

MSDS: FC-3537 3M Brand Protector
November 17, 1992

PAGE 6

B. HEALTH HAZARD DATA (continued)

Bladder Effects: signs/symptoms can include more frequent urination, blood in urine, lower abdominal pain, and painful urination.

Kidney Effects: signs/symptoms can include reduced urine volume, blood in urine and back pain.

Liver Effects: signs/symptoms can include yellow skin (jaundice) and tenderness of upper abdomen.

IF SWALLOWED:

Ingestion is not a likely route of exposure to this product.

Ingestion may cause:

Aspiration Pneumonitis: signs/symptoms can include coughing, difficulty breathing, wheezing, coughing up blood and pneumonia, which can be fatal.

OTHER HEALTH HAZARD INFORMATION:

A 3M Product Toxicity Summary Sheet is available.

Abbreviations: N/D - Not Determined N/A - Not Applicable

The information on this Data Sheet represents our current data and best opinion as to the proper use and handling of this product under normal conditions. Any use of the product which is not in conformance with this Data Sheet or which involves using the product in combination with any other product or any other process is the responsibility of the user.

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Product Toxicity Summary Sheet

Page 1 of 1

Form 15204 - G - PWG

#6
PAUL T. Wilson, Suede
EI 12/28/92
3M
Center

Product Name 3M Brand Protector FC-3537 PVT 502 product	Issue Date DDP June 6, 1991
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Below is a summary of the study data giving an indication of the relative toxicity of the product. (Definitions of test procedures are found on the reverse side of this sheet.) This summary is the data for the precautionary use information provided with the product.

Relative toxicity of a material is only one factor that is important in determining the degree of hazard in handling a chemical or product. Other considerations to include are physical properties of the chemical, extent and frequency of use or exposure, intended use, and possible misuse of the product. For additional information regarding safe handling of the product, please reference the Material or Product Safety Data Sheet.

22201-10

Supersedes May 16, 1991

ACUTE ORAL TOXICITY: PRACTICALLY NON-TOXIC. Undiluted FC-3537 was found to be practically non-toxic to rats, upon acute oral administration. The oral LD50 for rats was determined to be in excess of 5 grams/kilogram body weight. The acute oral test was run in compliance with the OECD Guideline for Testing of Chemicals No. 401 "Acute Oral Toxicity."

ACUTE INHALATION: The 4-hour inhalation LC50 (rat) of 0.5% FC-3537 solids in 0.35% ethyl acetate and 99.15% n-heptane was found to be approximately 60 mg/liter of air (or approximately 14,620 parts per million, measured n-heptane). A head-only exposure chamber was used. The material was administered as an "aerosol" using a spray nozzle. Ataxia, lethargy, tremors, and pulsatory respiratory were among the clinical observations. The main pathologic examination noted was a dark red discoloration of the lungs of the animals that died during or shortly after exposure. These results suggest that the acute spray inhalation toxicity of FC-3537 is relatively low, similar to n-heptane toxicity.

PRIMARY SKIN IRRITATION: MODERATE SKIN IRRITANT. Undiluted FC-3537 was found to produce moderate skin irritation in rabbits. The test was a 4-hour contact period with FC-3537 under semi-occlusion. Well-defined erythema and slight to very slight edema was present in 3/3 animals 40 minutes post-exposure. This reaction persisted in 3/3 animals to day 3 post-exposure. Well-defined erythema was still persistent 7 days post-exposure in 2/3 animals and had decreased to barely perceptible erythema in 1/3 animals. By day 14 3/3 animals showed barely perceptible erythema and very slight edema. The maximum primary skin irritation index was 3.0/8.0. FC-3537 was found to be moderately irritating to the skin as defined by Annex VI of the EEC Council Directive 67/58/EEC as amended by Directive 83/467/EEC. This test was run following the OECD Guidelines for Testing of Chemicals No. 404 "Acute Dermal Irritation/Corrosive."

EYE IRRITATION: MILD EYE IRRITANT. FC-3537 was found to be mildly irritating to the eyes of albino rabbits. One hour after exposure 3/3 animals presented with diffuse conjunctival redness and slight chemosis. Chemosis disappeared by 24 hours post-exposure. Conjunctival redness persisted in 2/3 animals until 72 hours post-exposure and 1/3 animals out to day 7. No adverse effects of the cornea or iris were present in any animals throughout the study. The maximum estimated Draize score of 6/110.0 (one-hour observation) classifies FC-3537 as a mild eye irritant on the scale developed by Kay & Calandra. FC-3537 is not an eye irritant as defined by Annex VI of the EEC Council Directive 67/548/EEC (amended by Directive 83/467/EEC). This test was conducted following the OECD Guideline For Testing of Chemicals No. 405 "Acute Eye Irritation/Corrosive."

(102-FC3537)

3M Protective Chemical Products Division

This information is intended to be used by a person qualified to evaluate toxicological data. Inquiries are to be referred to Toxicology Services, Medical Department/3M, Building 220-2E, 3M Center, St. Paul, MN 55144-1000, (612) 733-2882. The above information is based upon studies conducted by 3M and/or by recognized professional testing laboratories. It is believed to be correct, and it is supplied to others upon the condition that the person receiving it shall make their own determination of its suitability for their purposes.

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Typical Application Procedure

- Silicone containing products generally cannot be used in the treating bath, as such material can severely affect oil repellency. All mixing and processing equipment must be free of silicones to avoid contamination of the solution. Use of silicones in earlier production steps and on the leather can contaminate the solution.
- Some dyes may be sensitive to some solvents, and a slight to medium color change could result.
- The choice of the solvent, solvent grade or solvent blend influences the solubility and oil and water resistance of FC-3537.
- Any proposed formula should be checked for compatibility, solubility, and performance.
- FC-3537 diluted in a ratio of 1:25 to 1:13 (1-2% solids) is soluble in the following:

- methyl isobutyl ketone
- n-heptane
- petroleum benzine (100-140)
- white mineral spirits
- isooctane
- diethylether
- 1,1,1-trichloroethane
- mixtures of: n-heptane/butyl acetate 30/70
- n-heptane/ethyl acetate 30/70
- n-heptane/isopropanol 70/30

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Wilson Suede & Leather
E12/29/92
DDD

General Application Recommendations

1. Aerosol Container System:

FC-3537 can be packaged in pressurized aerosol containers for consumer application to suede and unfinished grain leathers.

Suggested formulas by weight:

- a) 2% FC-3537
- 13% Petroleum Benzine (100-140)
- 50% Ethyl Acetate
- 35% Dimethyl Ether (propellant)
- 100%

- b) 2% FC-3537
- 13% Petroleum Benzine (100-140)
- 55% Ethyl Acetate
- 30% Propane/Butane mixture (propellant)
- 100%

2. Industrial Spray Application For Leather

For spray application, any equipment capable of delivering a **wet spray** to the leather surface is satisfactory. Spray equipment must be equipped with local exhaust ventilation.

(continues...)

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R-830-4105
12/29/92
DDD

#8

NO PEROXOCARBON

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

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

MINNEAPOLIS, MN 55406
SERIAL 18996003



00189 96003 2

WILSONS

LEATHER
PROTECTOR

MAKES SUEDE AND LEATHER
STAIN AND WATER RESISTANT

KEEPS DIRT ON THE SURFACE
FOR EASY WIP 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
ON BACK PANEL.

NET WT. 5 OZ

#9

FC905

3M General Offices
3M Center
St. Paul, Minnesota 55144-1000
612/733 1110

702
Formula

03-69
3069
Wilson, Sued + Leather
EZ 12/29/92
DDD

Duns No.: 00-617-3082

MATERIAL SAFETY
DATA SHEET



DIVISION: PROTECTIVE CHEMICAL PRODUCT DIVISION
TRADE NAME:

FC-905 3M Brand Fluorochemical
3M I.D. NUMBER: CF-1206-0239-0 CF-1206-0240-8 CG-7900-7593-3 ZF-0002-0017-8
ZF-0002-0019-4 ZF-0002-0034-3 ZF-0002-0068-1 ZF-0002-0169-7
ZF-0002-0260-4 98-0204-6607-8 98-0204-6608-6 98-0211-0467-8
98-0211-3531-8 98-0211-4789-1

ISSUED: FEBRUARY 21, 1989
SUPERSEDES: JULY 26, 1988
DOCUMENT: 10-3896-7

1. INGREDIENT	C.A.S. NO.	PERCENT	EXPOSURE		LIMITS	
			VALUE	UNIT	TYPE	AUTH
Ethane, 1,1,1-trichloro- Fluoroalkyl Polymer +(5073P)	71-55-6 TS	90.0	350	ppm	TWA	ACGIH
		10.0	NONE	NONE	NONE	NONE

SOURCE OF EXPOSURE LIMIT DATA:
- ACGIH: American Conference of Governmental Industrial Hygienists
- NONE: None Established

NOTE: New Jersey Trade Secret Registry (EIN) 04499600- +

THIS PRODUCT CONTAINS THE FOLLOWING TOXIC CHEMICAL OR CHEMICALS SUBJECT TO THE REPORTING REQUIREMENTS OF SECTION 313 OF TITLE III OF THE SUPERFUND AMENDMENTS AND REAUTHORIZATION ACT OF 1986 AND 40 CFR PART 372:
Ethane, 1,1,1-trichloro-

2. PHYSICAL DATA

BOILING POINT:..... ca. 65.00 C
VAPOR PRESSURE:..... ca. 103.0000 mmHg
Calc. @ R.T.
VAPOR DENSITY: ca. 4.59 Air = 1
Calc. @ R.T.
EVAPORATION RATE:..... > 1.00 Butyl Acetate = 1
SOLUBILITY IN WATER: nil
SP. GRAVITY:..... ca. 1.300 Water = 1
PERCENT VOLATILE: ca. 90.00 %
VOLATILE ORGANICS: N/D
pH: N/A
VISCOSITY: N/D
APPEARANCE AND ODOR: Light yellow liquid with chlorinated solvent odor.

3. FIRE AND EXPLOSION HAZARD DATA

FLASH POINT:..... > 100.00 C
FLAMMABLE LIMITS - LEL: 8.00 %
SEE SECTION #7
FLAMMABLE LIMITS - UEL: 10.50 %
SEE SECTION #7
AUTOIGNITION TEMPERATURE: ... N/D
EXTINGUISHING MEDIA:
Water, Foam, CO2, Dry Chemical
SPECIAL FIRE FIGHTING PROCEDURES:
Wear full protective gear and self-contained breathing apparatus.
UNUSUAL FIRE AND EXPLOSION HAZARDS:
Dangerous chlorinated products are formed.

Abbreviations: N/D - Not Determined N/A - Not Applicable

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3M Center
St. Paul, Minnesota 55144-1000
612/733 1110

03-69
3070

Duns No.: 00-617-3082

**MATERIAL SAFETY
DATA SHEET**

3M

MSDS: FC-905 3M Brand Fluorochemical
FEBRUARY 21, 1989

PAGE: 2 of 4

4. REACTIVITY DATA

STABILITY: Stable

INCOMPATIBILITY - MATERIALS TO AVOID:

Pressurizable equipment that contains aluminum or zinc parts.

HAZARDOUS POLYMERIZATION: Will Not Occur

HAZARDOUS DECOMPOSITION PRODUCTS:

Thermal decomposition may produce toxic materials including HF and HCl.

5. ENVIRONMENTAL INFORMATION

SPILL RESPONSE:

Observe precautions from other sections. Ventilate. Cover with absorbent material. Collect spilled material. Place in a U.S. DOT approved container and seal.

RECOMMENDED DISPOSAL:

Reclaim solvent if feasible. Disposal alternative: Mix with flammable material and incinerate in an industrial or commercial facility.

Combustion products will include HF and HCl. Since regulations vary, consult applicable regulations or authorities before disposal. U.S. EPA Hazardous Waste No.: None

ENVIRONMENTAL DATA:

COD=0.58 g/g; BOD5=Nil; BOD20=Nil; 96-Hr. LC50, Fathead Minnow (Pimephales promelas)= 140 mg/l.

SARA HAZARD CLASS:

FIRE HAZARD: No PRESSURE: No REACTIVITY: No ACUTE: Yes CHRONIC: Yes

6. SUGGESTED FIRST AID

EYE CONTACT:

Immediately flush with plenty of water. Call a physician.

SKIN CONTACT:

Wash affected area with soap and water.

INHALATION:

Remove to fresh air. Call a physician.

IF SWALLOWED:

Give two glasses of water. IMMEDIATELY call a physician or Poison Control Center.

OTHER FIRST AID:

NONE

7. PRECAUTIONARY INFORMATION

AVOID BREATHING VAPORS, SPRAY/MISTS. Avoid eye contact, prolonged/repeated skin contact. Use in well-ventilated areas to prevent vapor buildup. If subjected to low temperature, warm to room

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Duns No.: 00-617-3082

MATERIAL SAFETY
DATA SHEET



MSDS: FC-905 3M Brand Fluorochemical
FEBRUARY 21, 1989

PAGE: 3 of 4

7. PRECAUTIONARY INFORMATION (continued)

temperature before using. Do not use this product in equipment with aluminum or zinc (galvanized) parts. Contact with aluminum or zinc in a pressurizable fluid system may result in an explosion. **The LEL and UEL listed are for 1,1,1-trichloroethane. 1,1,1-trichloroethane is considered non-flammable and non-explosive under ambient temperature use conditions. A high energy source is needed for ignition.

SPECIAL PROTECTION:

EYE PROTECTION: Safety Glasses

SKIN PROTECTION: Rubber Gloves

VENTILATION: Maintain vapor levels at a minimum.

RESPIRATORY PROTECTION: NIOSH approved respirator with organic vapor cartridge and particulate filter.

ADDITIONAL EXPOSURE LIMITS

INGREDIENTS	EXPOSURE LIMITS	
	VALUE	UNIT
Ethane, 1,1,1-trichloro-	1900	mg/m3
Ethane, 1,1,1-trichloro-	450	ppm
Ethane, 1,1,1-trichloro-	2450	mg/m3
Ethane, 1,1,1-trichloro-	350	ppm
Ethane, 1,1,1-trichloro-	1900	mg/m3
Ethane, 1,1,1-trichloro-	450	ppm
Ethane, 1,1,1-trichloro-	2450	mg/m3

SOURCE OF EXPOSURE LIMIT DATA:

- ACGIH: American Conference of Governmental Industrial Hygienists
- OSHA: Occupational Safety and Health Administration

8. HEALTH HAZARD DATA

EYE CONTACT: Animal studies indicate FC-905 has a low potential for producing ocular irritation. Eye contact with FC-905 is likely to produce a very slight transient irritation.

SKIN CONTACT: FC-905 was found to be non-irritating to the skin of albino rabbits when tested according to FHSA procedures. Repeated or prolonged contact may defat the skin.

INHALATION: VAPOR MAY CAUSE RESPIRATORY IRRITATION/TEMPORARY NERVOUS SYSTEM IMPAIRMENT. MISUSE BY CONCENTRATION AND INHALATION OF VAPORS MAY CAUSE SUDDEN DEATH. Overexposure Symptoms: dizziness, nausea, headache, giddiness, loss of consciousness. May cause mild liver/kidney injury and heart rhythm disturbances.

INGESTION: The acute toxicity of FC-905 is unknown. The acute oral LD50 (rat) for 1,1,1-trichloroethane is 14.3 g/kg, which is considered practically non-toxic orally.

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3M General Offices

3M Center
St. Paul, Minnesota 55144-1000
612/733 1110

03-69
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Duns No.: 00-617-3082

MATERIAL SAFETY
DATA SHEET

3M

MSDS: FC-905 3M Brand Fluorochemical
FEBRUARY 21, 1989

PAGE: 4 of 4

Abbreviations: N/D - Not Determined N/A - Not Applicable

The information on this Data Sheet represents our current data and best opinion as to the proper use in handling of this product under normal conditions. Any use of the product which is not in conformance with this Data Sheet or which involves using the product in combination with any other product or any other process is the responsibility of the user.

