.A.
WILSONS

ESTD 1899
**LEATHER
PROTECTOR**

**MAKES SUEDE AND LEATHER
STAIN AND WATER RESISTANT**

**KEEPS DIRT ON THE SURFACE
FOR EASY WIPE-OFF**

**NEVER CHANGES COLOR OR
ADVERSELY AFFECTS MATERIAL**

CONTAINS NO SILICONE

**CONTAINS NO OZONE
DEPLETING CHEMICALS**

**CAUTION: VAPOR MAY BE HARMFUL.
CONTENTS UNDER PRESSURE.
READ CAREFULLY OTHER CAUTION
OR BACK PANEL.**

NET WT. 5 OZ.

CCN0568

#1

NO FLUOROCARBONS

DIRECTIONS: SHAKE WELL. APPLY BEFORE EXPOSURE TO WEATHER. GARMENT MUST BE CLEAN AND DRY. HOLD CAN 8 TO 10 INCHES FROM SURFACE AND SPRAY LIGHT EVEN COAT OVER ENTIRE SURFACE INCLUDING COLLARS, SLEEVES, SEAMS AND STITCHING. DO NOT MISTRATE. ALLOW TO DRY OVERNIGHT AND REPEAT TREATMENT PERIODICALLY. AFTER EACH WEAR, ESPECIALLY IN WET WEATHER, REMOVE SLUSH, DIRT AND SALT TO PREVENT PERMANENT MARKS.

CAUTION: EXTREMELY FLAMMABLE. CONTAINS PETROLEUM DISTILLATES. DO NOT STORE OR USE NEAR FIRE, SPARKS, OR HEATED SURFACES. CONTENTS UNDER PRESSURE. DO NOT PUNCTURE. MAY CAUSE BURSTING. PLEASE DO NOT SMOKE WHILE USING THIS PRODUCT.

KEEP OUT OF REACH OF CHILDREN



MANUFACTURED FOR:

WILSONS

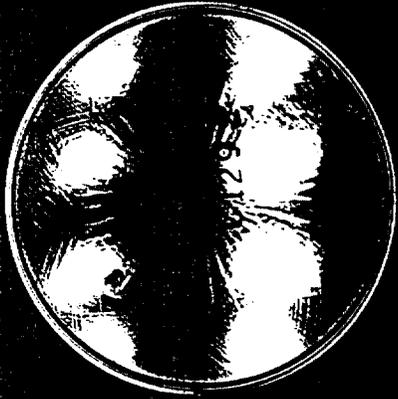
SINCE 1899
MINNEAPOLIS, MN 55426
8996003



~~921230CCN0568~~

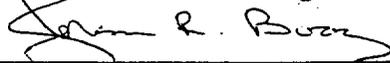
921230CCN0568

1



U. S. CONSUMER PRODUCT SAFETY COMMISSION

SAMPLE COLLECTION REPORT

1. Flag		2. Date Collected		3. Sample type & number	
		1-4-93		<input checked="" type="checkbox"/> Physical R-830-4206 <input type="checkbox"/> Documentary	
4a. Product name		4b. Model		4c. NEISS	
Aerosol Container of Leather/ Suede Protector		5 Oz. Can SKU 18996003		0952	
5. Assignment ref.		IDI# 921230CCN0568			
6. Complete for import samples			7. MIS		8. Hours:
a. Port of Entry :			33672		a. Activity 4
b. Entry # & date :					b. Travel 1
c. Country of Origin :			9a. Home RO		9b. Collecting RO
d. HSUSA code :			FOCR		MSP-RP
e. Customs Contact :					
10. Sample Cost		11. Invoice value of lot		12. Size of lot	
\$5.00 cash		\$.00		1 Can	
13. Manufacturer/Importer		14. Shipper/Foreign Mfr.		15. Dealer/Importer	
Distributor		Retail Store		Consumer	
Wilsons		Wilsons		Michele Huston	
400 HiWy# 169 So., St#600		Maplewood Mall		3580 Dell Court	
ID # Mpls, MN. 55426		St. Paul, MN. 55109		White Bear Lake, MN. 55110	
16. Supporting documents attached: None		a. Invoice # & date:			
b. Date Shipped:		c. Shipping record # & date:			
d. Affidavit signer's name, title & date:					
17. Product Identification: METAL AEROSOL CONTAINER OF LEATHER PROTECTOR/Labeled in part, "SUEDE & LEATHER WILSONS *** LEATHER PROTECTOR *** CAUTION: VAPOR MAY BE HARMFUL *** NET WT. 5 OZ. ***NO FLUOROCARBONS *** CAUTION: EXTREMELY FLAMMABLE. CONTAINS PETROLEUM DISTILLATES ***KEEP OUT OF REACH OF CHILDREN *** MANUFACTURED FOR: WILSONS *** MINNEAPOLIS, MN 55426 SKU 189960003 ***C129***".					
18. Reason for collection & analysis needed: FHSX XX CPSA FFA PPPA RSA Sample collected as F/U to IDI#921230CCN5668 regarding complainant's reaction to aerosol product after use. Assign from FOCR (Vece).					
19. Summary of Field Screening: None					
20. Sample Size, Method of Collection: The above consumers partially used can of the aerosol product was collected as requested by FOCR (Vece). The unit was identified, placed in a paper bag, sealed and prepared for shipment to HSHL for evaluation.					
21. Identification on sample			22. Identification on seal		
"R-830-4206 1-4-93 JRB"			"R-830-4206 1-4-93 Jerome R. Boog"		
23a. Sample delivered to		23b. Date		24. Orig. report/records sent to	
U.S. Mail; St. Paul, MN.		1-5-93		FOCR	
25. Laboratory/Office: ESEL <input type="checkbox"/> HSHL <input checked="" type="checkbox"/> CERM <input type="checkbox"/> CECA <input type="checkbox"/> OTHER <input type="checkbox"/>					
26. Remarks The consumer used the above product of her new leather coat and a pair of boots. Used for about 15 minutes inside home. Hour later she experienced SOB, tightness in chest, coughing and respiratory distress. Hour later her son (6 yrs) began coughing, neck pain and sore throat. Family has recovered.					
27. Related Samples None					
28a. Collector's name, title & employee #			28b. Collector's signature & date		
Jerome R. Boog, Investigator 8156			 1-5-93		
29a. Reviewer's name, title & employee #			29b. Reviewer's signature & date		
John R. Vece, Supv.					