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12-830-4106
12/29/82
#10 DDD

CO₂ PROPPELLANT
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 STITCHES. DO NOT SATURATE. ALLOW TO DRY OVERNIGHT AND REPEAT. REPEAT TREATMENT PERIODICALLY AFTER EACH WEARING. ESPECIALLY IN WET WEATHER, RAIN, SNOW, DIRT AND SALT TO PREVENT PERMANENT MARKS.

CAUTION: CONTAINS 1,1,1-TRICHLOROETHANE. KEEP AWAY FROM HEAT, SPARKS AND OPEN FLAME. DO NOT PUNCTURE OR INCINERATE (BURN). CONTAINER EXPOSURE TO HEAT OR PROLONGED EXPOSURE TO SUN MAY CAUSE BURSTING. DO NOT EXPOSE TO HEAT OR STORE AT TEMPERATURES ABOVE 120° F. AVOID BREATHING OF VAPOR OR SPRAY MIST. AVOID CONTACT WITH SKIN OR EYES. IF SPRAYED IN EYES, FLUSH THOROUGHLY WITH WATER. CALL PHYSICIAN IMMEDIATELY WITH ADEQUATE VENTILATION.

KEEP OUT OF REACH OF CHILDREN



RECYCLED
RECYCLABLE

MANUFACTURED FOR:

WILSONS

WILSONS

MINNEAPOLIS, MN 55426

SKU T8996003

STEEL & LEATHER

WILSONS

NEW GENERATION

LEATHER
PROTECTOR

MAKES STEEL AND LEATHER
STAIN & WATER RESISTANT

KEEPS DIRT ON THE SURFACE
FOR EASY WIPE-OFF

NEVER CHANGES COLOR OR
ADVERSELY AFFECTS MATERIAL

CONTAINS NO SILICONE

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

NET WT. 7 OZ.

11.
Wilson, Suede & Leather
EZ 12/29/92
DDD



VANGARD CHEMICAL CORPORATION

1110 WASHINGTON AVENUE
ST. LOUIS, MISSOURI 63101
PHONE (314) 241-0560 • FAX (314) 241-1233

DATE 12/27/92 TIME _____ A.M. P.M. NUMBER OF PAGES (Including Cover Letter): 1

NOTE: If you did not receive all of the pages or if you have a question, please call the verifying number (below).

TO: MR. ~~DAVID HONEST~~ RAWY STEEN FROM: BARRY FELDMAN

CC. NAME WILSONS	NAME
ADDRESS	SUBJECT
ATTENTION	FAX NO.
FAX NO.	VERIFYING NO.

FAX Transmission

REMARKS:

THE FORMULA FOR THE 5 OZ WILSONS LEATHER PROTECTOR IS AS FOLLOWS:

- 18% PROPANE GAS
- 1% 3M FLOUROPOLYMER #FC3537
- 1% PETROLITE HYDROCARBON WAX POLYMER VYBAR
- 80% PHILLIPS PETROLEUM ISOCTANE (SOLTRON 10)

BEFORE WE SWITCHED TO THIS FORMULA WE AND YOUR COMPANY BOTH TESTED IT. IN ADDITION, AS ALMOST ALL OF OUR CUSTOMERS HAVE STORES IN CALIFORNIA, WE WENT OVER THE FORMULA WITH THE ASSISTANT TO THE CHEMIST WHO FORMULATED ALL OF THE PROPOSITION 65 FORMULAS FOR THE STATE OF CALIFORNIA TO MAKE SURE IT WOULD NOT REQUIRE AND PROP 65 CANCER OR BIRTH DEFECT WARNINGS, OR ANY ADDITIONAL HEALTH WARNINGS, AS CALIFORNIA HAS THE TOUGHEST HEALTH AND WARNING REGULATIONS IN THIS COUNTRY.

PROPANE GAS IS WILDLY USED INDOORS IN AREAL WHERE NATURAL GAS SERVICE IS NOT AVAILABLE FOR COOKING AND HEATING.

THE ISOCTANE SOLVENT IS USED ALL OF THE COUNTRY IN PLANTS DEGREASING EQUIPMENT AND IN MANY AEROSOL FORMULATIONS.

THE 3M SCOTCHGUARD POLYMERS ARE USED IN MILLIONS OF AEROSOL CANS, AS WELL AS IN FURNITURE FACTORIES, LEATHER TANNERIES, DRY CLEANERS ETC.

THE PETROLITE VYBAR POLYMER IS USED IN MILLIONS OF PRODUCTS, MANY THAT ARE APPLIED WITH HUMAN HANDS SUCH AS CAR POLISHES.

I WILL BE HAPPY TO PROVIDE YOU, OR THE DOCTOR IN OREGON, WITH THE NAMES AND PHONE NUMBERS OF 3M, PETROLITE, PHILLIPS PETROLEUM, AND THE PROPANE GAS SUPPLIER. THE LABEL YOU HAVE REFERS AS REQUIRED BY LAW TO PETROLEUM DISTILLATES, ISOCTANE+ BRAND NAME ISOPAR c OR SOLTRON 10 IS A PETROLEUM DISTILLATE.

217



12/29/92
DDD
714-925-4044

VANGARD CHEMICAL CORPORATION

1110 WASHINGTON AVENUE
ST. LOUIS, MISSOURI 63101
PHONE (314) 241-0560 • FAX (314) 241-1233

DATE 12/27/92 TIME _____ A.M. P.M. NUMBER OF PAGES (Including Cover Letter): 1

If you did not receive all of the pages or if you have a question, please call the verifying number (below).

TO: DICK DONNELLY FROM: BARRY FELDMAN

NAME WILSONS	NAME
SUBJECT	SUBJECT
FAX NO.	FAX NO.
VERIFYING NO.	VERIFYING NO.

FAX Transmission

REMARKS:

WE WERE AND WILSONS WAS FORCED TO CHANGE THE LEATHER PROTECTOR FORMULA AS THE OLD FORMULA CONTAINED 1,1,1 TRICHLOROETHANE WHICH IS BEING BANNED BY THE FEDERAL GOVERNMENT AS AN OZONE DEPLETING CHEMICAL.

WE CONSULTED WITH 3M, THEIR SPEC SHEETS LIST THE ONLY SOLVENTS THEY FIND TO BE COMPATABLE WITH THE 3M FLOUROPOLYMER. OUT OF ALL OF THE SOLVENTS LISTED, ONLY TWO WERE EXEMPT FROM THE PROP 65 WARNINGS OF CALIFORNIA, THEY WERE MINERAL SPIRITS AND ISOCTANE.

THE MINERAL SPIRITS TAKES EXTREMELY LONG TO DRY, AND EFFECTED SOME OF YOUR SUEDED. THE ISOCTANE DRIES FASTER THAN THE 1,1,1 TRICHLOROETHANE, HAS ALMOST NO ODOR, AND HAD NO EFFECT ON YOUR SUEDES. FROM THE INFORMATION WE RECEIVED FROM PHILLIPS PETROLEUM AND EXXON, THE ISOCTANE SEEMED TO BE THE SAFEST ALTERNATIVE FROM A HEALTH STANDPOINT.

THERE IS A PERFUME ALSO ADDED, IT IS POSSIBLE THAT SOME PEOPLE ARE ALERGIC GO PERFUMES WHICH IS WHY SOME PEOPLE PURCHASE COSTMETICS SUCH AS CLINIQUE OR ALMAY WHICH ARE PERFUME FREE.

18

#12
Wilson Suede & Leather
EI 12/29/92
DDD

5-OUNCE LEATHER PROTECTOR SPRAY RECALL NOTICE



PLEASE DON'T USE THE 5-OZ. SPRAY.

- Discontinue use of the Wilsons 5-ounce Leather Protector spray immediately and return cans for a full refund.
- *Although not on recall*, we are offering full refunds on all returned cans of the 7-ounce Wilsons Leather Protector spray.
- We appreciate your understanding in this matter and apologize for any inconvenience it may cause you.
- For further recall information, please call collect: (612) 541-3561.

WILSONS

WILSONS THE LEATHER EXPERTS • BERMANS • BERMANS LEATHER OUTLETS • SNYDER LEATHER OUTLETS

3332 31

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5-OUNCE LEATHER PROTECTOR SPRAY RECALL NOTICE



PLEASE DON'T USE THE 5-OZ. SPRAY.

- Discontinue use of the Wilsons 5-ounce Leather Protector spray immediately and return cans to your nearest Wilsons store for a full refund.
- Although not on recall, Wilsons will also give full refunds on all returned 7-ounce Wilsons Leather Protector spray cans.
- Although not on recall, we are offering full refunds on all returned cans of the 7-ounce Tannery West Leather Protector spray.
- We appreciate your understanding in this matter and apologize for any inconvenience it may cause you.
- For further recall information, please call collect: (612) 541-3561.

TANNERY WEST

3032TW

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TO: Dick Donnelly
 FROM: Betty Martello WA
 DATE: January 11, 1993

SUBJECT: LEATHER SPRAY RECAP

DATE:	12/28-12/29	12/30	1/1-1/4	1/8	1/8	1/7	1/8
CALLS RECEIVED:	3,500	2,400	1,500	500	500	400	200
AVG # OF HOURS ON TELEPHONE RECEIVING CALLS (61 PEOPLE) (19 PHONES)	23	15	43	15	15	12	12
CALLS RETURNED	1,141	754	316	158	121	128	110
AVG # OF HOURS SPENT RETURNING CALLS (25 PEOPLE)	18	10	20	10	10	10	10
# OF MEDICAL ISSUES IN RELATION TO TOTAL CALLS 1%	414 36%	422 56%	173 54%	55 35%	85 70%	116 90%	53 48%
# OF 7 oz. CALLS	N/A	N/A	N/A	24	19	17	12
STATE CONCENTRATION OF CALLS	OR, WA, CA	OR, WA, OH	CA, WA, MA, NY, OH	CA, WA, OH, MA, NY, NJ, PA	MA, CA, WA, OH, NH, VT, NY, NJ	MA, CA, WA, NY, TN	MA, CA, WA, IL, NJ
TYPES OF CALLS MEDICAL	Shortness of breath, headache, vomiting, dizzy, heart palpitations, rashes						
OTHER	General info; how to return cans, coats	How to file claims, returns, list of ingredients	How do we take care of coats now	How to submit claim, list of ingredients	Results from testing, where to send claim	How do I return cans, file claim, will we have a new product	same

= 9,000

= 1318

#13
 Wilson Skoda & Leathen
 EI 12/29/92
 DDD

cc: Ann Benson
 Tom Cameron
 Brad Johnson
 Beth Jones (TW)
 David Rogers

Randy Steen
 Paul Tomlinson
 Joel Waller
 John Winberg

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SAMPLE COLLECTION REPORT

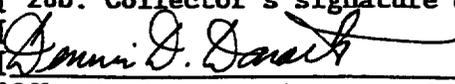
1. Flag	2. Date Collected	3. Sample type & number
PRIORITY SAMPLE	12/29/92	<input checked="" type="checkbox"/> Physical R-830-4105 <input type="checkbox"/> Documentary
4a. Product name	4b. Model	4c. NEISS
Wilson Leather Protector	5 oz.	0952
		5. Assignment ref.
		FPC93-006
6. Complete for import samples	7. MIS	8. Hours:
a. Port of Entry :	33567	a. Activity 4.0
b. Entry # & date :		b. Travel 2/0
c. Country of Origin :		9a. Home RO
d. HSUSA code :		9b. Collecting RO
e. Customs Contact :	FOCR	FOCR/MSP
10. Sample Cost	11. Invoice value of lot	12. Size of lot
No charge	\$40,000	15,000/5 oz. cans
13. Manufacturer/Importer	14. Shipper/Foreign Mfr.	15. Dealer/Import Broker
Vanguard Chemical Co. 1110 Washington Ave. St. Louis, MO 63101	same as #13	Wilson Suede & Leather 400 Hy. 169 South Minneapolis, MN 55426
ID #	ID#	ID#
16. Supporting documents attached:		
a. Invoice # & date:		b. Date Shipped:
c. Shipping record # & date: B/L R4039 12/2/92		
d. Affidavit signer's name, title & date: to follow		
17. Product Identification: Black aerosol can lbd in part, " ***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"		
18. Reason for collection & analysis needed: FHSA <input checked="" type="checkbox"/> CPSA <input type="checkbox"/> FFA <input type="checkbox"/> PPPA <input type="checkbox"/> RSA		
Collected during EI of dealer as f/u to injury reports. Check with CERM(C. Jacobson regarding analysis.		
19. Summary of Field Screening:		
None		
20. Sample Size, Method of Collection: Total of 16/5 oz. cans. 12 cans coded C1292 from dealer's warehouse and 4 cans coded C1192 from dealer retail store. All cans ident as in #21. 14 cans plcd in cdbd carton sealed as in #22. Two cans forwarded separately to CERM.		
21. Identification on sample	22. Identification on seal	
"R-830-4105 12/29/92 DDD"	"R-830-4105 12/29/92 Dennis D. Donath"	
23a. Sample delivered to	23b. Date	24. Orig. report/records sent to
Federal Express	12/29/92	FOCR
25. Laboratory/Office: ESEL <input type="checkbox"/> HSHL <input checked="" type="checkbox"/> CERM <input checked="" type="checkbox"/> CECA <input type="checkbox"/> OTHER <input type="checkbox"/>		
26. Remarks Attached: Press release, MSDS, Vanguard Chemical Co. memo, label copy and Bill of Lading. This is the new formula introduced in Nov. 1992, which has been the subject of injury reports. C1192 and C1292 are the only two codes that have been mfd. by Vanguard for Wilson Suede and Leather.		
27. Related Samples R-830-4106(old formula)		
28a. Collector's name, title & employee #	28b. Collector's signature & date	
Dennis D. Donath, Investigator, 8123	<i>Dennis D. Donath</i> 12/29/92	
29a. Reviewer's name, title & employee #	29b. Reviewer's signature & date	
John R. Vece, S.I.		

Distribution: Orig Lab Fiscal Data Hdqtr Other

U. S. CONSUMER PRODUCT SAFETY COMMISSION

#14

SAMPLE COLLECTION REPORT

1. Flag		2. Date Collected		3. Sample type & number	
		12/29/92		<input checked="" type="checkbox"/> Physical R-830-4106 <input type="checkbox"/> Documentary	
4a. Product name		4b. Model		4c. NEISS	
Wilson Leather Protector		7 oz.		0952	
				5. Assignment ref.	
				FPC93-006	
6. Complete for import samples			7. MIS		8. Hours:
a. Port of Entry :			33567		a. Activity 3.0
b. Entry # & date :					b. Travel 1.0
c. Country of Origin :					
d. HSUSA code :					
e. Customs Contact :					
10. Sample Cost		11. Invoice value of lot		12. Size of lot	
No charge		none		none	
13. Manufacturer/Importer		14. Shipper/Foreign Mfr.		15. Dealer/Import Broker	
Vanguard Chemical Co.		same as #13		Wilson Suede & Leather	
1110 Washington Ave.				400 Hy. 169 So.	
St. Louis, MO 63101				Minneapolis, MN 55426	
ID #		ID#		ID#	
16. Supporting documents attached:					
a. Invoice # & date:		b. Date Shipped:			
c. Shipping record # & date: <u>to follow</u>					
d. Affidavit signer's name, title & date: <u>to follow</u>					
17. Product Identification: Black aerosol can lbd in part, "****WILSONS****LEATHER PROTECTOR***CAUTION: VAPOR MAY BE HARMFUL***NET WT. 7 OZ. CO2 PROPELLANT NO FLUORO-CARBONS***CAUTION: CONTAINS ***USE WITH ADEQUATE VENTILATION KEEP OUT OF REACH OF CHILDREN***MANUFACTURED FOR: ****WILSONS****MINNEAPOLIS, MN 55426****"					
18. Reason for collection & analysis needed: FHSA <input checked="" type="checkbox"/> CPSA <input type="checkbox"/> FFA <input type="checkbox"/> PPPA <input type="checkbox"/> RSA <input type="checkbox"/>					
Collected during EI of dealer firm. This is the old formula for the firm's leather protector. Check with CERM(C. Jacobson re analysis)					
19. Summary of Field Screening:					
None					
20. Sample Size, Method of Collection: This product has been phased out and none was left in the dealer's warehouse. The 12 cans were used for display purposes in the dealer's marketing dept. The cans were ident as in #21 and 10 cans were plcd in a plastic bag sealed as in #22. Two cans were forwarded separately to CERM.					
21. Identification on sample		22. Identification on seal			
"R-830-4106 12/29/92 DDD"		"R-830-4106 12/29/92 Dennis D. Donath"			
23a. Sample delivered to		23b. Date		24. Orig. report/records sent to	
Federal Express		12/29/92		FOCR	
25. Laboratory/Office: ESEL <input type="checkbox"/> HSHL <input checked="" type="checkbox"/> CERM <input checked="" type="checkbox"/> CECA <input type="checkbox"/> OTHER <input type="checkbox"/>					
26. Remarks Attached: Label copy. Formula for this product is 1% Scotchguard, 3% CO2 gas, and the balance is 1,1,1-Trichloroethane. The dealer has not received any reports of adverse reactions to this product.					
27. Related Samples R-830-4105(new formulation)					
28a. Collector's name, title & employee #			28b. Collector's signature & date		
Dennis D. Donath, Investigator 8123			 12/29/92		
29a. Reviewer's name, title & employee #			29b. Reviewer's signature & date		

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Wilson, Suede & Leather
EI 12/29/92
DDD

1 of 2

AFFIDAVIT		SAMPLE NO. R-830-4105/6
STATE OF Minnesota	COUNTY OF Hennepin	
Before me, <u>Dennis D. Donath</u> , a duly authorized employee of the Consumer Product Safety Commission, appropriately designated by the Chairman of said Commission pursuant to provisions of the Consumer Product Safety Act (sec. 27. (b)(2), 86 Stat. 1228; 15 U.S.C. 2076 (b)(2)), to administer or take oaths, affirmations, and affidavits, personally appeared <u>Paul Tomlinson</u> in the county and State aforesaid, who, being first duly sworn, deposes and says:		
<p>I am Vice President-Marketing for Wilsons The Leather Experts, located at 400 Highway 169 South, Minneapolis, Minnesota. Our firm operates a nationwide chain of more than 500 retail leather goods stores. Among our products is an aerosol leather protector manufactured for us by Vanguard Chemical Corporation, St. Louis, Missouri.</p> <p>In November, 1992, our firm introduced a reformulated version of the leather protector in a 5 oz. container. The principal component of this product was isooctane and the propellant was propane. The containers were sold to consumers under the Wilsons and Tannery West labels.</p> <p>On December 27, 1992, we were advised by the Oregon Poison Center that consumers had been calling with reports of respiratory distress after using the new leather protector product. Because of the number of calls and nature of the reported symptoms, we decided to remove the product from sale immediately, and recall the 5 oz. containers from consumers. A press release to that effect was issued on December 28, 1992.</p> <p>At the present time, our belief is that about 350,000/5 oz. containers had been sold to consumers. The original formulation of the product in a 7 oz. container had the same SKU number, making it difficult to arrive at a precise number. On December 29, 1992, Dennis Donath, an Investigator with the U.S. Consumer Product Safety Commission, visited our firm and collected samples consisting of:</p> <p>16/5 oz. cans of Wilsons Leather Protector. Twelve cans were coded C1292. Four cans which came from one of our retail outlets were coded C1192.</p> <p>12/7 oz. cans of Wilsons Leather Protector (old formula)</p> <p>All of the sampled containers would have been from shipments made by Vanguard</p>		
AFFIANT'S SIGNATURE & TITLE <u>X Paul Tomlinson, VICE PRESIDENT</u>		
FIRM (Name and address, include ZIP Code) Wilsons The Leather Experts 400 Highway 169 South Minneapolis, Minnesota		
Subscribed and Sworn to before me at <u>Minneapolis, Minnesota</u> (City and State)		
this <u>5th</u> day of <u>January</u> , 19 <u>93</u>		
<u>Dennis D. Donath</u> (Employee's Signature)		
EMPLOYEE OF THE CONSUMER PRODUCT SAFETY COMMISSION ACTING IN ACCORDANCE WITH AUTHORITY GRANTED IN THE ABOVE STATED DECLARATION.		

AFFIDAVIT	SAMPLE NO. R-830-4105/6
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STATE OF Minnesota	COUNTY OF Hennepin
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Before me, Dennis D. Donath, a duly authorized employee of the Consumer Product Safety Commission, appropriately designated by the Chairman of said Commission pursuant to provisions of the Consumer Product Safety Act (sec. 27 (b)(2), 86 Stat. 1228; 15 U.S.C. 2076 (b)(2)), to administer or take oaths, affirmations, and affidavits, personally appeared Paul Tomlinson in the county and State aforesaid, who, being first duly sworn, deposes and says:

Chemical Corporation to our distribution warehouse located at 7401 Boone Ave. N., Brooklyn Park, Minnesota. At the time of Mr. Donath's visit, there was no inventory of the 7 oz. containers and we had about 15,000 cans of the 5 oz. size coded C1292. Our warehouse uses the FIFO system and none of the C1192 codes were left.

Mr. Donath was provided with copies of two Bills of Lading, No. B4006, dated 11/19/92 showing our receipt of 50,688/7 oz. cans and 3,108/5 oz. cans, and No. B4039, dated 12/2/92, showing our receipt of 25,668/7 oz. cans and 12,096 5 oz. cans.

It is our intent to return all of the recalled product to a central location ^{ok} where it will be held until final disposition is determined. _{P.T.}

Mr. Donath was also provided with copies of in-store posters which will be displayed in all of our stores as of January 5, 1993.

AFFIDANT'S SIGNATURE & TITLE
Paul Tomlinson, VICE PRESIDENT

FIRM (Name and address, include ZIP Code)
**Wilson's The Leather Experts
400 Highway 169 South
Minneapolis, Minnesota**

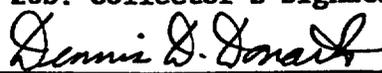
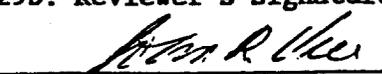
Subscribed and sworn to before me at Minneapolis, Minnesota
(City and State)
this 5th day of January, 19 93.

Dennis D. Donath
(Employee's Signature)

EMPLOYEE OF THE CONSUMER PRODUCT SAFETY COMMISSION ACTING IN ACCORDANCE WITH AUTHORITY GRANTED IN THE ABOVE STATED DECLARATION.

U. S. CONSUMER PRODUCT SAFETY COMMISSION

SAMPLE COLLECTION REPORT

1. Flag		2. Date Collected		3. Sample type & number	
PRIORITY SAMPLE.		12/29/92		<input checked="" type="checkbox"/> Physical R-830-4105 <input type="checkbox"/> Documentary	
4a. Product name		4b. Model		4c. NEISS	
Wilson Leather Protector		5 oz.		0952	
6. Complete for import samples				7. MIS	
a. Port of Entry		b. Entry # & date		33567	
c. Country of Origin		d. HSUSA code		8. Hours:	
e. Customs Contact				a. Activity 4.0 b. Travel 2/0	
				9a. Home RO	
				FOCR	
				9b. Collecting RO	
				FOCR/MSP <i>file</i>	
10. Sample Cost		11. Invoice value of lot		12. Size of lot	
No charge		\$40,000		15,000/5 oz. cans	
13. Manufacturer/Importer		14. Shipper/Foreign Mfr.		15. Dealer/Import Broker	
Vanguard Chemical Co.		same as #13		Wilson Suede & Leather	
1110 Washington Ave.				400 Hy. 169 South	
St. Louis, MO 63101				ID# Minneapolis, MN 55426	
ID #		ID#		ID#	
16. Supporting documents attached:					
a. Invoice # & date:			b. Date Shipped:		
c. Shipping record # & date: B/L B4039 12/2/92					
d. Affidavit signer's name, title & date: to follow					
17. Product Identification: Black aerosol can lbl'd in part, " ***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"					
18. Reason for collection & analysis needed: FHSA <input checked="" type="checkbox"/> CPSA <input type="checkbox"/> FFA <input type="checkbox"/> PPA <input type="checkbox"/> RSA <input type="checkbox"/> Collected during EI of dealer as f/u to injury reports. Check with CERM(C. Jacobson regarding analysis.					
19. Summary of Field Screening:					
None					
20. Sample Size, Method of Collection: Total of 16/5 oz. cans. 12 cans coded C1292 from dealer's warehouse and 4 cans coded C1192 from dealer retail store. All cans ident as in #21. 14 cans plcd in cdbd carton sealed as in #22. Two cans forwarded separately to CERM.					
21. Identification on sample			22. Identification on seal		
"R-830-4105 12/29/92 DDD"			"R-830-4105 12/29/92 Dennis D. Donath"		
23a. Sample delivered to		23b. Date		24. Orig. report/records sent to	
Federal Express		12/29/92		FOCR	
25. Laboratory/Office: ESEL <input type="checkbox"/> HSHL <input checked="" type="checkbox"/> CERM <input checked="" type="checkbox"/> CECA <input type="checkbox"/> OTHER <input type="checkbox"/>					
26. Remarks Attached: Press release, MSDS, Vanguard Chemical Co. memo, label copy and Bill of Lading. This is the new formula introduced in Nov. 1992, which has been the subject of injury reports. C1192 and C1292 are the only two codes that have been mfd. by Vanguard for Wilson Suede and Leather.					
27. Related Samples R-830-4106(old formula)					
28a. Collector's name, title & employee #			28b. Collector's signature & date		
Dennis D. Donath, Investigator, 8123			 12/29/92		
29a. Reviewer's name, title & employee #			29b. Reviewer's signature & date		
John R. Vece, S.I. <i>8/30</i>			 <i>12/31/92</i>		

Distribution: Orig Lab Fiscal Data Hdqtr Other
 CPSC Form 166 (Rev. 9/91)

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U. S. CONSUMER PRODUCT SAFETY COMMISSION

SAMPLE COLLECTION REPORT

1. Flag		2. Date Collected 12/29/92		3. Sample type & number <input checked="" type="checkbox"/> Physical R-830-4106 <input type="checkbox"/> Documentary	
4a. Product name Wilson Leather Protector		4b. Model 7 oz.		4c. NEISS 0952	
				5. Assignment ref. FPC93-006	
6. Complete for import samples				7. MIS 33567	
a. Port of Entry				8. Hours: a. Activity 3.0	
b. Entry # & date				b. Travel 1.0	
c. Country of Origin				9a. Home RO FOCR	
d. HSUSA code				9b. Collecting RO FOCR/MSP	
e. Customs Contact					
10. Sample Cost No charge		11. Invoice value of lot none		12. Size of lot none	
13. Manufacturer/Importer Vanguard Chemical Co. 1110 Washington Ave. St. Louis, MO 63101 ID #		14. Shipper/Foreign Mfr. same as #13 ID#		15. Dealer/Import Broker Wilson Suede & Leather 400 Hy. 169 So. Minneapolis, MN 55426 ID#	
16. Supporting documents attached:					
a. Invoice # & date:			b. Date Shipped:		
c. Shipping record # & date: to follow					
d. Affidavit signer's name, title & date: to follow					
17. Product Identification: Black aerosol can lld in part, "WILSONS LEATHER PROTECTOR CAUTION: VAPOR MAY BE HARMFUL NET WT. 7 OZ. CO2 PROPELLANT NO FLUOROCARBONS CAUTION: CONTAINS USE WITH ADEQUATE VENTILATION KEEP OUT OF REACH OF CHILDREN MANUFACTURED FOR: WILSONS MINNEAPOLIS, MN 55426"					
18. Reason for collection & analysis needed: FHSA <input checked="" type="checkbox"/> CPSA <input type="checkbox"/> FFA <input type="checkbox"/> PPPA <input type="checkbox"/> RSA <input type="checkbox"/> Collected during EI of dealer firm. This is the old formula for the firm's leather protector. Check with CERM(C. Jacobson re analysis)					
19. Summary of Field Screening: None					
20. Sample Size, Method of Collection: This product has been phased out and none was left in the dealer's warehouse. The 12 cans were used for display purposes in the dealer's marketing dept. The cans were ident as in #21 and 10 cans were plcd in a plastic bag sealed as in #22. Two cans were forwarded separately to CERM.					
21. Identification on sample "R-830-4106 12/29/92 DDD"		22. Identification on seal "R-830-4106 12/29/92 Dennis D. Donath"			
23a. Sample delivered to Federal Express		23b. Date 12/29/92		24. Orig. report/records sent to FOCR	
25. Laboratory/Office: ESEL <input type="checkbox"/> HSHL <input checked="" type="checkbox"/> CERM <input checked="" type="checkbox"/> CECA <input type="checkbox"/> OTHER <input type="checkbox"/>					
26. Remarks Attached: Label copy. Formula for this product is 1% Scotchguard, 3% CO2 gas, and the balance is 1,1,1-Trichloroethane. The dealer has not received any reports of adverse reactions to this product.					
27. Related Samples R-830-4105(new formulation)					
28a. Collector's name, title & employee # Dennis D. Donath, Investigator 8123			28b. Collector's signature & date <i>Dennis D. Donath</i> 12/29/92		
29a. Reviewer's name, title & employee # <i>John A. Uelle SASE 8130</i>			29b. Reviewer's signature & date <i>John A. Uelle</i> 12/31/92		

U. S. CONSUMER PRODUCT SAFETY COMMISSION

SAMPLE COLLECTION REPORT

1. Flag		2. Date Collected 12/29/92		3. Sample type & number <input checked="" type="checkbox"/> Physical R-830-4407 <input type="checkbox"/> Documentary	
4a. Product name fabric treatment product		4b. Model Wilson's 5oz.		4c. NEISS 0952	
				5. Assignment ref. 921229CCN0544	
6. Complete for import samples		7. MIS		8. Hours:	
a. Port of Entry		32672		a. Activity 2.0	
b. Entry # & date		33567		b. Travel 0.0	
c. Country of Origin		9a. Home RO		9b. Collecting RO	
d. HSUSA code					
e. Customs Contact					
10. Sample Cost \$0.		11. Invoice value of lot retail value approx. \$5.00		12. Size of lot one available from consumer	
13. Manufacturer/Importer Wilson's Suede and Leather Inc. Minneapolis, MN.		14. Shipper/Foreign Mfr. Wilson's Suede & Leather Port Plaza Mall A-1009 Port Plaza Mall Green Bay, WI. 54301		15. Dealer/Import Broker Linda Rodefer 5574 Degantown Road Gillett, WI. 54124	
ID #		ID #		ID #	
16. Supporting documents attached:					
a. Invoice # & date: N/A		b. Date Shipped:			
c. Shipping record # & date:					
d. Affidavit signer's name, title & date:					
17. Product Identification:					
Sample consists of one 5 ounce aerosol can of "Wilson's Leather Protector." Can is black in color with red and white lettering, SKU #18996003; Date coding stamp on container bottom states "Cl 2." Front labeling describes product as "making suede and leather stain and water resistant; keeps dirt on the surface for easy wipe-off;" container further lists various warning and usage instructions.					
18. Reason for collection & analysis needed: FHSA <input checked="" type="checkbox"/> CPSA <input type="checkbox"/> FFA <input type="checkbox"/> PPPA <input type="checkbox"/> RSA <input type="checkbox"/>					
F/U to IDI# 921229CCN0544 (10 Y.O. and 19 Y.O. suffered respiratory distress after using the product); content and labeling analysis.					
19. Summary of Field Screening:					
None					
20. Sample Size, Method of Collection:					
Sample consists of one unused can as described in #17 above. This can was one of a two can set packaged together in a black cardboard display container. Sample was obtained from consumer at her residence on 12/29/92; it remained in my possession and in the locked CPSC office until shipment to the Sample Custodian on 12/31/92. Sample					
21. Identification on sample "R-830-4407 DRB 12/29/92"			22. Identification on seal "R-830-4407 Dennis R. Blasius 12/31/92"		
23a. Sample delivered to Sample Custodian via P.P. MKE		23b. Date 12/31/92		24. Orig. report/records sent to 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 was shipped in a cardboard box which was sealed and identified as under #22 above; sample itself was tagged and identified as described in #21 above. Sample was mailed via P.P.MKE to the Sample Custodian on 12/31/92, to be forwarded to HSHL for further analysis. Sample collection receipt, copy of original assignment attached.					
27. Related Samples R-830-4408					
28a. Collector's name, title & employee # Dennis R. Blasius, Investigator, #9003			28b. Collector's signature & date <i>Dennis R. Blasius</i> 12/31/92		
29a. Reviewer's name, title & employee #			29b. Reviewer's signature & date		