921230CCN0563

CONSUMER PRODUCT SAFETY COMMISSION
FEDERAL COURTS BUILDING, RM. 128
316 N. ROBERT STREET
ST. PAUL, MINNESOTA 55101

Ron Huston

AUTHORIZATION FOR MEDICAL RECORDS DISCLOSURE

TO:

You are hereby authorized to furnish the United States Consumer Product Safety Commission all information and copies of any and all records you may have pertaining to (my case)

(the case of) Michelle T. Huston
(NAME)

Myself
(RELATIONSHIP TO YOU)

including, but not limited to, medical history, physical reports, laboratory reports and pathological slides, and x-ray reports and films.

The approximate date of hospitalization was 12-28-92 and/or
the nature of treatment received was Chemical spray
Panation

The reason for the request is that this agency is conducting an investigation of the incident affecting the above named individual. The records will be included in a report which will be used for official purposes only.

I understand that I may revoke this authorization at any time. The expiration date of this request is 1-31-93.

1-4-93
(DATE)

Michelle J. Huston
(SIGNATURE)

Ron R. Boy
(WITNESS)

921230ECN0568

2

01/06/93 09:48 FAX 612 777 7839 NO ST PAUL MED C 001

Page No. 3 Allergies _____ X-Ray No. 31993

NORTH ST. PAUL MEDICAL CENTER
 2579 East Seventh Avenue
 North St. Paul, MN 55109

Name Huston, Michelle Date of Birth 7/17/67

Address _____

Head of Family same Sex F S M W D

Telephone Number _____

Harold R. Broman, M.D.
 Thomas P. Haas, M.D.
 William R. Schroeder, M.D.
 Edward M. Dennison, M.D.

Attn: Jerry Boog

MONDAY DEC 28 1992	(B) COUGH x 2 days		
SOB	POSS. REACTION f/leather		
SORE Throat	HA. - neck ache SOB		
T997	BLL		
HUSTON, Michelle 12-28-92 (dict 12-28-92/typed 12-29-92)			
S: Pt sprayed a new leather coat with Protector spray, Leather protector spray from Wilson's. Evidentially this was a new chemical spray to protect her coat and has caused some irritations in other people. She says that she has developed a reaction from the spray. Developed a headache and a neck ache, felt tightness in her chest and has been coughing. Her only medication is BCZ's. She has had one previous history of an asthmatic bronchitis when she was exposed to a cat and dog, required hospitalization years ago. She has never had any other history of asthma.			
O: Her IN's are clear. Pharynx is clear. Lungs are clear. There is no wheezing, rales or respiratory distress.			
A: Chemical irritant.			
P: Pt was advised to avoid contact with the leather coat that has been sprayed. She is given a <u>Mucin</u> inhaler to use for the spray and she is to take the spray back to Wilson's and not use it again.			

31993

CONSUMER PRODUCT INCIDENT REPORT

1. RESPONDENT Huston	2. TELEPHONE NO. (Home) (Work) (612) 779-1929 690-1751	
3. CITY STATE ZIP CODE White Bear Lake, MN 55110		

4. INCIDENT SITUATION OR HAZARD, INCLUDING DATA ON INJURIES. (Use second page if necessary.)

The respondent reported that she and two other people at this residence experienced respiratory illness after this product was used by her to treat a pair of boots and a raincoat. The product was sprayed on these garments in a large open area of the home. Spraying was done in about 15 minutes and used up about 1/2 of the 5 oz. can. One hour after this happened her 6-year old son began coughing and experienced shortness of breath, tightness in chest and coughing spells. The respondent's sister-in-law was visiting and she also experienced coughing spells. She went to the doctor, but she is still running a temp. (99°-100°F) has a headache and is lethargic and continues to cough.

6. DATE OF INCIDENT(S) 12-28-92	7. IF INJURY OR NEAR MISS, OBTAIN AGE <u>25</u> SEX <u>F</u> AND DESCRIBE INJURY <u>respiratory illness</u>	8. IF VICTIM DIFFERENT FROM RESPONDENT, OBTAIN NAME _____ RELATIONSHIP _____
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9. DESCRIPTION OF PRODUCT Wilson's Leather Protector (5 oz. can)	10. BRAND NAME Wilson's Leather Protector
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11. MANUFACTURER NAME, ADDRESS & PHONE Wilson's Leather Experts South 612-779-1926	12. MODEL, SERIAL NO.'S UPC SKU 18996003 On hand
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13. DEALER'S NAME, ADDRESS & PHONE Wilson's Maplewood Mall St. Paul, MN	
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14. WAS THE PRODUCT RECALLED OR MODIFIED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> IF YES, BEFORE OR AFTER THE INCIDENT? Describe _____	15. PRODUCT PURCHASED <input checked="" type="checkbox"/> USED <input type="checkbox"/> DATE PURCHASED <u>12-28-92</u> AGE _____
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16. DOES PRODUCT HAVE WARNING LABEL? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> IF SO, NOTE: <u>Caution: Vapor May Be Harmful</u> <u>Caution: EXT. Flammable, Contains Pet. Dist.</u>	
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17. CONTACTED THE MANUFACTURER? YES <input type="checkbox"/> NO <input type="checkbox"/> IF NOT, DO YOU PLAN TO CONTACT THEM? YES <input type="checkbox"/> NO <input type="checkbox"/> OTHER _____	18. IS THE PRODUCT STILL AVAILABLE? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> IF NOT, ITS DISPOSITION _____	19. MAY WE USE YOUR NAME IN THIS REPORT? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
--	---	--

FOR ADMINISTRATION USE

20. DATE RECEIVED 12-28-92	21. RECEIVED BY (Name & Office) Carolyn A. Schultz, MSP-RP	22. DOCUMENT NO. C 0163
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23. FOLLOWUP ACTION <i>Conduct IDI 921230CCN0563</i>	24. PRODUCT CODE(S) ? 0952
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25. DISTRIBUTION @ EPDS; cc: CARM, Jackson, cc: EV	26. ENDORSER'S NAME & TITLE <i>[Signature]</i> SPST
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921230CCN0563

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.

Michelle J. Houston
(Signature)

1-4-93
(Date)

F3 14014 A1

MAR 1 1993

EPIDEMIOLOGIC INVESTIGATION REPORT

1. CASE NO. 930113HWE4015			2. INVESTIGATOR'S ID 8 5 5 4		3. OFFICE CODE 8 6 0	
4. DATE OF ACCIDENT YR MO DAY 9 2 1 2 2 3			5. DATE INVESTIGATION INITIATED YR MO DAY 9 3 0 1 1 5			

6. SYNOPSIS OF ACCIDENT OR COMPLAINT A 26 year old female suffered breathing difficulties after using a spray can of leather conditioner on a newly purchased leather jacket.