Distribution: Orig Lab Fiscal Data Hdqtr Other

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U. S. CONSUMER PRODUCT SAFETY COMMISSION

SAMPLE COLLECTION REPORT

1. Flag		2. Date Collected 12/29/92		3. Sample type & number <input checked="" type="checkbox"/> Physical R-830-4408 <input type="checkbox"/> Documentary	
4a. Product name fabric treatment product		4b. Model Wilson's 5oz.		4c. NEISS 0952	
				5. Assignment ref. 921229CCN0543	
6. Complete for import samples				7. MIS	
a. Port of Entry		:		32672	
b. Entry # & date		:		32567	
c. Country of Origin		:			
d. HSUSA code		:			
e. Customs Contact		:			
8. Hours:					
a. Activity		:		2.0	
b. Travel		:		0.0	
9a. Home RO		:		FOCR	
9b. Collecting RO		:		FOCR	
10. Sample Cost \$10.00 (C)		11. Invoice value of lot retail value approx. \$10.00		12. Size of lot two available from consumer	
13. Manufacturer/Importer Wilson's Suede and Leather Inc. Minneapolis, MN.		14. Shipper/Foreign Mfr. Wilson's Suede & Leather Port Plaza Mall A-1009 Port Plaza Mall		15. Dealer/Import Broker Kris Garbrecht 3843 Hwy C. Oconto Falls, WI. 54154	
ID #		ID# Green Bay, WI. 54301		ID#	
16. Supporting documents attached:					
a. Invoice # & date:		N/A		b. Date Shipped:	
c. Shipping record # & date:					
d. Affidavit signer's name, title & date:					
17. Product Identification:					
Sample consists of two 5 ounce aerosol can of "Wilson's Leather Protector." Can is black in color with red and white lettering, SKU #18996003. Date coding stamp on container bottom states C1292. Front labeling describes product as "making suede and leather stain and water resistant; keeps dirt on the surface for easy wipe-off;" container further lists various warning and usage instructions.					
18. Reason for collection & analysis needed: FHSA <input checked="" type="checkbox"/> CPSC <input type="checkbox"/> FFA <input type="checkbox"/> PPPA <input type="checkbox"/> RSA <input type="checkbox"/>					
F/U to IDI# 921229CCN0543. 17 year old female suffered respiratory distress after using the product); content and labeling analysis.					
19. Summary of Field Screening:					
None					
20. Sample Size, Method of Collection:					
Sample consists of two unused can as described in #17 above. Two cans - packaged together in a black cardboard display container. Sample was obtained from consumer at her residence on 12/29/92; it remained in my possession and in the locked CPSC office until shipment to the Sample Custodian on 12/31/92. Sample					
21. Identification on sample "R-830-4408 DRB 12/29/92"		22. Identification on seal "R-830-4408 Dennis R. Blasius 12/31/92"			
23a. Sample delivered to Sample Custodian via P.P. MKE		23b. Date 12/31/92		24. Orig. report/records sent to 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 was shipped in a cardboard box which was sealed and identified as under #22 above; sample itself was tagged and identified as described in #21 above. Sample was mailed via P.P.MKE to the Sample Custodian on 12/31/92, to be forwarded to HSHL for further analysis. Sample collection receipt, copy of original assignment attached.					
27. Related Samples R-830-4407					
28a. Collector's name, title & employee # Dennis R. Blasius, Investigator, #9003			28b. Collector's signature & date <i>Dennis R. Blasius</i> 12/31/92		
29a. Reviewer's name, title & employee #			29b. Reviewer's signature & date		

Distribution: Orig Lab Fiscal Data Hdqtr Other

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CONSUMER PRODUCT INCIDENT REPORT

E/F
12/28/92

1. NAME OF RESPONDENT Kris Garbrecht		2. TELEPHONE NO. (Home) (Work) (414) 846-2316 (Home)	
3. STREET ADDRESS 3843 Hwy. C		4. CITY STATE ZIP CODE Oconto Falls, WI. 54154	
5. DESCRIBE ACCIDENT SITUATION OR HAZARD, INCLUDING DATA ON INJURIES. (Use second page if necessary.) Respondent's girlfriend was applying an aerosol leather protector treatment to her newly purchased leather jacket; victim began experiencing severe respiratory distress after several minutes exposure to the product's fumes. Victim was immediately transported to a nearby hospital for treatment, and remains hospitalized to date.			
6. DATE OF INCIDENT(S) 12/27/92	7. IF INJURY OR NEAR MISS, OBTAIN AGE _____ SEX <u>female</u> AND DESCRIBE INJURY <u>respiratory distress</u>	8. IF VICTIM DIFFERENT FROM RESPONDENT, PROVIDE NAME _____ RELATIONSHIP <u>girlfriend</u>	
9. DESCRIPTION OF PRODUCT aerosol spray leather protector		10. BRAND NAME Wilson's Leather Protector	
11. MANUFACTURER/DISTRIBUTOR NAME, ADDRESS & PHONE Wilson Leather Company Minneapolis, MN.		12. MODEL, SERIAL NO.'S 5oz. can	
		13. DEALER'S NAME, ADDRESS & PHONE Wilson's Leather Products Port Plaza Shopping Center Greenbay, WI.	
14. WAS THE PRODUCT DAMAGED, REPAIRED OR MODIFIED? NO <input checked="" type="checkbox"/> IF YES, BEFORE OR AFTER THE INCIDENT? _____		15. PRODUCT PURCHASED NEW <input checked="" type="checkbox"/> USED _____ DATE PURCHASED <u>12/27/92</u> AGE <u>one day</u>	
		16. DOES PRODUCT HAVE WARNING LABELS? IF SO, NOTE: _____	
17. HAVE YOU CONTACTED THE MANUFACTURER? YES _____ NO <input checked="" type="checkbox"/> IF NOT, DO YOU PLAN TO CONTACT THEM? YES <input checked="" type="checkbox"/> NO _____ OTHER _____		18. IS THE PRODUCT STILL AVAILABLE? YES <input checked="" type="checkbox"/> NO _____ IF NOT, ITS DISPOSITION _____	
FOR ADMINISTRATION USE			
20. DATE RECEIVED 12/28/92		21. RECEIVED BY (Name & Office) Dennis R. Blasius, MKE-RP	
23. FOLLOW-UP ACTION <i>Conduct IOL 921029CCN0543</i>		22. DOCUMENT NO. 02 C 0136	
		24. PRODUCT CODE(S) <i>0952</i>	
25. DISTRIBUTION <i>D: ERVS; cc: CERK, Juddson; cc: EF</i>		26. ENDORSER'S NAME & TITLE <i>[Signature] SPT</i>	

CONSUMER PRODUCT INCIDENT REPORT

EIP
12/25/92

1. NAME OF RESPONDENT Linda Rodefer		2. TELEPHONE NO. (Home) (Work) (414) 855-6225 (Home)		
3. STREET ADDRESS 5574 Degantown Road		4. CITY STATE ZIP CODE Gillett, WI. 54124		
5. DESCRIBE ACCIDENT SITUATION OR HAZARD, INCLUDING DATA ON INJURIES. (Use second page if necessary.) Respondent's two daughters, ages 19 and 10, were in the basement of their home treating a new leather coat with an aerosol leather protector product. After several minutes of exposure to the product's fumes both individuals began experiencing severe respiratory distress, including difficulty breathing, coughing, and tightness in their chests. Both victims were transported to a local hospital, where they were treated and released.				
6. DATE OF ACCIDENT(S) 12/27/92	7. IF INJURY OR NEAR MISS, OBTAIN AGE, SEX AND DESCRIBE INJURY AGE <u>19</u> SEX <u>Female</u> AND DESCRIBE INJURY <u>respiratory distress</u>	8. IF VICTIM DIFFERENT FROM RESPONDENT, PROVIDE NAME RELATIONSHIP NAME _____ RELATIONSHIP <u>daughters</u>		
9. DESCRIPTION OF PRODUCT aerosol spray leather protector		10. BRAND NAME Wilson's Leather Protector		
11. MANUFACTURER/DISTRIBUTOR NAME, ADDRESS & PHONE Wilson's Leather Company Minneapolis, MN.		12. MODEL, SERIAL NO.'S 5oz. and 7oz. cans 13. DEALER'S NAME, ADDRESS & PHONE Wilson's Leather Products Port Plaza Shopping Center Greenbay, WI.		
14. WAS THE PRODUCT DAMAGED, REPAIRED OR MODIFIED? YES <u>9</u> NO <u>X</u> IF YES, BEFORE OR AFTER THE INCIDENT? Describe _____		15. PRODUCT PURCHASED NEW <u>X</u> USED _____ DATE PURCHASED <u>12/27/92</u> AGE <u>one day</u> 16. DOES PRODUCT HAVE WARNING LABELS? IF SO, NOTE: _____		
17. HAVE YOU CONTACTED THE MANUFACTURER? YES <u>X</u> NO _____ IF NOT, DO YOU PLAN TO CONTACT THEM? YES _____ NO _____ OTHER _____	18. IS THE PRODUCT STILL AVAILABLE? YES <u>X</u> NO _____ IF NOT, ITS DISPOSITION _____	19. MAY WE USE YOUR NAME WITH THIS REPORT? YES <u>X</u> NO _____		
FOR ADMINISTRATION USE				
20. DATE RECEIVED 12/28/92	21. RECEIVED BY (Name & Office) Dennis R. Blasius, MKE-RP	22. DOCUMENT NO. 62 C. 0137		
23. FOLLOW-UP ACTION Conduct <u>ITM</u> 921829CCNO544		24. PRODUCT CODE(S) 0952		
25. DISTRIBUTION O: EPDS;cc (Erm, Jacobson);cc: EA		26. ENDRISER'S NAME & TITLE [Signature] DPSE		

12/28/92

CONSUMER PRODUCT INCIDENT REPORT

1. NAME OF RESPONDENT Michelle Huston		2. TELEPHONE NO. (Home) (Work) (612) 779-1929	
3. STREET ADDRESS 3580 Dell Court North		4. CITY STATE ZIP CODE White Bear Lake, MN 55110	

5. DESCRIBE ACCIDENT 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 leather coat. The product was sprayed on these garments in a large open area of the home. The spraying was done in about 15 minutes and used up about 1/2 of the 5 oz. can. An hour later the respondent experienced shortness of breath, tightness in chest and coughing spells. An hour after this happened her 6 year old son began coughing and experienced neck pain and sore throat. The respondent's sister-in-law was visiting and she also experienced coughing spells. The respondent saw her doctor, but she is still running a temp. (99°-100°F) has a headache and neckache, feels lethargic and continues to cough.

6. DATE OF INCIDENT(S) 12-27-92	7. IF INJURY OR NEAR MISS, OBTAIN AGE 25 SEX F AND DESCRIBE INJURY respiratory illness	8. IF VICTIM DIFFERENT FROM RESPONDENT, PROVIDE NAME RELATIONSHIP
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9. DESCRIPTION OF PRODUCT Aerosol leather protector (5 oz. can)	10. BRAND NAME Wilson's Leather Protector
--	--

11. MANUFACTURER/DISTRIBUTOR NAME, ADDRESS & PHONE Wilson's- The Leather Experts 400 Hiway 169 South Mpls, MN 55426	12. MODEL, SERIAL NO.'S UPC SKU 18996003 On bottom C129
	13. DEALER'S NAME, ADDRESS & PHONE Wilson's Maplewood Mall St. Paul, MN

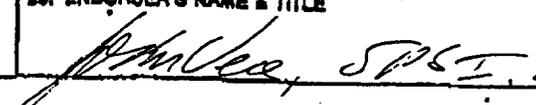
14. THE PRODUCT DAMAGED, REPAIRED OR MODIFIED? YES NO <input checked="" type="checkbox"/> IF YES, BEFORE OR AFTER THE INCIDENT? Describe	15. PRODUCT PURCHASED NEW <input checked="" type="checkbox"/> USED DATE PURCHASED 12-24-92 AGE
--	---

16. DOES PRODUCT HAVE WARNING LABELS? Yes IF SO, NOTE: Caution: Vapor May Be Harmful Caution: EXT. Flammable, Contains Pet. Dist.	
--	--

17. HAVE YOU CONTACTED THE MANUFACTURER? YES <input checked="" type="checkbox"/> NO IF NOT, DO YOU PLAN TO CONTACT THEM? YES NO OTHER	18. IS THE PRODUCT STILL AVAILABLE? YES <input checked="" type="checkbox"/> NO IF NOT, ITS DISPOSITION	19. MAY WE USE YOUR NAME WITH THIS REPORT? YES <input checked="" type="checkbox"/> NO
--	---	--

FOR ADMINISTRATION USE		
20. DATE RECEIVED 12-28-92	21. RECEIVED BY (Name & Office) Carolyn A. Schultz, MSP-RP	22. DOCUMENT NO.  C 0163

23. FOLLOW-UP ACTION Conduct IPI. 921230CCN0563	24. PRODUCT CODE(S) ? 0952
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25. DISTRIBUTION C: EPDS; cc: CERN, Jackson, cc: EV	26. ENDORSER'S NAME & TITLE 
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CONSUMER PRODUCT INCIDENT REPORT

1. NAME OF RESPONDENT Heather Hines	2. TELEPHONE NO. (Home) (Work) (612) 481-3952
3. STREET ADDRESS 2599 Lexington Ave. No.	4. CITY STATE ZIP CODE Roseville, MN 55113

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

The respondent reported that both her and her female roommate experienced respiratory problems after the product was used. On the nite of 12-25-92, the room mate sprayed the product on her new leather coat in the bathroom of their residence. After about 30 minutes the respondent began to cough, was wheezing, felt dizzy and couldn't stop her coughing. A short time later her room mate also began to cough. The symptoms lasted for about 5 hours. The next morning, the product was again used on the coat and a short time later both woman began to react as they had the night before. They are today still experiencing headaches and bodyaches. The 18 year old room mate was being treated for bronchitis at the time this incident occurred.