7. LOCATION (Home, school, etc.) home		8. CITY Phoneix	9. STATE Arizona
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10A. FIRST PRODUCT spray can of leather conditioner	11A. TRADE/BRAND NAME, MODEL NUMBER, MANUFACTURER & ADDRESS Wilson's The Leather Experts Minneapolis, MN 55426
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10B. SECOND PRODUCT none	11B. TRADE/BRAND NAME, MODEL NUMBER, MANUFACTURER & ADDRESS N/A
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12. AGE OF VICTIM 0 2 6	13. SEX (Use numerical code) MALE -1 FEMALE -2 UNKNOWN -3 2	14. DISPOSITION treated & released 1	15. INJURY DIAGNOSIS chemical poisoning 6 8
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16. BODY PART all parts 8 5	17. RESPONDENT(S) (Mother, Friend) victim & her Doctor 1	18. TYPE INVESTIGATION ON SITE 1 TELEPHONE 2 OTHER 3 1	19. TIME SPENT 6 5
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20. ATTACHMENTS multiple 9	21. CASE SOURCE Incident report 0 7	22. REVIEWED BY 8 2 9 3 YR MO DAY 9 3 0 2 1 7
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23. PERMISSION TO DISCLOSE NAMES
(NON-NEISS CASES ONLY) CPSC MAY DISCLOSE MY NAME CPSC MAY NOT DISCLOSE MY NAME

24. NARRATIVE (See Instructions on Other Side)

25. REGIONAL OFFICE DIRECTOR REVIEW DATE

NARRATIVE REPORT:

Information contained in this on-site report was obtained from the victim and during an examination of the spray can of leather conditioner.

The narrative report and exhibits are attached.

C/10/93

I have not requested further notice

F314014A1

(USE OTHER SIDE AND ADDITIONAL SHEETS IF NECESSARY)

PRE-EVENT

This injury incident involved a 26 year old female who lives at home with her husband and children in Phoenix, Arizona. Prior to this incident she was in very good physical and mental condition with no abnormalities.

The victim told me that she had never experienced any breathing problems during the past. However, the victim stated that she has been a smoker for about ten (10) years.

During Wednesday, December 23, 1992, the victim went to a retail store in Phoenix and bought a new leather jacket. The store saleswoman strongly encouraged her to purchase a 5 oz. spray can of leather conditioner for the jacket, see photos # 3 & 4.

The victim bought both the jacket and the leather conditioner. She showed me her sales receipt. It listed her purchase of "outerwear" for \$99.99 and a purchase of "spray" for \$4.99.

According to the victim, the saleswoman suggested that she only spray 1/2 of the contents of the can of leather conditioner on the jacket at one time. She took the products home.

The victim decided to use the conditioner on the leather jacket that night around 9:00 P.M. She hooked the leather jacket's hanger on the top outside edge of the shower door in the master bathroom, see photo # 1 & 2. They have an open entry way from the master bedroom into the master bathroom. It is not closed off by a door. There is plenty of ventilation in this part of the house, see photo # 1.

She read the instructions on the spray can, see photos # 5 & 6. The victim shook the can and began applying the spray to the outside of the leather jacket. She held the can upright at a distance of about 8 or 9 inches away from the jacket.

She lightly covered both sides of the jacket. The victim indicated that she did not use very much of the can's contents.

EVENT

The victim began experiencing breathing problems within 15 - 20 minutes of spraying her leather jacket.

POST-EVENT

She began gasping for air and started coughing heavily. The victim thought that she might be coming down with a cold. She took a shower and attempted to go to sleep.

The victim continued to experience breathing problems and sharp pains in her side. She told me that her body began reacting as if she had taken a laxative. The victim had to go to the bathroom several times. She said she was losing body fluids.

She indicated that the breathing problems continued and caused her to have problems going to sleep, even after she took over-the-counter sleeping medication.

She found out that her shortness of breath was more pronounced when laying down. It was easier to breath when she sat up.

The victim went to see her family physician the next morning at 8:30 A.M. The victim said she had started coughing up blood by the time she arrived at the doctor's office.

The physician examined her pulmonary functions and used a breathing apparatus to check her lungs. He told she that she was only able to use 1/4 - 1/2 of her lung capacity.

She said the physician gave her a shot of steroids and provided her with some medication which reduced the irritation to her lungs and improved her ability to breath.

She visited the physician again on December 29, 1992. At that time he told her that her lungs had improved but she was still not able to use 100% of her breathing capability.

Copies of the victim's medical records are attached as exhibit # 4.

The victim is concerned this incident with the leather conditioner may have caused her to suffer some permanent lung damage. She said that she still suffers occasional sharp pains and minor breathing problems.

She contacted the manufacturer's corporate offices and told the personnel about her breathing problems when she used their 5 oz. spray can of leather conditioner. She said that the manufacturer did not appear to be very interested in her problem so she notified the U.S. Consumer Product Safety Commission about this incident.

I met with the victim at her home and took photographs of the injury scene as well as the spray can of leather conditioner.

PRODUCT IDENTIFICATION

This incident involved a 5 oz. spray can of leather conditioner from Wilsons, Minneapolis, MN 55426, phone # 612/ 541-3308 or 541-3422.

The victim purchased this product during 12-23-92 at Wilson's Suede & Leather, Paradise Valley Mall, Phoenix, Arizona.

This product is sold in a black can with red and white lettering. Front panel labeling includes the following (see photo # 5):

SUEDE & LEATHER
WILSONS
SINCE 1899
LEATHER
PROTECTOR
MAKES SUEDE AND LEATHER

STAIN AND WATER RESISTANT
KEEPS DIRT ON THE SURFACE
FOR EASY WIPE-OFF
NEVER CHANGES COLOR OR
ADVERSELY AFFECTS MATERIAL

CONTAINS NO SILICONE

CONTAINS NO OZONE
DEPLETING CHEMICALS

CAUTION: VAPOR MAY BE HARMFUL
CONTENTS UNDER PRESSURE.
READ CAREFULLY OTHER CAUTIONS
ON BACK PANEL.

NET WT. 5 OZ.

Labeling on the back panel includes (see photo # 6):

NO FLUOROCARBONS

DIRECTIONS: SHAKE WELL. APPLY BEFORE EXPOSURE TO THE ELEMENTS. GARMENT MUST BE CLEAN AND DRY. HOLD CAN UPRIGHT 8 TO 10 INCHES FROM SURFACE AND SPRAY LIGHT EVEN COAT OVER ENTIRE SURFACE INCLUDING COLLARS, SLEEVES, SEAMS AND STITCHING. DO NOT SATURATE. ALLOW TO DRY OVERNIGHT AND REPEAT. REPEAT TREATMENT PERIODICALLY. AFTER EACH WEARING, ESPECIALLY IN WET WEATHER, REMOVE SLUSH DIRT AND SALT TO PREVENT PERMANENT MARKS.

CAUTION: EXTREMELY FLAMMABLE. CONTAINS PETROLEUM DISTILLATES. DO NOT STORE OR USE NEAR FIRE, SPARKS, OR HEATED SURFACES. CONTENTS UNDER PRESSURE. DO NOT PUNCTURE. MAY CAUSE BURSTING. PLEASE DO NOT SMOKE WHILE USING THIS PRODUCT.

KEEP OUT OF REACH OF CHILDREN.

RECYCLED
RECYCLABLE

MANUFACTURED FOR:

SUEDE & LEATHER

WILSONS

SINCE 1899

MINNEAPOLIS, MN 55426

SKU 18996003

I noticed the following letter and numbers on the base of this can of leather conditioner: "C 1292."

No other product information was available.

STANDARDS INFORMATION

No standards information was available

CONTACTS

PURPOSE & RESULTS

Victim

injury scenario & product data;
acquired available info.

Victim's Physician

requested medical information;
acquired available info

EXHIBITS

1. CPSC LETTER TO VICTIM
2. AUTHORIZATION FOR RELEASE OF NAME
3. CPSC LETTER TO PHYSICIAN
4. MEDICAL RECORDS
5. PHOTOGRAPHS & NEGATIVES
6. ASSIGNMENT

930113 HWE 4015
Exhibit #1

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.

Henry M. Brown

(Signature)

1-31-93

(Date)

930113 HWE 4015
Exhibit # 2

UNITED STATES GOVERNMENT

U.S. CONSUMER PRODUCT SAFETY COMMISSION

Arizona Office

522 N. Central Avenue, Room 207, Phoenix, AZ 85004 - (602) 379-3510



January 15, 1993

Mrs. Huong Gilmore
2710 N. 89th Drive
Phoenix, Arizona 85037

IDI # 930113HWE4015

Dear Mrs. Gilmore:

As an agency of the Federal Government, the U. S. Consumer Product Safety Commission (CPSC) is responsible for investigating consumer product related injuries and deaths and potential injury situations. These investigations help make us aware of hazards to children and adults and aids us in preventing similar incidents from occurring to other people.

We are interested in obtaining information about the breathing problems you experienced after using Wilson's Leather Protector spray on your leather jacket. If the spray can is still available, I would appreciate your holding it along with any accompanying manuals, labeling, packaging, etc. This will allow me to examine and photograph the product.

CPSC enforces the federal safety regulations covering consumer products such as household appliances, chemical sprays and household cleaners, children's products, and power tools. We are continually investigating deaths and injuries in an attempt to examine hazards and notify the public of potential dangers.

For your convenience, a self-addressed envelope is enclosed along with information about CPSC. If you have any questions please feel free to call me at 602/ 379-3510.

Sincerely,

Zannie E. Weaver
Mr. Zannie E. Weaver
Federal Investigator

Enclosure

I will be able to discuss this injury with you. Please call me between and My telephone number is

- ALASKA
- ARIZONA
- ARKANSAS
- CALIFORNIA
- COLORADO
- HAWAII
- IDAHO
- LOUISIANA
- MONTANA
- NEW MEXICO
- NEVADA
- OKLAHOMA
- OREGON
- TEXAS
- UTAH
- WASHINGTON
- WYOMING
- PACIFIC ISLANDS



UNITED STATES GOVERNMENT

U.S. CONSUMER PRODUCT SAFETY COMMISSION

Arizona Office

522 N. Central Avenue, Room 207, Phoenix, AZ 85004 - (602) 379-3510

930113 HWE 4015
Exhibit # 3

February 1, 1993

Mr. James A. Ferrel, M.D.
Paradise Village Family Physicians, LTD.
4232 E. Cactus Road
Suite 101
Phoenix, Arizona 85032

IDI # 930113HWE4015

Dear Sir:

This is a written request for copies of your medical records and any evaluations covering the treatments received by Mrs. Huong Gilmore, of 2710 N. 89th Drive, Phoenix, Arizona, because of the adverse reactions she suffered after using a spray can of leather conditioner during December 1992.

An Authorization for Medical Records Disclosure signed by Mrs. Gilmore is enclosed.

Dozens of people have sought medical assistance after using this product. We are interested in obtaining as much information as possible about the adverse reactions suffered by the consumer.

As an agency of the Federal Government, the U.S. Consumer Product Safety Commission (CPSC) is responsible for investigating consumer product related injuries and deaths under Section 5, 16 and 29 of the Consumer Product Safety Act (Public Law 92-573; 15 U.S.C. 2054 and 3065). In addition, CPSC enforces the federal safety regulations covering consumer products such as household chemical products, power tools, household appliances, and children's products.

For your convenience, a self-addressed envelope is enclosed along with information about CPSC. If you have any questions please feel free to call me at 602/ 379-3510.

Sincerely,

Zannie E. Weaver
Mr. Zannie E. Weaver
Federal Investigator

Enclosures

- ALASKA
- ARIZONA
- ARKANSAS
- CALIFORNIA
- COLORADO
- CONNECTICUT
- DELAWARE
- FLORIDA
- GEORGIA
- ILLINOIS
- INDIANA
- IOWA
- KANSAS
- KENTUCKY
- LOUISIANA
- MAINE
- MARYLAND
- MASSACHUSETTS
- MICHIGAN
- MINNESOTA
- MISSISSIPPI
- MISSOURI
- MONTANA
- NEBRASKA
- NEVADA
- NEW HAMPSHIRE
- NEW JERSEY
- NEW MEXICO
- NEW YORK
- NORTH CAROLINA
- NORTH DAKOTA
- OHIO
- OKLAHOMA
- OREGON
- PENNSYLVANIA
- RHODE ISLAND
- SOUTH CAROLINA
- SOUTH DAKOTA
- TENNESSEE
- TEXAS
- UTAH
- VIRGINIA
- WASHINGTON
- WEST VIRGINIA
- WISCONSIN
- WYOMING

DEC 24 1992

LOT# 930113 HWE4015 Exhibit # 4
PARADISE VILLAGE FAMILY PHYSICIANS, LTD.