6. DATE OF INCIDENT(S) 12-25-92	7. IF INJURY OR NEAR MISS, OBTAIN AGE SEX AND DESCRIBE INJURY AGE <u>18</u> SEX <u>F</u> AND DESCRIBE INJURY <u>respiratory problems</u>	8. IF VICTIM DIFFERENT FROM RESPONDENT, PROVIDE NAME RELATIONSHIP NAME <u>Nichole Carlson</u> RELATIONSHIP <u>room mate</u>
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9. DESCRIPTION OF PRODUCT aerosol leather protector (5 oz. can)	10. BRAND NAME Wilson's Leather Protector
---	---

11. MANUFACTURER/DISTRIBUTOR NAME, ADDRESS & PHONE Wilson's The Leather Experts 400 ... 69 South M... 554...	12. MODEL, SERIAL NO.'S UPC SKU 18996003, Bottom of can 1292 13. DEALER'S NAME, ADDRESS & PHONE ?
--	--

14. WAS THE PRODUCT DAMAGED, REPAIRED OR MODIFIED? YES ___ NO <u>X</u> IF YES, BEFORE OR AFTER THE INCIDENT Describe: _____	15. PRODUCT PURCHASED NEW ___ USED ___ DATE PURCHASED <u>X-mas gift</u> AGE _____ 16. DOES PRODUCT HAVE WARNING LABELS? Yes IF SO, NOTE: <u>Caution: Vapor y Be Harmful</u>
--	--

17. HAVE YOU CONTACTED THE MANUFACTURER? YES ___ NO <u>X</u> IF NOT, DO YOU PLAN TO CONTACT THEM? ?? YES ___ NO ___ OTHER <u>Called the Poison Center.</u>	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>X</u> NO ___
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FOR ADMINISTRATION USE

20. DATE RECEIVED 12-28-92	21. RECEIVED BY (Name & Office) Carolyn A. Schultz, MSP-RP	22. DOCUMENT NO. <div style="font-size: 2em; font-weight: bold; text-align: center;">02 C 0164</div>
23. FOLLOW-UP ACTION <div style="font-size: 2em; font-weight: bold; text-align: center;">File</div>		24. PRODUCT CODE(S) 0952

25. DISTRIBUTION O: EADS; cc: CELM, Jacobson; cc: EA	26. ENDORSER'S NAME & TITLE <div style="font-size: 1.5em; font-weight: bold; text-align: center;">[Signature]</div>
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CONSUMER PRODUCT INCIDENT REPORT

12/28/92

1. NAME OF RESPONDENT [REDACTED]		2. TELEPHONE NO. (Home) (Work) [REDACTED]	
3. STREET ADDRESS [REDACTED]		4. CITY STATE ZIP CODE CHICAGO, ILLINOIS 60651	
5. DESCRIPTION OF PRODUCT, SITUATION OR HAZARD, INCLUDING DATA ON INJURIES. (Use second page if necessary.) [REDACTED] REPORTED THAT IN LATE NOVEMBER (EXACT DATE UNKNOWN) SHE PURCHASED A LEATHER COAT FROM THE FIRM LISTED IN ITEM # 13 BELOW. SHE ALSO REPORTED THAT SHE PURCHASED (AT THE SAME TIME, AND FROM THE FIRM LISTED IN ITEM # 13 BELOW) A 7 OUNCE SPRAY CAN OF A LEATHER PROCTOR. SHE REPORTED THAT SHE SPRAYED HER COAT A COUPLE OF DAYS AFTER ITS PURCHASE. SHE REPORTED THAT A DAY LATER SHE FELT NAUSEA AND HAD A BURNING SENSATION IN HER EYES. SHE FIRST ATTRIBUTED THIS TO A BAD MEAL. BUT UPON HEARING SOME INFORMATION FROM HER TWO DAUGHTERS ON THIS PRODUCT (FROM A NEWS SOURCE) AND THAT HER TWO DAUGHTERS HAD USED THE SAME PRODUCT AND, BOTH HAD FELT NAUSEA AFTER USING IT SHE DECIDED TO CALL THE COMMISSION. HER SYMPTOMS WENT AWAY ON THEIR OWN. SHE HAS NOT SEEN A DOCTOR. SHE IS AVAILABLE FOR FOLLOW-UP EARLY IN THE MORNINGS.			
6. DATE OF INCIDENT(S) NOV. 92	7. IF INJURY OR NEAR MISS, OBTAIN AGE <u>81</u> SEX <u>FEMALE</u> AND DESCRIBE INJURY <u>NAUSEA.</u>	8. IF VICTIM DIFFERENT FROM RESPONDENT, PROVIDE NAME <u>N/A.</u> RELATIONSHIP _____	
9. DESCRIPTION OF PRODUCT A 7 OUNCE SPRAY CAN WITH A PLASTIC TOP.		10. BRAND NAME WILSON LEATHER PROTECTOR.	
11. MANUFACTURER/DISTRIBUTOR NAME, ADDRESS & PHONE WILSON LEATHER. MINNEAPOLIS, MN. 55026.		12. MODEL, SERIAL NO.'S NONE.	
14. WAS THE PRODUCT DAMAGED, REPAIRED OR MODIFIED? YES _____ NO <u>X</u> IF YES, BEFORE OR AFTER THE INCIDENT? Describe _____		13. DEALER'S NAME, ADDRESS & PHONE WILSON'S LEATHER VICINITY OF BRICKYARD MALL. ON DIVERSEY ST. CHICAGO, ILLINOIS.	
17. HAVE YOU CONTACTED THE MANUFACTURER? YES _____ NO <u>X</u> IF NOT, DO YOU PLAN TO CONTACT THEM? YES _____ NO <u>X</u> OTHER _____		15. PRODUCT PURCHASED NEW <u>X</u> USED _____ DATE PURCHASED <u>NOV. 1992.</u> AGE <u>1 MONTH.</u>	
18. IS THE PRODUCT STILL AVAILABLE? YES <u>X</u> NO _____ IF NOT, ITS DISPOSITION _____		16. DOES PRODUCT HAVE WARNING LABELS? IF SO, NOTE: <u>CAUTION= KEEP AWAY FROM HEAT, SPARKS OR OPEN FLAME. AVOID BREATHING. AVOID CONTACT WITH SKIN & EYES.</u>	
19. MAY WE USE YOUR NAME WITH THIS REPORT? YES _____ NO <u>X</u>		FOR ADMINISTRATION USE	
20. DATE RECEIVED 28 DEC. 1992.		21. RECEIVED BY (Name & Office) L. VLCEK. FOCR/CHI.	
23. FOLLOW-UP ACTION <u>File</u>		22. DOCUMENT NO. G2 1C 0167	
25. DISTRIBUTION C: EPM; CC: CERN, Jackson, CC: EF		24. PRODUCT CODE(S) 0952	
26. ENDORSER'S NAME & TITLE <u>[Signature]</u> SPT			

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② E/F

FIELD ACTIVITY COVERSHEET

1. REGION/STATE <u>WES/SFRO</u>	2. OPERATION (Check One) <input type="checkbox"/> Inspection <input type="checkbox"/> Establishment Visit <input checked="" type="checkbox"/> Telephone Contact <input type="checkbox"/> Investigation <input type="checkbox"/> Other _____	3. DATE <u>12-28-92</u>
		4. NUMBER (For RO Use)

5. ESTABLISHMENT
 Name Wilson's - The Leather Experts
 Address _____
 City Minneapolis State MN Zip _____ Telephone No. _____

6. RELATED FIRM Parent Headquarters Subsidiary Other _____
 Name _____ City _____ State _____

7. PRODUCTS COVERED _____ _____	8. OTHER CONSUMER PRODUCTS _____ _____
---------------------------------------	--

ESTABLISHMENT TYPE <input type="checkbox"/> Manufacturer <input type="checkbox"/> Importer <input type="checkbox"/> Wholesaler <input type="checkbox"/> Own Label Distributor <input type="checkbox"/> Retailer <input type="checkbox"/> Repackager <input type="checkbox"/> Other _____	10. ANNUAL PRODUCTION Product Covered \$ _____ Units _____ Other Products \$ _____ Units _____
--	--

11. I.S. BUSINESS % Received _____ % Shipped _____	12. SAMPLES COLLECTED _____	13. MIS CODE <u>33567</u>	14. HOURS Activity <u>2</u> Travel _____
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15. REASON FOR ACTIVITY (Assignment Reference)

16. ANNOUNCED Rationale for Announced Inspection
 UNANNOUNCED

17. EMPLOYEE'S NAME <u>Thelma E. Tucker</u>	TITLE <u>Investigator</u>	SIGNATURE
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18. ENDORSEMENT REMARKS SUMMARY OTHER _____

Phone contact was made with the Oregon Health Sciences in response to media reports involving a leather care product under scrutiny by OHS. The product is Wilson's Leather Protector. Purportedly, there have been respiratory illnesses associated with the product. We shall investigate any incidents that we are able to identify.

19. REVIEWER'S NAME <u>James P. DiGrazia</u>	TITLE <u>Supervisor</u>	SIGNATURE
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20. REVIEW DATE <u>12-28-92</u>	21. DISTRIBUTION O: CHI-RO cc: CERM ; POR-RP cc c/s: LGC ; LDB/AP
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United States
Government
MEMORANDUM

CONSUMER PRODUCT SAFETY
COMMISSION
Western Region

DATE: December 28, 1992

FROM: Thelma E. Tucker
Product Safety Investigator
Western Region

SUBJECT: Illness from aerosol leather spray
Own label Distributor: Wilson's--The Leather Experts
Minneapolis, MN

TO: Lee Baxter, Regional Director, FOWR
Thru: James DiGrazia, Supervisory Investigator

Per a quote by United Press news release that Oregon Health Sciences is alerting the public of a leather spray causing illness, I have attempted to get more specific information. The attached fax provides the present information and the formula of the product.

I appears that a new formula for Wilson's leather spray in which one or two cans are used on a new coat or other garment has caused a respiratory illness similar to chemical pneumonitis. It is unsure whether the formula or a specific lot of the product is at fault. The formula is as follows:

80% Isooctane
18% propane
1% 1-1-1 trichloroethane (Scotch Guard)
1% Vyvar (polymerized alpha-olefin by Petrolite)

This product has been sold nationally at over 550 stores owned by Wilson's--The Leather Experts, Minneapolis, MN. The other company names follow:

Wilson's The Leather Experts
Wilson's Suede and Leather (about 475 stores)
Tannery West (~40 stores)
Berman's (~20)
Snyder's Leather Outlet (~20)
Berman's Leather Outlet (~5)
PelleCuir (~5)

**Communicable Disease Section
Center for Epidemiology and Disease Prevention
Oregon Health Division**

800 NE Oregon St., Suite 772 • Portland, OR 97232
e-mail: keene@ohsu.edu



From: Bill Keene, PhD, MPH

To: Thelma Tucker
C P S C

URGENT

no particular rush

per conversation

cover + 2 pages

We have 100's of calls
already - some of no interest,
of course. but no Flu yet

Alternative FAX

731-4082

DC name to

The Oregon Health Division and the Oregon Poison Center are investigating complaints of acute onset respiratory illness occurring shortly after use of a leather conditioning aerosol spray. Preliminary information has led the distributor to voluntarily stop sale of the product, which is distributed nationwide. At this point we are unsure if the problem is related to customer misuse, a general problem with the product's new formulation (infra), or a lot-specific problem with this new product. The information in this bulletin is preliminary and subject to change.

The individuals who contacted our Poison Center complained most commonly of coughing and shortness of breath. Some individuals reported tightness or burning in the chest, headache, malaise, and fever as high as 38.3 C (101 F). Infiltrates consistent with chemical pneumonitis were noted on Xray exam of at least two patients. Symptoms began within a few minutes to two hours after use of the spray. A number of patients were examined at local emergency rooms; at least one patient was admitted. Typically, household members reported mild to moderate symptoms, including persons with no direct (i.e., same room) exposure to the spray. All of the persons who contacted the Poison Center before the media alert had used the spray indoors, or had sprayed a garment outdoors and then brought it inside to offgas. The can says (in small print): CAUTION: VAPOR MAY BE HARMFUL, but does not say anything specifically about using with adequate (or any) ventilation, etc.

The product in question is WILSON'S LEATHER PROTECTOR, sold in 5 oz. black aerosol cans with red and white lettering. The Universal Product (bar) code number is 00189 96003. This product is sold nationally at over 550 stores, all owned by Wilson's--The Leather Experts, Minneapolis, MN. The company operates stores under several different names: Wilson's--The Leather Experts, Wilson's Suede and Leather (together about 475 stores), Tannery West (~40 stores), Berman's (~20), Snyder's Leather Outlet (~20), Berman's Leather Outlet (~5), and PelleCuir (~5). A date code is stamped on the bottom of each can, but apparently shows only the month of manufacture.

The 5 oz. cans are a new formulation of Wilson's Leather Protector, which previously was sold in 7 oz. cans of very similar appearance. According to company representatives, the new formulation is made specifically for Wilson's, and contains 80% isooctane, 18% propane, 1% 1-1-1 trichloroethane (ScotchGuard), and 1% Vyvar (polymerized alpha-olefin by Petrolite). Wilson's stores have been receiving the new product over the past couple of weeks, and have been putting it on the shelves as the old product was exhausted. In the Portland area, this occurred on or about 20, 24, and 26 December in the three stores polled. Typically, one or two cans are sold to persons buying leather coats or other outerwear, and customers are directed to treat their coats before wearing them. According to a regional sales representative, a very large proportion of the annual sales are Christmas presents, so it is reasonable to assume that many persons with new leather clothing are just in the last day or two getting around to using the spray.

Oregon Poison Center received one related call on December 23, two on the 24th, and two on the 26th. The Oregon Health Division was notified at 0800 PST Sunday the 27th. Over 20 calls were received on Sunday the 27th, most of them after the first media alert at 1700. As of 2300 Sunday more than 80 reports of illness in more than 30 households had been logged. We have learned of cases being reported to Poison Centers in at least Seattle, Tacoma, San Francisco, and Denver (all but one Center contacted), but have no information about other parts of the country.

Poison Centers around the country were notified on Sunday afternoon, as were CDC Environmental Health personnel. The Oregon Health Division is investigating to determine factors associated with illness. For more information, contact Dr. Bill Keene, Oregon Health Division: 503/731-4024 or 731-4025 (voice), 503/731-4030 (after hours page), 503/731-4798 (FAX) or keene@ohsu.edu (internet e-mail).

12. 28. 92 09:32 AM P03-

H31010A1

1. Case Number 930115 CWK 7005	2. Invest. I. D. (8 / 2 / 0 / 0)	3. Office Code (8 / 6 / 2)	E P I D E M I O L O G I C I N V E S T I G A T I O N R E P O R T
4. Date of Accident (33 / 01 / 07)	5. Date Invest Initiated (93 / 01 / 15)		

6. Synopsis of Accident or Complaint:
 This case involved a 17 year old victim found dead with a spray can of leather protector and a cloth saturated with the protector on the floor near the body. The victim died of respiratory failure due to inhalation of high concentrations of the product.

7. Location (Home, School, Etc.) Home (1 / 0)	8. City Burleson,	9. State Texas (T / X)
--	----------------------	-----------------------------

10A. First Product (1 / 1 / 3 / 3) Leather Protector	11A. Trade/Brand, Model, Mfgr & Address: Wilsons SKU 18996003 Minneapolis, MN. 55426
--	--

10B. Second Product (0 / 9 / 5 / 2) NONE	11B. Trade/Brand, Model, Mfgr & Address N/A
--	--

12. Age of Victim (0 / 1 / 7)	13. Sex (Use No. Code) Male.....1 Female....2 (1) Unknown...3	14. Disposition Fatality (8)	15. Injury Diagnosis vapor inhalation (6 / 8)
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16. Body Part All parts (8 / 5)	17. Respondent(s) (Mother, Friend, etc.) Grandfather Police records Medical Examiner (3)	18. Type Invstgtn On Site....1 Telephone..2 (2) Other.....3	19. Time Spent (___ / 8) . (0)
---	---	--	---------------------------------------

20. Attachments multiple (9)	21. Case Source complaint (0 / 7)	22. Reviewed by (0 / 2 / 3 / 17) YR MO DY (93 / 02 / 05)
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23. Permission To Disclose Names (Non-NEISS Cases ONLY)

CPSC May Disclose My Name ()

CPSC May NOT Disclose My Name (X)

24. Narrative	25. Regional Office Director Review Date
---------------	--

Summary of Event:

The victim was in good health when he settled in front of the television to watch a video tape and clean the jacket or gloves that he had received for Christmas. His mother told authorities that she went to bed around 2230 hours and awoke at 0030 hours on 01-07-93 to find the lights still on. According to the Medical Investigator's report, "She went into the living room and saw her son face down on a bean bag chair." When she found him to be unresponsive and blue around the mouth, she called 9-1-1. (See Investigator's Report, Attachment #3.) The victim was taken to Huguley Memorial Hospital ER by Med-Star Ambulance. The victim was pronounced dead on arrival. The Burleson Police collected two aerosol cans of the product and a rag that was saturated with the subject product. The victim's grandfather was briefly interviewed by telephone. He indicated that the victim had been using the rag to clean his leather items appropriately since he received them. He indicated that the police had taken the cans of leather protector and the rag. This investigator called the Burleson Police and was told that the items involved had all been turned over to the Tarrant County Medical Examiner's office to assist in their determination. The victim appears to have died from massive respiratory failure from inhaling large amounts of the subject product. The victim appears to have saturated the rag for the purpose of breathing the vapors.

Comments attached
 Revisions
 Form has not requested further notice
 01/10/93
 Comments made

H31010A1

PRODUCT IDENTIFICATION:

The product in this case was the 7 ounce size, WILSONS brand, aerosol leather protector. The front panel was labeled in part as follows:

"*** 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 EFFECTS MATERIAL *** CONTAINS NO SILICONE *** CAUTION: VAPER MAY BE HARMFUL CONTENTS UNDER PREASURE. READ CAREFULLY OTHER CAUTION ON BACK PANEL. *** NET WT. 7 OZ. ***"

The back panel was labeled in part as follows:

"***CO2 PROPELLANT *** NO FLUOROCARBONS *** CAUTION: CONTAINS 1,1,1 TRICHLOROETHANE. KEEP AWAY FROM HEAT, SPARKS AND OPEN FLAME. DO NOT PUNCTURE OR INCINERATE (BURN) CONTAINER. EXPOSURE TO HEAT OR PROLONGED EXPOSURE TO SUN MAY CAUSE BURSTING. *** AVOID BREATHING OF VAPOR OR SPRAY MIST. AVOID CONTACT WITH SKIN OR EYES. IF SPRAYED IN EYES, FLUSH THOROUGHLY WITH WATER. CALL PHYSICIAN IMMEDIATELY USE WITH ADEQUATTE VENTILATION. *** KEEP OUT OF REACH OF CHILDREN *** MANUFACTURED FOR: *** SUEDE & LEATHER *** WILSONS *** SINCE 1899 *** MINNEAPOLIS, MN 55426 SKU 18996003 ***"

The Medical Examiner was visited and interviewed concerning this case and it appeared that the victim's lungs contained more of the products chemicals than might be expected under normal use. The Autopsy Report had not yet been completed and will be forwarded on receipt.

STANDARDS INFORMATION:

There are no applicable Federal Standards for this product.

ATTACHMENTS:

1. Assignment and complaint report.
2. Photographs of the product
3. Copy of the Medical Investigator's Report
4. Copy of the Burlleson Police Report

CONTACT

PURPOSE

RESULTS

Medical Examiner

To obtain event scenario,
and investigators reports
from interview records.

Pending completion

Police Department

To obtain event scenario,
and investigators reports
from interview records.

Pending completion

Victim's
grandfather

Product identification
and history.

Provided history
of product use.

CONSUMER PRODUCT INCIDENT REPORT

FOR OFFICIAL USE ONLY
Attachment #1
930111 CWE 7005 LAW 133

1. NAME OF RESPONDENT
Robert Wagstaff (attorney)

2. PHONE NO. (HOME)
907-277-8611 same

3. STREET ADDRESS
912 W. 6th Ave.

4. CITY STATE ZIP CODE
Anchorage AK 99501

5. DESCRIBE INCIDENT OR HAZARD, INCLUDING DATA ON INJURIES (USE 2ND PGE IF NEEDED)
Respondent is filing complaint for client, Duane Cole, (street address unknown) Burleson, TX (zip code unknown) TEL: 817-295-4582.

Consumer woke-up at 3 a.m. and found son laying unconscious on the living room floor (position unknown) and his lips were blue. Consumer called local police and son was taken to local hospital and was pronounced dead upon arrival. Autopsy was performed which stated son died of -cont-

6. DATE OF INCIDENTS
1/7/93

7. IF INJURY OR NEAR MISS OBTAIN AGE/SEX AND DESCRIBE INJURY:
17 YR/M
death

8. IF VICTIM DIFFERENT FROM RESPONDENT, PROVIDE NAME RELATIONSHIP
Timothy Cole
client's grandson

9. DESCRIPTION OF PRODUCT
7-ounce leather protector spray

10. BRAND NAME
Wilsons Leather Spray

11. MFR/DISTRIBUTOR NAME, ADDR. & PHONE
Wilsons Leather
unknown
Minneapolis, MN 33437
612-541-3561
unknown
unknown
unknown

12. MODEL, SERIAL NUMBERS
unknown

13. DEALER'S NAME, ADDRESS & PHONE
unknown
unknown
unknown
unknown

14. WAS THE PRODUCT DAMAGED, REPAIRED OR MODIFIED? YES NO x IF YES, BEFORE OR AFTER THE INCIDENT? DESCRIBE:

15. PRODUCT PURCHASED NEW x USED
DATE PURCHASED unknown AGE unknown

16. DOES PRODUCT HAVE WARNING LABELS? IF SO, NOTE: unknown

17. HAVE YOU CONTACTED THE MANUFACTURER? YES NO x IF NOT, DO YOU PLAN TO CONTACT THEM? YES x NO OTHER?

18. IS THE PRODUCT STILL AVAILABLE? YES NO x IF NOT, ITS DISPOSITION
In local police possession.

19. MAY WE USE YOUR NAME WITH THIS REPORT? YES x NO

FOR ADMINISTRATION USE

20. DATE RECEIVED
01/15/93

21. RECEIVED BY (NAME & OFFICE)
kgw/hl

22. DOCUMENT NO.
H310110A1

23. FOLLOW-UP ACTION

24. PRODUCT CODE(S)

25. DISTRIBUTION

26. ENDORSER'S NAME & TITLE
[Handwritten signature]

CONSUMER PRODUCT INCIDENT REPORT

H310110A1

massive respiratory failure.

Grandfather said son used spray as instructed earlier the same day (time and duration unknown).

Medical examiner's office in Fort Worth, TX is investigating son's death and suspects leather protector is the cause of death.

Consumer got CPSC hotline number from the information operator.

Attachment #3
930115 CWE 7005
Leather Spray
Inhalation Fatality

TARRANT COUNTY MEDICAL EXAMINER'S DISTRICT
SERVING TARRANT, PARKER, & DENTON COUNTIES

01/19/93
PAGE: 1

I N V E S T I G A T O R S R E P O R T

CASE NO. 930068T

NIZAM PEERWANI, M.D.
CHIEF MEDICAL EXAMINER
ME-CASE

DAVID CARPENTER
CHIEF MEDICAL INVESTIGATOR

DECEASED (F.M.L.): TIMOTHY
ADDRESS: 484 IRENE

N TWADDLE
BURLESON

TX 76028

AGE: 017 BIRTH DATE: 11/04/1975 MARITAL STATUS: S PHONE (817) 447-9283

EXAMREPT (ASCII CRLF) (WT66 01/07/93) WT66 01/07/93 07:34:46
BODY IS VIEWED IN THE EMERGENCY ROOM OF HUGM. BODY IS COLL,
DRESSED IN T-SHIRT, OTHER CLOTHING HAD BEEN CUT AWAY. BODY WAS
BROUGHT TO HOSPITAL BY MED-STAR AMBULANCE AFTER HE WAS FOUND
UNRESPONSIVE, BY HIS MOTHER, AT THEIR RESIDENCE.

MOTHER STATES HER SON HAS NO KNOWN MEDICAL HISTORY, WAS NOT
UNDER THE CARE OF A DOCTOR AND WAS NOT TAKING ANY PRESCRIPTION
MEDICATIONS. SHE STATES HE HAD COMPLAINED OF A HEADACHE ON 01-05-
93 AND HE HAD EATEN SOME MEXICAN FOOD ON 01-06-93. SHE STATES SHE
WENT TO BED AROUND 2230, 01-06-93 AND AWOKE AROUND 0030, 01-07-93
AND THE LIGHTS WERE STILL ON. SHE WENT INTO THE LIVING ROOM AND
SAW HER SON FACE DOWN ON A BEAN BAG CHAIR, SHE APPROACHED HIM AND
TURNED HIM OVER AND HE WAS BLUE AROUND THE MOUTH AND WAS HOLDING A
VCR TAPE IN HIS HAND. SHE THEN CALLED 9-1-1.

OFFICER J. POLLEY #302, BURLESON P.D. SERVICE NUMBER #9300660,
RECEIVED A CALL FROM HIS SUPERVISOR WHO WAS AT THE RESIDENCE. THE
SUPERVISOR STATED THEY HAD LOCATED A CLOTH SATURATED WITH "WILSON'S
LEATHER CLEANER".

BILL YOUNG, M.I.
01-07-93

** END OF NARRATIVE **

2115

BURLESON POLIC
OFFENSE

Attachment #
930115 GWE 7005
Leather Spray Protector
Inhalation Fatality

CFS : OFFENSE : 484 IRENE
93-00660 : UNATTENDED DEATH :

DATE/TIME : MONTH : DAY : YEAR : TIME : OFFENSE OCCURRED : MONTH : DATE : YEAR : TIME
REPORTED : 01 : 07 : 93 : 0026 : ON/OR BETWEEN : 01 : 07 : 93 : @ 0026

ATTACK FIELD : UCR CODE : - - - : - - - : - - - : - - -

CONNECTING CASE # : PROPERTY CODE

CODES: V-VICTIM W-WITNESS COM-COMPLAINANT S-SUSPECT JUV-JUVENILE

VICTIM : NAME TWADDLE, TIMOTHY NEAL : SEX M : RACE W : AGE 17 : DOB 11/05/75
RESIDENCE 484 IRENE : ZIP 76028 : PHONE 447-9283
BUSINESS N/A : ZIP : PHONE

COMP. : NAME COLE, KAREN M. : SEX F : RACE W : AGE : DOB
RESIDENCE 484 IRENE : ZIP 76028 : PHONE 447-9283
BUSINESS N/A : ZIP : PHONE

YEAR : MAKE : MODEL : STYLE : COLOR : VIN

LICENSE NUMBER : TYPE : YEAR/STATE : MISCELLANEOUS

DESCRIPTION OF DAMAGED PROPERTY:
VALUE : \$
\$

CASE SUMMARY:

SOURCE OF ACTIVITY/BACKGROUND

On 01/07/93 at 0026 hrs. I (Officer Polley#302) was dispatched to 484 Irene in reference to an unconscious person who was not breathing.

OFFICERS OBSERVATION/INVESTIGATION

Upon arrival I and Officer Eakins were met at the front door of the residence by Com/Cole who is V/Twaddle mother. Com/Cole was hysterical and yelling at us to hurry and help her son. Upon making entry into the residence Officers observed V/Twaddle laying on his back in the living room with his head towards the front door and his feet towards the back door of the residence. Upon checking vital signs on V/Twaddle none could be found at which time Officers began conducting C.P.R.

REPORT BY : C. Polley DATE: 1/7/93 CASE ASSIGNED 246

SUPPLEMENTARY REPORT

BPD 100A-86

(X) CONTINUATION
() SUPPLEMENTAL UNATTENDED DEATH
CASE FILE NO:
93-00660

OFFENSE

Karen Cole 484 Irene 447-9283

Name of Complainant Address Phone No.

DETAILS OF OFFENSE, PROGRESS OF INVESTIGATION, ETC
(Investigating Officer Must Sign)

PAGE 2 of 3

DATE 01/07/93

OFFICERS OBSERVATION/INVESTIGATION (CONTINUED)

V/Twaddle was blue in facial color however warm to the touch. Officers continued C.P.R. until Medstar and Fire Dept. personel arrived and took over the scene. V/Twaddle never regained consciousness or showed any vital signs when given medical treatment. V/Twaddle was then transported to Huguley Hospital by Medstar ambulance.

Officers then met with Com/Cole who advised that she had went to bed on 01/06/93 @2230 hrs. and the last time she saw her son (V/Twaddle) he was watching television. When she awoke she went out to the living room because she saw the lights on and discovered V/Twaddle in a fetal position on his knees and head with a video tape in his hand like he was attempting to put in the video tape when he was suddenly stricken with the unknown problem. Com/Cole then advised she rolled him over onto his back and discovered that he was not breathing and was unconcious at which time she called 911. Com/Cole also advised that V/Twaddle had been home all day and did not have any visitors to her knowledge and that he did not have any medical problems and was not taking any medication.

I then went to Huguley Hospital were I met with Dr. Tim Curran who advised me that V/Twaddle did not survive and at this time did not know the cause of death and that Tarrant Co. Medical Examiners office was enroutte to the hospital.

Upon Tarrant Co. Medical Examiner arrived I met with Investigator Bill Young and advised him of what I had observed and heard up to that point. I was then called by Cpl. Carson #323 who advised that V/Twaddle may have been inhaling leather cleaner at which time I relayed that information to Mr. Young.

EVIDENCE

See Detective Pollards report

POINT/METHOD OF ENTRY/EXIT

N/A

REPORT MADE BY

[Handwritten Signature]

APPROVED BY

[Handwritten Signature]

747

BPD 100A-86

SUPPLEMENTARY REPORT

CONTINUATION
 SUPPLEMENTAL

UNATTENDED DEATH

CASE FILE NO
93-00660

OFFENSE

WITNESSES

Com/Cole who discovered her son (V/Twaddle)
(See Crime Scene log for other Fire, Police and Medstar Personnel)

ADDITIONAL

Com/Cole also advised me that V/Twaddle had complained of a headache yesterday, but every thing was normal around the house and that there had not been any argument between the two or any one else to her knowledge.

UNDEVELOPED LEADS

N/A

STATUS *Refer to CFS*

LOCATION 484 IRENE
SERVICE NO. 93-00600

NAME OF PERSON ENTERING	RANK	DEPARTMENT / ORGANIZATION	TIME-IN	TIME-OUT	REASON FOR ENTRY	PER. INITIAL
J.C. POLLEY		BURLESON P.D.	1232	0128	CRIME SCENE	JP
S. EARNS		BURLESON P.D.	1232	0220	CRIME SCENE	
B. FOSTER		BURLESON F.D.	1235	1247	MEDICAL	
L. BRYANT		BURLESON F.D.	1235	1247	MEDICAL	
G. MASHI		BURLESON F.D.	1235	1251	MEDICAL	
R. BAKER		BURLESON F.D.	1235	1251	MEDICAL	
J. JONES		MED-STAR #52	1235	1251	MEDICAL	
P. CARSON		BURLESON P.D.	1234	0245	BURLESON P.D.	
R. MATTIX	SGT	BURLESON P.D.	1234	0209	CRIME SCENE	
RUSSELL HELMICK		504 IRENE FAMILY FRIENDS	1242	1251	FRIEND	
KIM HELMICK		504 IRENE FAMILY FRIEND	1242	1251	FRIEND	
POUARO MIKE	DET.	BURLESON P.D.	0117	0245	CRIME SCENE	MP
D. HAINES		BURLESON P.D.	0208	0203	CRIME SCENE	
L. WICKES		BURLESON P.D.	1237	0226	CRIME SCENE	
P. Cook		Medstar #52	1235	1251	med. cal	

LOG OFFICER'S NAME: L. WICKES #337 DATE: 01/26/93 TIME BEGIN: 1232 TIME END: 0245

CONTINUATION
SUPPLEMENTAL

SUPPLEMENTARY REPORT

CASE FILE NO.
93-00660

Classification

BPD 100A-86

Name of Complainant: Cole, KAREN M. Address: 484 Irene Phone No: 447-9283

Unattended Death

DETAILS OF OFFENSE, PROGRESS OF INVESTIGATION, ETC.
(Investigating Officer must sign)

No. 1 of 1

DATE 01-07-93

On above date at 0026 hours this Officer responded to 484 Irene reference to an unconscious person who was not breathing. Upon this Officer's arrival, Officers Polley 302 and Officer Ekins 320 who were already on scene, were performing C.P.R. on an unconscious white male who was later identified as V/Twaddle. V/Twaddle was laying unconscious in the living room in front of the TV. Com/Cole, who is V/Twaddle's mother, was on scene and was very upset. This Officer then took Com/Cole into the kitchen area to try to calm her down. Med. Star and Fire Dept. personnel arrived on scene to treat V/Twaddle, with Med. Star transporting him to Huguley Hospital. Det. Pollard 310 was contacted and arrived on scene for further investigation. This Officer remained on scene while Det. Pollard 310 completed his investigation. This Officer is unsure of Det. Pollard's conclusions but did observe Det. Pollard 310 take 2 cans of Leather Protector and a wash cloth in for evidence. This Officer then secured the residence (as requested by Com/Cole) and cleared the scene with Det. Pollard 310.