Name: Huong Gillmore Phone: 936-4743 Work Phone: _____
Age: 26 Wt: 150 BP: 108/74 P: 98% Ht: _____
Info given patient: Diet: _____
Wt: (Act.) Meds: () F/U: () PRN: ()
CC: SOB, cough 2° using aerosol
for leather conditioner Referral: _____
New Allergies: _____ Other: _____

⑤ more pronounced
1° after exposure
10 min. later normal
but persists to now
(all) degree now
& dyspnea on exert

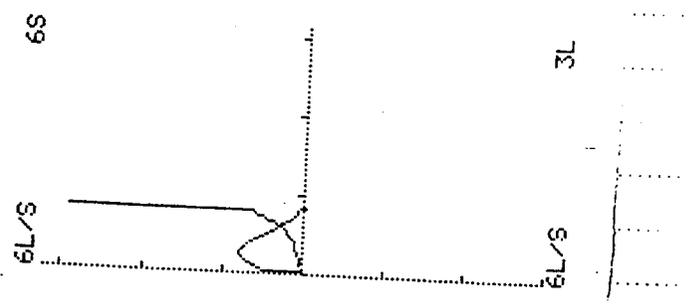
⑥ - without N2O
lungs clear
Asthma in short
bursts
NO asthma
when well
but returns to begin

Ⓐ = Asthma
Ⓔ = SUN
improved all
below
collect your
Asthma & chest pain
full

Gillmore, Huong
I.D.# 0
RACE 0
AGE 26
HEIGHT 61 INCH
WOMAN

FVC 0.84L
PRED. 3.20L
% 26.2%
FEV1.0 0.75L
PRED. 2.79L
% 26.8%
FEV1.0% 89.2%
FEF25-75 1.02L/S
PRED. 3.41L/S
% 29.9%
PEF 1.63L/S
PRED. 6.16L/S
% 26.4%
PIF 0.20L/S
FEF25 1.63L/S
PRED. 5.82L/S
% 28.0%
FEF50 1.19L/S
PRED. 3.88L/S
% 30.6%
FEF75 0.53L/S
PRED. 1.83L/S
% 28.9%
U EXTR% 2.9%

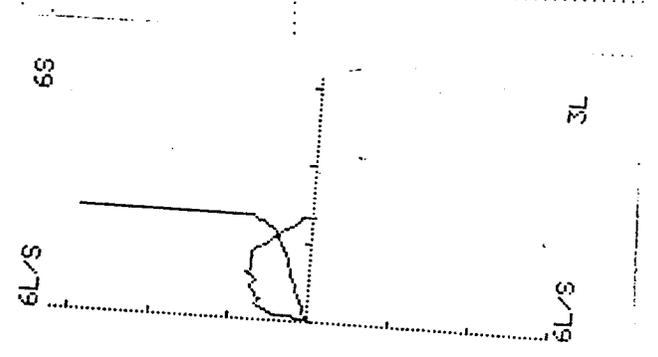
*SUG. DIAG.:
REST.

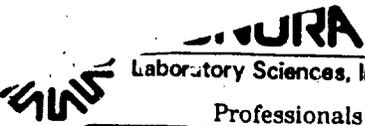


Gillmore, Huong
I.D.# 0
RACE 0
AGE 26
HEIGHT 61 INCH
WOMAN

FVC 1.39L
PRED. 3.20L
% 43.4%
FEV1.0 1.25L
PRED. 2.79L
% 44.8%
FEV1.0% 89.9%
FEF25-75 1.49L/S
PRED. 3.41L/S
% 43.6%
PEF 1.61L/S
PRED. 6.16L/S
% 26.1%
PIF 0.94L/S
FEF25 1.45L/S
PRED. 5.82L/S
% 24.9%
FEF50 1.52L/S
PRED. 3.88L/S
% 39.1%
FEF75 1.08L/S
PRED. 1.83L/S
% 59.0%
U EXTR% 5.3%

*SUG. DIAG.:
REST.





1500 S. Dobson Rd., B217, Mesa, AZ 85202
 802/833-8224
 800/788-8721
 (800/SONORA-1)
Professionals in Laboratory Medicine

CLIN-PATH ASSOCIATES, P.C.
 LD. Shaw, M.D. L.M. Meyer, M.D.
 LA. Rosati, M.D. SA. Ovarnesoff, M.D.
 NA. Sampaio, M.D. KL. Justice, M.D.
 K.G. Zimmerman, M.D. W. Gillette, M.D.
 C.J. Weber, M.D. M.H. Kulesh, M.D.
 B.D. Ragedale, M.D.
 J.M. Radford, M.D.

DISTRIBUTION	PAGE
2783A (55-3)	1
CYCA92066146	P N Y

PATIENT NAME		AGE
GILMORE, HUONG		26Y
IDENTIFICATION	ROOM	DATE OF BIRTH
		F
		SEX

PHYSICIAN
 FERREL, JAMES A

FERREL, JAMES A MD
 4232 E CACTUS ROAD
 SUITE #101
 PHOENIX AZ 85032

COLLECTED: 12/29/92 RECEIVED: 12/29/92 REPORTED: 01/04/93 23:35

ADDITIONAL INFO:

HISTORY: RESULT
 CYTO-BETHESDA (PAP, 1 SL)
 VAGINAL-CERVICAL SMEAR COMPLETED 01/04/93
 A#: CA92066146

SPECIMEN ADEQUACY SATISFACTORY FOR EVALUATION BUT LIMITED BY...

NO ENDOCERVICAL CELLS IN A
 PREMENOPAUSAL WOMAN WHO HAS A CERVIX

DIAGNOSIS NEGATIVE FOR SQUAMOUS INTRAEPITHELIAL LESION (SIL)

CYTO TECH J. PETRUCCI CT (ASCP)

PATHOLOGIST K.G. ZIMMERMAN MD
 MEDICAL DIRECTOR OF CYTOLOGY

END OF REPORT

WARNING: Per A.R.S. 36-664, this report may contain information from confidential records. Disclosure of the information without the specific written consent of the person to whom it pertains as permitted by law is prohibited.

Cervical/Vaginal reports utilize the Bethesda System format (JAMA 1989; 262 : 931-934.)
 Sonora Laboratory Sciences Cytology Department is Accredited by the American Society of Cytology.

CAP 22200-01
 CAP 22201-01

CHAMPUS FS 0030022824
 TAX ID. 86-0287 148

MEDICARE 03L0008087 AHCCCS 05-1342-10

CLIA (INTERSTATE) 03L0000031
 CLIA (BLOOD BANK INTERSTATE) 03L0000032

THANK YOU FOR REFERRING THIS PATIENT

DEC 29 1992

PARADISE VILLAGE FAMILY PHYSICIANS, LTD.