CONTINUATION
SUPPLEMENTAL

SUPPLEMENTARY REPORT

CASE FILE NO.

93 20660

Incident
Classification

BPD 100A-86

Name of Complainant

Address

Phone

COLE, KAREN M.

484 IRVINE

447-9283

Unattended Death

DETAILS OF OFFENSE, PROGRESS OF INVESTIGATION, ETC.
(Investigating Officer must sign)

Page No.

1

DATE

1-7-93

On 1-7-93 at 0700 Hours this officer arrived at the above address as requested by Cpl. Carlson 323 to remove the medical waste. This officer gathered the waste and left the scene at 0703 hours in route to Med Star to dispose of the waste.

INVESTIGATING OFFICER(S)

REPORT MADE BY

[Signature] 315 DATE 1/7/93

CONTINUATION
SUPPLEMENTAL

SUPPLEMENTARY REPORT

CASE FILE NO.
93-00660

Investigation
Classification

BPD 100A-86

Name of Complainant Cole Karen M. Address 484 Irene Burlington Tn. 76028 Phone No 817-447-9283
Cause Unattended Death

DETAILS OF OFFENSE, PROGRESS OF INVESTIGATION, ETC.
(Investigating Officer must sign)

Page No. 1 of 3

DATE January 07, 1993

On Thursday January 7, 1993 at 00:26 hours I, (Sgt R.C. Mattix) responded to 484 Irene to assist Officer J.C. Polley 302 regarding a reported unconscious person who was not breathing. I was accompanied by Cpl. E.P. Casper # 323 who was a second officer in my patrol unit.

Upon my arrival some five minutes after dispatch time I observed Officer Polley and secondary assist unit S. Collins # 320 administering "C.P.R." to a white male who was lying on his back in the living room area adjacent to a television set. The white male was identified as Twaddle Timothy H. D.O.B. 11-05-75. This identification was obtained from a female who identified herself as the victims mother (Cole Karen M.). Mrs. Cole frantically stated that she had awoken from her sleep, traveled to the living room and found her son unconscious lying in the floor grasping a "V.C.R" tape adjacent to the television set. Mrs. Cole reportedly last observed her son when she went to bed at 2230 hrs.

REPORT MADE BY Sgt R.C. Mattix DATE 01079

() CONTINUATION
(✓) SUPPLEMENTAL

SUPPLEMENTARY REPORT

Investigation
Classification

CASE FILE NO.
93-00660

BPD 100A-86

Name of Complainant: Cole, Karen M. Address: 484 Irene Burleson Tx. 76028 Phone #: 817-447-9283
Offense: Unattended Death

DETAILS OF OFFENSE, PROGRESS OF INVESTIGATION, ETC.
(Investigating Officer must sign)

Page No. 2 OF 3

DATE January 07, 1993

Shortly after my arrival, Med Star Ambulance Service arrived and initiated procedures attempting to revive the victims. Medstar personell were assisted by several Burleson Volunteer Fire Department Personnel. As emergency medical service was rendered I began establishing the necessary protocol for crime scene security and processing. Officer Z. Wickel # 337 was summoned to the scene and instructed to begin crime scene logs documenting entry and exit by authorized persons into the area. I then notified Captain C.W. Peacey # 317 and C.I.S supervisor Sgt. C.K. Aaron # 311. At the direction of Sgt. Aaron # 311, Det. M. Pollard # 310 was called to the scene and was designated the Officer in charge of crime scene search. Det. Pollard # 310 accomplished this assignment with the assistance of on-scene officers who acted at his direction. Officer Folley was instructed to travel to the hospital (Huguley Memorial) and continue his investigation with the assistance of Victims Assistance Personell who.

INVESTIGATING OFFICER(S)

CONTINUATION
SUPPLEMENTAL

SUPPLEMENTARY REPORT

CASE FILE NO.
93-00660

Investigation
Classification

BPD 100A-86

Name of Complainant: Colle Karen M. Address: 484 Irene Burlington Tr. 76028 Phone No: 817-447-9283

Unattended Death

DETAILS OF OFFENSE, PROGRESS OF INVESTIGATION, ETC.
(Investigating Officer must sign)

No. 3 of 3

DATE January 7, 1993

had been requested at the hospital facility. Upon completion of crime scene processing/searches Officers Caxim # 320 and Det. Palled # 310 had located a white in color "wash type bag" that smelled of unidentified chemical substance. This bag was found near the victims body in the floor area. Also located in the vicinity of the body was two spray cans of a shoe or boot preservative/cleaner. These items were taken into custody by Det. Palled # 310 and removed from the scene for evidentiary purposes.

At approximately 02:20 hours I departed the scene and arrived at the Police Department shortly thereafter for conclusion of my tour of duty.

Er. P. P. P.

CONTINUATION
SUPPLEMENTAL

SUPPLEMENTARY REPORT

CASE FILE NO.
93-00660
BPD 100A-86

Offense
Classification

Name of Complainant: Cole, Karen M
Address: 484 Irene St
Phone No: 447-9283
Unattended Death

DETAILS OF OFFENSE, PROGRESS OF INVESTIGATION, ETC.
(Investigating Officer must sign)

Page No. 1 of 2 DATE 1-7-93

On 1-7-93 at 0026 hrs this officer and officer Pelley #302 responded to a person not breathing at 484 Irene St. Officer Pelley #302 and this officer arrived on scene at approximately the same time. Officer Pelley #302 exited his vehicle going to the trunk to remove a BMV. As both officers approached the front door of the residence, Carl Cole advised his son VJ Twaddle was not breathing. Upon making entry into the residence VJ Twaddle was observed lying on his back in the living room next to an entertainment center.

Officer Pelley immediately checked VJ Twaddle for vital signs. Officer Pelley #302 advised he could not detect any pulse. This officer advised dispatched that CPR would be started on VJ Twaddle. After several CPR compression cycles Med Star and the Fire Department arrived on scene and took over the treatment of VJ Twaddle.

VJ Twaddle was transported to Haysley Hospital for treatment.

Investigating Officer(s) S. Estus #320 REPORT MADE BY DATE 1-7-93

CONTINUATION
SUPPLEMENTAL

SUPPLEMENTARY REPORT

CASE FILE NO.
93-00660

Offense
Classification

BPD 100A-86

Name of Complainant: Cole, Karen M. Address: 484 Teane ST. Phone No: 447-9283

Unattended Death

DETAILS OF OFFENSE, PROGRESS OF INVESTIGATION, ETC.
(Investigating Officer must sign)

No. 2 of 2

DATE 1-7-93

This officer remained at the residence with Sgt. Mathis #321 and Cpl. Carson #323 while Officer Pally #302 went to Huey Hospital. Det. Pollard #310 came to the residence to investigate the death.

During the investigation a white wash cloth was located on the floor in the area where V/Turdelle had been lying, also a can of leather Polish was observed sitting in the same area.

At approximately 0230 hrs this officer cleaned the scene.

INVESTIGATING OFFICER(S) S. Edder #320

REPORT MADE BY

DATE 1-8-93

Photos #3 & #4 - Views of the front of the spray can;
labeled in part as follows:

"*** 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 EFFECTS MATERIAL *** CONTAINS NO
SILICONE *** CAUTION: VAPER MAY BE HARMFUL CONTENTS
UNDER PREASURE. READ CAREFULLY OTHER CAUTION ON
BACK PANEL. *** NET WT. 7 OZ. ***"



Attachment #2
930115 CWE 7005
Leather Spray Cleaner
Inhalation Fatality



Photo #7 - (not a view of the back of the can. See photo #5 for labeling.)

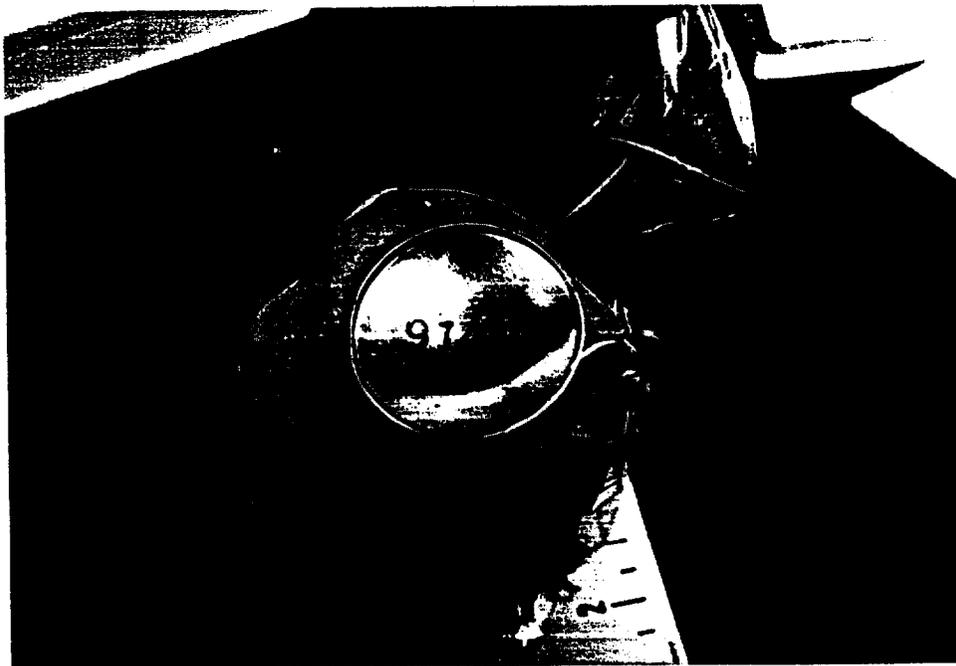


Photo #8 - The bottom of the can was stamped "91492".

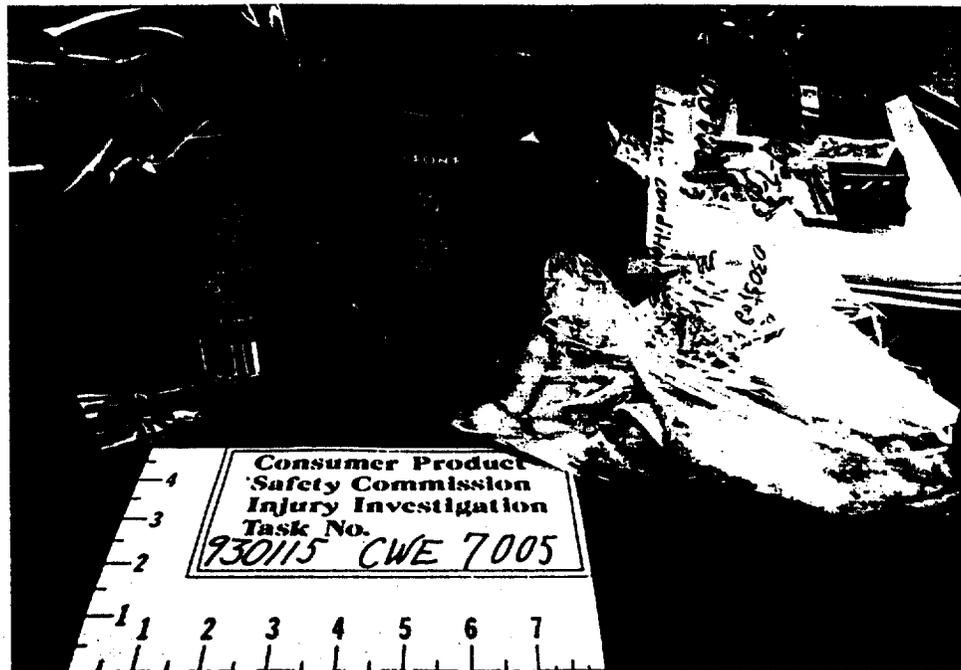


Photo #9 - An over view of the evidence in this case.

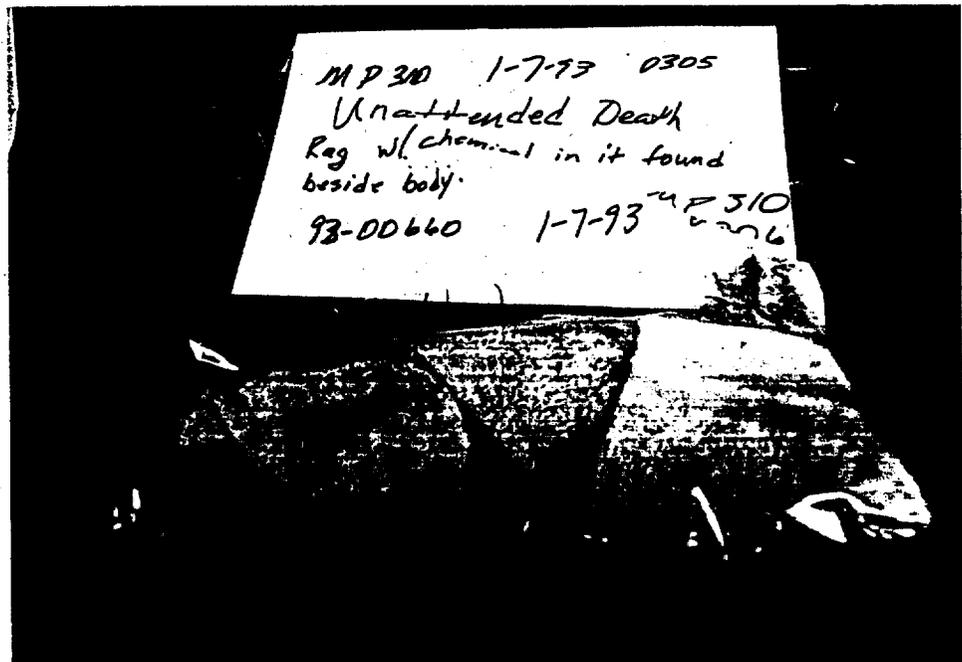


Photo #10 - The cloth used to clean the leather goods. The "rag with chemical in it", was found beside the victim.

E/F

FIELD ACTIVITY COVERSHEET

1. REGION/STATE FOWR/PHX Arizona	2. OPERATION (Check One) <input type="checkbox"/> Inspection <input type="checkbox"/> Telephone Contact <input type="checkbox"/> Other	<input type="checkbox"/> Establishment Visit <input checked="" type="checkbox"/> Investigation	3. DATE 2/17/93
			4. NUMBER (For RO Use) 930113HWE4015

5. ESTABLISHMENT
Name Wilsons - The Leather Experts
Address _____
City Minneapolis State MN Zip 55426 Telephone No. 612/ 541-3308

6. RELATED FIRM
Name _____
 Parent Headquarters Subsidiary Other
City _____ State _____

7. PRODUCTS COVERED <u>leather conditioner - spray in 5 oz. can</u>	8. OTHER CONSUMER PRODUCTS _____
--	-------------------------------------

9. ESTABLISHMENT TYPE <input checked="" type="checkbox"/> Manufacturer <input type="checkbox"/> Importer <input type="checkbox"/> Wholesaler <input type="checkbox"/> Own Label Distributor <input type="checkbox"/> Retailer <input type="checkbox"/> Repackager <input type="checkbox"/> Other _____	10. ANNUAL PRODUCTION Product Covered \$ _____ Units _____ Other Products \$ _____ Units _____
--	--

11. I.S. BUSINESS % Received _____ % Shipped _____	12. SAMPLES COLLECTED	13. MIS CODE 12165	14. HOURS Activity <u>6.5 hrs.</u> Travel <u>1.5 hrs.</u>
--	-----------------------	-----------------------	---

15. REASON FOR ACTIVITY (Assignment Reference) IDI # 930113HWE4015 was assigned as a follow-up to incident report # F314014.

16. ANNOUNCED Rationale for Announced Inspection
UNANNOUNCED N/A

17. EMPLOYEE'S NAME Zannie E. Weaver	TITLE Investigator	SIGNATURE <i>Zannie E. Weaver</i>
---	-----------------------	--------------------------------------

18. ENDORSEMENT REMARKS SUMMARY OTHER

A 26 year old female suffered breathing difficulties after using a spray can of leather conditioner on a newly purchased leather jacket.

F/U: Refer to FOCR

19. REVIEWER'S NAME Dorothy L. Collier (8293)	TITLE Supervisor	SIGNATURE <i>Dorothy L. Collier</i>
--	---------------------	--

20. REVIEW DATE <u>2-17-93</u>	21. DISTRIBUTION Orig: EPDS cc: <u>[redacted]</u> FOWR/IDI CS: FOWR Prog. Mgr. thru LDB FOWR/DLC
-----------------------------------	--

1. CASE NO. 930113HWE4015	2. INVESTIGATOR'S ID 8 5 5 4	3. OFFICE CODE 8 6 0	EPIDEMIOLOGIC INVESTIGATION REPORT
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 Phoenix	9. STATE Arizona
--	--------------------	---------------------

10A. FIRST PRODUCT spray can of leather conditioner	0 9 5 2	11A. TRADE/BRAND NAME, MODEL NUMBER, MANUFACTURER & ADDRESS 5 oz. can of Wilsons	Wilsons The Leather Experts Minneapolis, MN 55426
--	---------	---	---

10B. SECOND PRODUCT none		11A. TRADE/BRAND NAME, MODEL NUMBER, MANUFACTURER & ADDRESS N/A	
-----------------------------	--	--	--

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
----------------------------	--	---	--

16. BODY PART all parts 8 5	17. RESPONDENT(S) (Mother, Friend) victim & her Doctor 1	18. TYPE INVESTIGATION ON SITE 1 TELEPHONE 2 1 OTHER 3	19. TIME SPENT 6 5
--------------------------------	---	---	-----------------------

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
-------------------------------	--	----------------------------	--------------------------

23. PERMISSION TO DISCLOSE NAMES (NON-NEISS CASES ONLY)	CPSM MAY DISCLOSE MY NAME <input checked="" type="checkbox"/>	CPSM MAY NOT DISCLOSE MY NAME <input type="checkbox"/>
--	---	--

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.

MR. APPLER NOTIFIED
 No comments made
 Comments attached
 Excisions/Revisions
 Firm has not requested further notice
 4/28/94
 ADD

(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.

912

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. Blou
(Signature)

1-31-93
(Date)

266

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

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

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

267



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

[REDACTED]
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

2
018

DEC 24 1992

IDI# 930113 HWE4015 Exhibit # 4

PARADISE VILLAGE FAMILY PHYSICIANS, LTD.

Name Huong Gilmore Phone 938-4743 Work Phone _____
 Age 26 Wt. 150 # 108 BP 118/78 T 98.2 P _____ Ht. _____
 Info given patient: Diet _____
 Wt. (Act.) Meds. (Meds.) F/U _____ PRN _____
 CC SOB, cough 2° using aerosol Referral _____
for leather conditioner New Allergies _____ Other _____

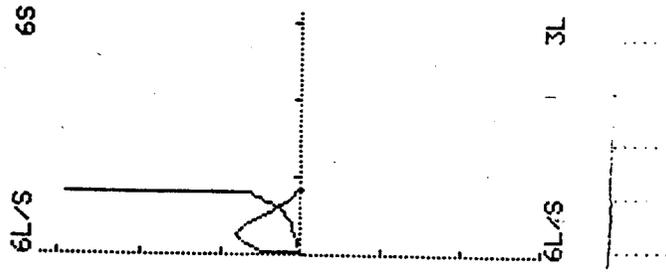
⑤ more pronounced
 1" of nasal exposure
 10 ml. sput. NAUT
 but persists to now
 (all) deeper now
 & dyspnea on exert

⊙ - WETUM NPA
 lungs clear
 wheezing in short
 bursts
 NO audible
 wheezing with
 bronchomanon vagin

Ⓐ = Asthma
 Ⓒ = SUN
 improved see
 below
 Allergy test done
 Anulox ~~test~~
 [Redacted]

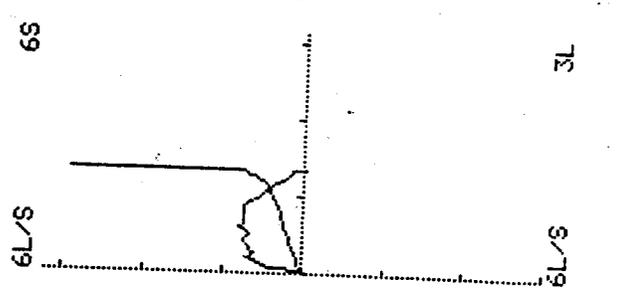
1" more being
 I.D.# _____
 RACE _____
 AGE 26
 HEIGHT 61 INCH

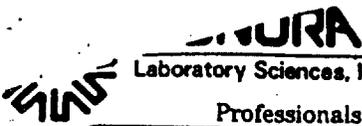
FVC	0.84L
PRED.	3.20L
%	26.2%
FEV1.0	0.75L
PRED.	2.79L
%	26.8%
FEV1.0%	89.2%
FEF25-75	1.02L/S
PRED.	3.41L/S
%	29.9%
PEF	1.63L/S
PRED.	6.16L/S
%	26.4%
P IF	0.20L/S
FEF25	1.63L/S
PRED.	5.82L/S
%	28.0%
FEF50	1.19L/S
PRED.	3.88L/S
%	30.6%
FEF75	0.53L/S
PRED.	1.83L/S
%	28.9%
U EXTR%	2.9%



Gilmore, Huong
 I.D.# _____
 RACE _____
 AGE 26
 HEIGHT 61 INCH

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%
P IF	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%





1500 S. Dobson Rd, B217, Mesa, AZ 85202
 Laboratory Sciences, Inc.

802/833-8224
 800/786-8721
 (800/SONORA-1)

Professionals in Laboratory Medicine

CLIN-PATH ASSOCIATES, P.C.

L.D. Shaw, M.D. L.M. Meyer, M.D.
 L.A. Roast, M.D. S.A. Ovanesoff, M.D.
 N.A. Sampaio, M.D. K.L. Justice, M.D.
 K.G. Zimmerman, M.D. W. Giletta, M.D.
 C.J. Webner, M.D. M.H. Kulesh, M.D.
 S.D. Ragdale, 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
			12/18/66
			F
		SEX	

PHYSICIAN
 [REDACTED]

[REDACTED]
 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:
 CYTO-BETHESDA (PAP, 1 SL)
 VAGINAL-CERVICAL SMEAR
 A#: CA92066146

RESULT
 COMPLETED 01/04/93

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 [REDACTED]
 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.

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. 4'11" Wt. _____ Act. _____ Meds. _____ F/U _____ PRN _____

CC Res breathing Pap #15192 Referral _____

New Allergies _____ Other _____

(S) didn't seem to need bronchodilator after 1st 2 days - dramatically improved on Albuterol Start + bronchodilator

① - Albuterol

② - Flutic aerosol potassium

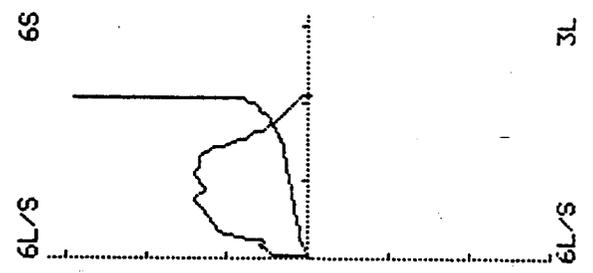
③ - use albuterol 9/11 prednisone pill. X6 days in decreasing dose

~~Handwritten scribble~~

Huang Gilmore
I.D.# 127772
RACE 0 %
AGE 26
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%
U EXTR% 7.0%

*SUG. DIAG.:
REST.



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 target.

930113HWE4015
Exhibit # 5

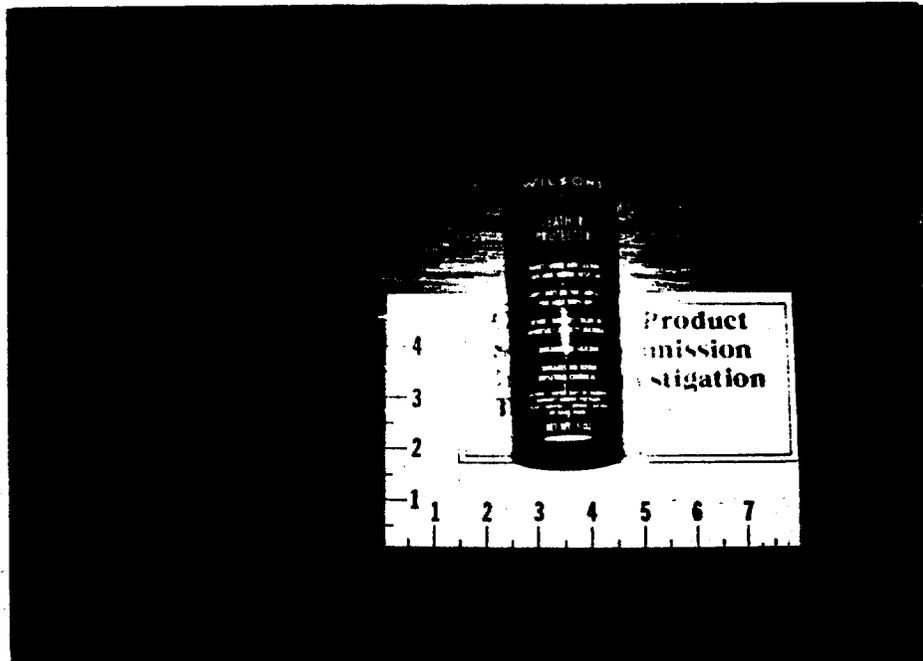


Photo #3 - View showing spray
can of leather conditioner.



Photo #4 - View of
product with cap
removed.

930113HWE 4015
Exhibit # 5

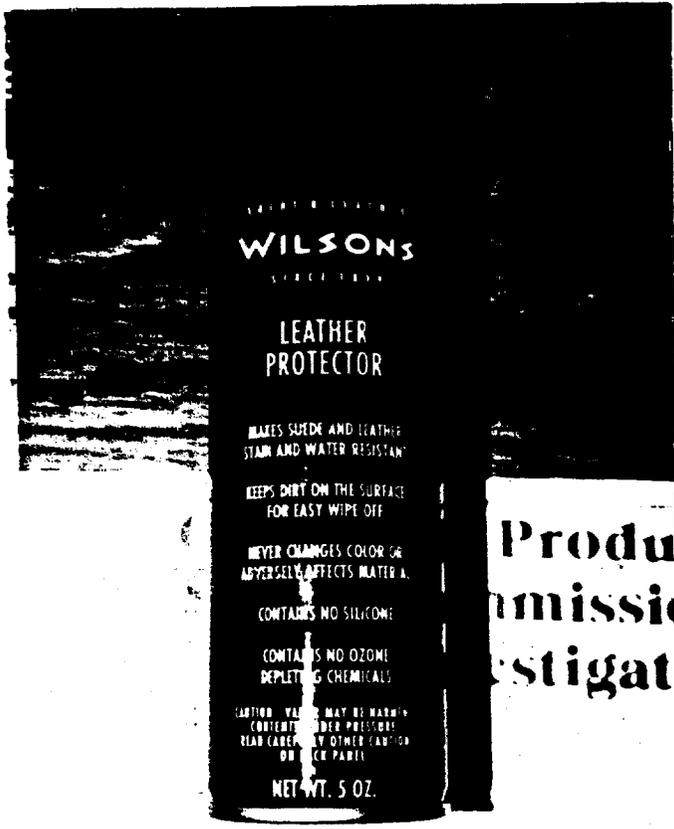


Photo # 5 - Close up of front panel labeling.

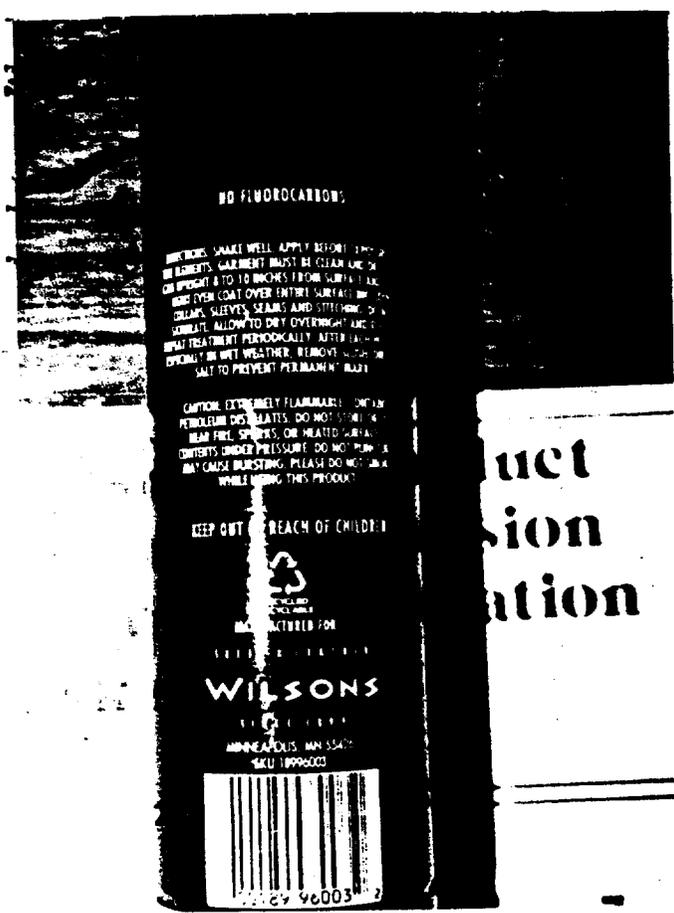


Photo # 6 - Close up of back panel labeling.

930113HWE4015
Exhibit # 5

IDI # 930113HWE4015

Negatives

United States Government
Consumer Product Safety Commission
Arizona Office
522 North Central Avenue
Room 207
Phoenix, Arizona 85004

Negatives

930113HWE4015
Exhibit # 6

FIELD ACTIVITY REQUEST

1. REGION/STATE]	2. OPERATION [Check Appropriate Block(s)]	3a. DATE ISSUED
FOWR/LOS]	<input type="checkbox"/> Inspection <input type="checkbox"/> Recall Effect Check	1/13/93
4. NUMBER]	<input type="checkbox"/> Telephone Contact <input checked="" type="checkbox"/> Investigation	3b. TRGT DATE
930113HWE4015]	<input type="checkbox"/> Sample Collection <input type="checkbox"/> Other	2/18/93
5. ESTABLISHMENT		
Name: Mrs. Huong Gilmore	(602) 936-4743	
Address: 2-710-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. H. Wong Gilmore</i>		2. TELEPHONE NO. (Home) / (Work) <i>602/936-4743 / 225-0732</i>	
3. STREET ADDRESS <i>2710 N. 84th 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 9 P.M.</i>	7. IF INJURY OR NEAR MISS, OBTAIN AGE <i>26</i> SEX <i>female</i> AND DESCRIBE INJURY <i>damage 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>	
13. DEALER'S NAME, ADDRESS & PHONE <i>Wilson's Suede & Leather Paradise Valley mall Phoenix, AZ</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	
15. PRODUCT PURCHASED NEW <input checked="" type="checkbox"/> USED <input type="checkbox"/> DATE PURCHASED <i>around 12-23-92</i> AGE <i>new</i>		16. DOES PRODUCT HAVE WARNING LABELS? IF SO, NOTE:	
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		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 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>FOWK/PHX Jennie E. Weaver Arizona</i>	
23. FOLLOW-UP ACTION <i>IDI/TMR # 93013HWE@DIS</i>		22. DOCUMENT NO. <i>F314014</i>	
25. DISTRIBUTION <i>CAT 10 CHNNO1</i>		26. ENDORSER'S NAME & TITLE	