Name Huang Gilmore Phone 936-4743 Work Phone _____
Age 26 Wt. 153 BP 130/90 T _____ P _____ Ht. 4'10" Info given patient: Diet _____
CC Res breathing Pap #15192 Wt. _____ Act. _____ Meds. _____ F/U _____ PRN _____
Referral _____

New Allergies _____ Other _____

(S) didn't seem to need
bronchodilator after
1st 2 clays - dramatically
improved on Proventil
Sant + bronchodilator

Ⓢ -
lungs clear

Ⓢ - Frank
advised proventil

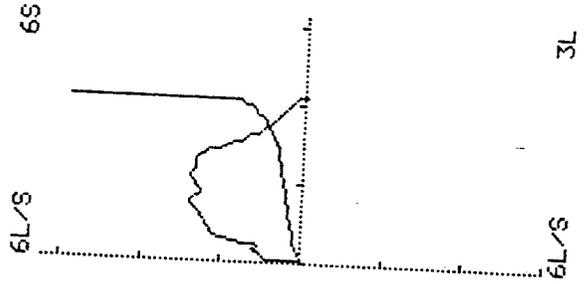
Ⓢ - we
advised 9/11
proventil pills
16 clays in
decreased dose

Finn

Huang Gilmore
12/29/92

I.D.# _____
RACE _____ %
AGE 26 WOMAN
HEIGHT 61 INCH
FVC 2.14L
PRED. 3.20L
% 66.8%
FEV1.0 1.90L
PRED. 2.79L
% 68.1%
FEV1.0% 88.7%
FEF25-75 2.50L/S
PRED. 3.41L/S
% 73.3%
PEF 2.87L/S
PRED. 6.16L/S
% 46.5%
PIF 1.51L/S
FEF25 2.55L/S
PRED. 5.82L/S
% 43.8%
FEF50 2.85L/S
PRED. 3.88L/S
% 73.4%
FEF75 1.38L/S
PRED. 1.83L/S
% 75.4%
V EXTR% 7.0%

*SUG. DIAG.:
REST.



930113 HWE4015
Exhibit # 6

FIELD ACTIVITY REQUEST

1. REGION/STATE]	2. OPERATION [Check Appropriate Block(s)]	3a. DATE ISSUED]
FOWR/LOS]	[] Inspection [] Recall Effect Check]	1/13/93]
4. NUMBER]	[] Telephone Contact [x] Investigation]	3b. TRGT DATE]
930113HWE4015]	[] Sample Collection [] Other]	2/18/93]
5. ESTABLISHMENT		
Name: Mrs. Huong Gilmore	(602) 936-4743	
Address: 2710 N. 89th Dr.,		
City: Phoenix, Ariz 85037	Phone: () -	
	State: ZIP: ->	
6. PRODUCT]	7. HOURS]	
Wilsons Leather Protector]	Travel: > . . .]	
8. MANAGEMENT CODES]	9. DATE COMPLETED]	
MIS: 12 165 - FPC Nr.]	->]	
NEISS:]		
10. SUPERVISORY INVESTIGATOR]	11. INVESTIGATOR]	
<i>Dorothy L. Collier</i>]	>]	
Dorothy L. Collier, 8293]	> Zannie Weaver(8554)]	
12. COMPLIANCE OFFICER]	13. PRIORITY]	
Cecil O. Smith]	> Routine]	

14A. HISTORY:

Follow up to consumer complaint. The victim used the leather protector spray and within 20 minutes experienced shortness of breath. The victim suffered lung damage.

14B. ACTION REQUESTED:

Conduct an investigation to determine accident scenario. Document/obtain all medical records. No samples are necessary at this time (See attached safety alert). Photograph victim's container of spray.

15. REQUESTOR'S NAME]	TITLE]	SIGNATURE]
> CERM (Chuck Jacobson)]]]]]
> EPHA (LSchachter)]]]]]
16. DISTRIBUTION		
Orig: Investigator (ZWeaver)		
cc: Supervisory Investigator (DCollier)		
FOWR Program Manager (LCornell)		

CONSUMER PRODUCT INCIDENT REPORT

1. NAME OF RESPONDENT <i>Mrs. Huong Gilmore</i>		2. TELEPHONE NO. (Home) (Work) <i>602/936-4743 / 225-0732</i>	
3. STREET ADDRESS <i>2710 N. 89th Dr.</i>		4. CITY STATE ZIP CODE <i>Phoenix, AZ 85037</i>	
5. DESCRIBE ACCIDENT SITUATION OR HAZARD, INCLUDING DATA ON INJURIES. (Use second page if necessary.) <i>The victim used the leather protector spray on her new leather jacket. Within 20 min. she began experiencing shortness of breath. Victim began coughing up blood & went to a physician. They found out that she was only able to use 1/4-1/2 of her lung capacity. She was given medication.</i>			
6. DATE OF INCIDENT(S) <i>12-23-92</i> <i>9 P.M.</i>	7. IF INJURY OR NEAR MISS, OBTAIN AGE <i>26</i> SEX <i>Female</i> AND DESCRIBE INJURY <i>damaged to lungs</i>		8. IF VICTIM DIFFERENT FROM RESPONDENT, PROVIDE NAME RELATIONSHIP
9. DESCRIPTION OF PRODUCT <i>a spray to protect leather</i>		10. BRAND NAME <i>Wilson's Leather Protector</i>	
11. MANUFACTURER/DISTRIBUTOR NAME, ADDRESS & PHONE <i>Wilson's The Leather Experts Minneapolis, MN</i>		12. MODEL, SERIAL NO.'S <i>5 oz. aerosol can</i>	
14. WAS THE PRODUCT DAMAGED, REPAIRED OR MODIFIED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> IF YES, BEFORE OR AFTER THE INCIDENT? Describe		13. DEALER'S NAME, ADDRESS & PHONE <i>Wilson's Suedex Leather Paradise Valley Mall Phoenix, AZ</i>	
17. HAVE YOU CONTACTED THE MANUFACTURER? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> IF NOT, DO YOU PLAN TO CONTACT THEM? YES <input type="checkbox"/> NO <input type="checkbox"/> OTHER		15. PRODUCT PURCHASED NEW <input checked="" type="checkbox"/> USED <input type="checkbox"/> DATE PURCHASED <i>around 12-23-92</i> AGE <i>new</i>	
18. IS THE PRODUCT STILL AVAILABLE? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> IF NOT, ITS DISPOSITION		16. DOES PRODUCT HAVE WARNING LABELS? IF SO, NOTE:	
19. MAY WE USE YOUR NAME WITH THIS REPORT? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
FOR ADMINISTRATION USE			
20. DATE RECEIVED <i>12-29-92</i>	21. RECEIVED BY (Name & Office) <i>FOUR/PHX Jennie E. Weaver Arizona</i>		22. DOCUMENT NO. <i>F314014A1</i>
23. FOLLOW-UP ACTION <i>ID1/TNR # 930113HWE@DIS</i>		24. PRODUCT CODE(S)	
25. DISTRIBUTION <i>CAT 10 CHNNO1</i>		26. ENDORSER'S NAME & TITLE	



January 8, 1983 / Vol. 41 / No. 52 & 53

MNWR

Second Proof**MORBIDITY AND MORTALITY WEEKLY REPORT**

Epidemiologic Notes and Reports

Respiratory Illness Linked to Use of Aerosol Leather Conditioner — Oregon, December 1982

Early on December 27, 1982, the Oregon Poison Control Center (OPCC) notified the Oregon Health Division (OHD) of 13 persons in one household who became ill following the use of an aerosol leather conditioner. This report was similar to calls received on December 28, which alerted the OPCC to a possible cluster of reports related to the product. Late on December 27, the product producer issued a voluntary recall of this product. Following the public announcement of the recall, as of December 31, the number of preliminary reports to the OHD and the OPCC of illness associated with the spray increased to 400 and involved approximately 650 persons. This report summarizes the preliminary investigation of this problem by the OHD.

Although the cluster of reports was recognized by the OPCC on December 27, a subsequent review of telephone logs identified calls on December 29 and on December 28 involving a total of 29 persons in six households who reported illness associated with the spray. Among persons who reported seeking medical attention, symptoms reportedly began within a few minutes to several hours (range: 2 minutes to 3 hours) after using the spray to apply conditioner to leather products. Manifestations of the illness most commonly reported included prolonged cough, shortness of breath, and chest pain (described as burning or squeezing). Persons who contacted the OPCC complained of headache, malaise, and fever as high as 102 F (39 C). At least three persons exhibited signs of pulmonary infiltrates based on radiographic examination; one person was admitted to a hospital with a diagnosis of adult respiratory distress syndrome. At least four other persons were admitted to hospitals for observation or treatment. For most persons, the symptoms appeared to resolve in less than 24 hours.

Following the prompt voluntary recall, by December 31, approximately 275,000 of a possible 380,000 cans of leather protector were removed from stores and distribution channels. The cans are not marked with specific lot identifiers. The OHD and CDC

01.06.93 09:23 AM
01/08/93 07:48 301 504 0359
SENT BY: CDC:NCEH:EHHE:LPPB : 1- 5-93 : 6:17PM :

Western Region 003/004
(404) 488-7335- 301 504 0359;# 3/4

008

MMWR

January 8, 1993

Aerosol Leather Conditioner — Continued

are conducting epidemiologic investigations and research studies to further define the association between illness and use of this product.

Reported by: M Smilkstein, MD, Oregon Health Sciences University's Poison Control Center; W Keene, PhD, D Fleming, MD, State Epidemiologist, Health Div, Oregon Dept of Human Resources, Air Pollution and Respiratory Health Br, Div of Environmental Hazards and Health Effects, National Center for Environmental Health; Div of Field Epidemiology, Epidemiology Program Office, CDC.

Editorial Note: Preliminary information indicates the outbreak is associated with the use of Wilsons Leather Protector distributed nationally by Wilson's, the Leather Experts, headquartered in Minneapolis. Leather Protector is sold nationally at more than 550 stores owned by Wilson's; the stores are operated under several names. Typically, one or two applications of the protector are intended to be applied to new leather garments. Preliminary information suggests that some persons who experienced symptoms had used the product indoors or in other areas with limited ventilation. The new product was distributed to Wilsons stores in late November 1992; however, stores did not sell the new product until the old product supply was exhausted. Sales of the product in Oregon began during December 20-25, 1992.

From December 27 through December 31, 1992, following publicity and contact by the OHD and CDC, poison centers in at least 17 other states reported persons who experienced spray-associated symptoms; Poison centers in California received at least 70 such reports; Washington, 40; and Colorado, 35. Reports were also received from Georgia, Idaho, Maine, Massachusetts, Minnesota, New Hampshire, New York, Ohio, Pennsylvania, Utah, Vermont, Virginia, West Virginia, and Wisconsin.

The product is packaged in 5-ounce black aerosol cans with red and white lettering. The cans are a new formulation of Wilsons Leather Protector that had previously been sold in a 7-ounce can. The new formulation is made exclusively for Wilsons. The major product changes involved a shift from carbon dioxide to propane as the propellant and from 1-1-1 trichloroethane to isooctane as the solvent. The 5-ounce can of leather protector spray contains 1.2% FC-3837, a proprietary solution of a fluorosilyl polymer.

The most commonly reported symptoms suggest an acute chemical pneumonitis (1) or a hypersensitivity pneumonitis (2). Some patients have had symptoms consistent with inhalation fevers such as polymer-fume fever (e.g., chest tightness, headache, shivering, fever, weakness, and shortness of breath). This syndrome is caused by inhalation of fumes containing pyrolytic products released when fluoropolymers are heated to high temperatures. In most cases, patients with polymer-fume fever have been cigarette smokers (3,4). However, it is also possible that an unknown contaminant in the leather spray may be causing this illness.

Persons should be warned against using Wilsons Leather Protector. In addition, any spray containing polymers or solvents should only be used in areas where there is adequate ventilation.

A provisional case definition used by the OHD includes the onset of any pulmonary symptom (i.e., chest pain, shortness of breath, and nonproductive cough) 8 hours or less after exposure and either radiographic evidence of pulmonary infiltrates or at least two pulmonary symptoms and at least one pulmonary symptom lasting 12 hours or more. CDC has requested that state health departments report cases to CDC using a standardized case report form available from CDC's Air Pollution and Respiratory Health Branch, Division of Environmental Hazards and Health Effects, 4625 Rockledge

U.S. CONSUMER PRODUCT SAFETY COMMISSION

AUTHORIZATION FOR MEDICAL RECORDS DISCLOSURE

TO WHOM IT MAY CONCERN:

You are hereby authorized to furnish the United States Consumer Product Safety Commission all information and copies of any and all records you may have pertaining to (my case)

(the case of Huong Thi Gilmore
Name

Self
Relationship to you)

including, but not limited to, medical history, physical reports, laboratory reports and pathological slides, and X-ray reports and films.

1-31-93
(Date)

Huong Thi Gilmore
(Signature)

Jennifer E. Weaver
(Witness)

Vol. 41 / Nos. 52 & 53

MMWR

867

Aerosol Leather Conditioner — Continued

for Environmental Health, telephone (404) 488-7320. Further consumer information regarding this product is available from the Consumer Product Safety Commission, telephone 800 638-2772.

References

1. Woo OF, Healy KM, Sheppard D, Tong TB. Chest pain and hypoxemia from inhalation of a trichloroethane aerosol product. *J Toxicol Clin Toxicol* 1983;20:333-41.
2. Pink JN. Hypersensitivity pneumonitis. In: Epler GR, ed. *Clinics in chest medicine: occupational lung diseases*. Philadelphia: W. B. Saunders 1982.
3. Lewis CB, Kirby GR. An epidemic of polymer fume fever. *J Am Med Assn* 1966;191:378-8.
4. Albrecht WN, Bryant CJ. Polymer fume fever associated with smoking and use of a mold-release spray containing polytetrafluoroethylene. *J Occup Med* 1987;29:817-8.

Current Trends**Air Pollution Information Activities at State and Local Agencies — United States, 1992**

Because air pollution is a pervasive environmental health problem in the United States, one of the national health objectives for the year 2000 is to increase from 49.7% to 65.0% the proportion of persons who live in counties that have not exceeded any air quality standard during the previous 12 months (7). Public support for air pollution control efforts is critical if the national health objective is to be achieved. To characterize public health information activities related to air pollution, in 1992, the State and Territorial Air Pollution Program Administrators (STAPPA) and the Association of Local Air Pollution Control Officials (ALAPCO), with the assistance of CDC, conducted a survey of state and local air pollution control agencies. This report summarizes the findings of that survey.

In July 1992, a questionnaire was mailed to 225 state, territorial, and local air pollution control agencies. Agencies that did not respond were contacted by telephone. The questionnaire sought information on attainment of National Ambient Air Quality Standards, publication of an air quality index (e.g., the Pollutant Standards Index [PSI⁸]), issuance of forecasts or warnings, communication with outside health officials, distribution of educational materials, and evaluation of health information and on air pollution issues of greatest concern to the community. Of the 55 STAPPA agencies, 48 (87%) responded to the questionnaire; of the 170 ALAPCO agencies, 149 (88%) responded (overall response rate: 85%). Together, responding agencies represented 49 states, the District of Columbia, and the Virgin Islands. No agency was represented more than once.

Of the 197 respondents, 124 (63%) represented jurisdictions that had exceeded one or more National Ambient Air Quality Standards during the preceding 3 years. State and local agencies that represented such areas were more likely to calculate the PSI—

⁸The PSI converts the daily measured concentrations of five major pollutants (ozone, carbon monoxide, particulate matter, nitrogen dioxide, and sulfur dioxide) into a number on a scale of 0-500. The index value of 100 corresponds to the National Ambient Air Quality Standard for that pollutant. Intervals on the PSI scale are associated with descriptive terms (e.g., "good" [0-50], "moderate" [50-100], or "unhealthful" [100-200]).

930113HWE 4015
Exhibit # 5



Photo # 5 - Close up of front panel labeling.

Produ
missio
estigat

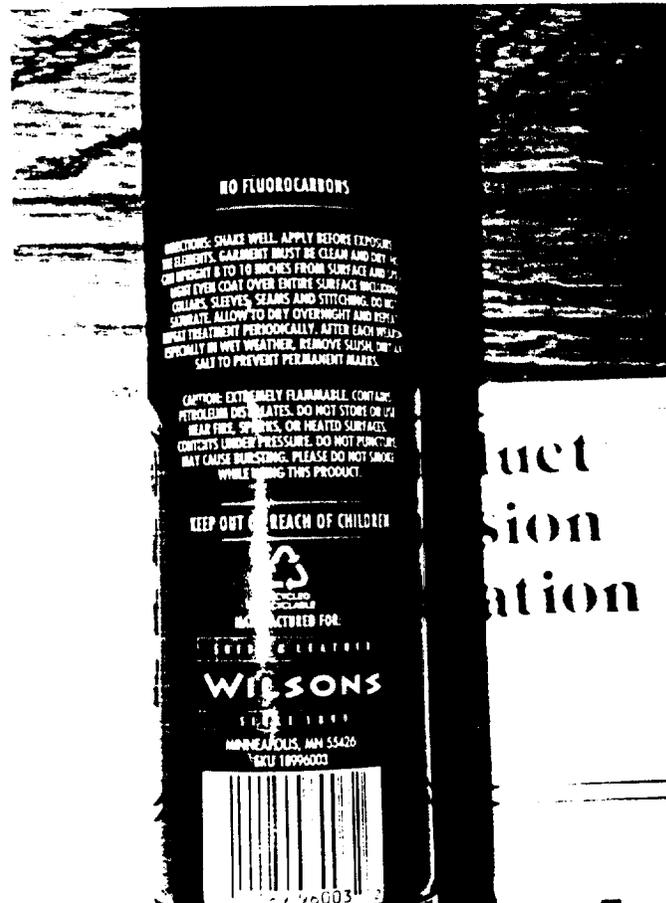


Photo # 6 - Close up of back panel labeling.

uct
sion
ation

9301157 NE 4015
Exhibit # 5

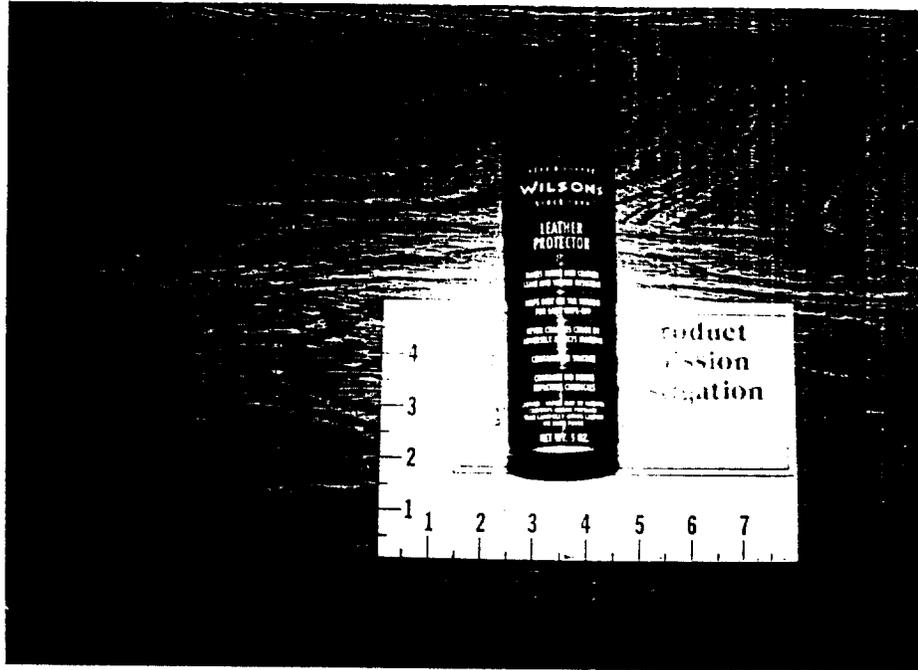


Photo #3 - View showing spray can of leather conditioner.



Photo #4 - View of product with cap removed.

930113HWE 4015
Exhibit # 5



Photo # 1 - Open entry
way from master
bedroom to master
bathroom. Notice
shower on left.



Photo # 2 - The
jacket was hung
on the top edge
of this shower
door just like
this hanger.