E TC-21 (15)

CONSUMER PRODUCT INCIDENT REPORT

OCT 11 1994 IV-13

1. NAME OF RESPONDENT [redacted]	2. PHONE NO. (HOME) (WORK) 610-[redacted] same
3. STREET ADDRESS P.O [redacted]	4. CITY STATE ZIP CODE Springtown PA 18081

5. DESCRIBE INCIDENT OR HAZARD, INCLUDING DATA ON INJURIES
Consumer placed a hot pot pie on dinner plate; 3 minutes later, plate shattered into approximately 5 pieces (dimensions unknown) which remained on table and slivers which landed in a 3' radius. 10/5/94 Consumer called and explained incident to manufacturer's rep., (name unknown) who requested damaged plate for inspection and offered consumer a new identical replacement plate. Consumer plans to send damaged plate to manufacturer
-cont-

6. DATE OF INCIDENTS 10/4/94	7. IF INJURY OR NEAR MISS OBTAIN AGE/SEX 0 Y/N AND DESCRIBE INJURY: none	8. IF VICTIM DIFFERENT FROM RESPONDENT, PROVIDE NAME none RELATIONSHIP none
9. DESCRIPTION OF PRODUCT white glass plate in dinnerware set (amount unk.)		10. BRAND NAME Crown Corning Sculpture

11. MFR/DISTRIBUTOR NAME, ADDR. & PHONE Corning Revere P.O. Box C Waynesboro, VA 22980 1-800-624-9218 unknown unknown unknown	12. MODEL, SERIAL NUMBERS Corelle Enhancement Dinnerware Set 13. DEALER'S NAME, ADDRESS & PHONE [redacted] unknown Montgomeryville, PA 00000 215-3[redacted]
14. WAS THE PRODUCT DAMAGED, REPAIRED OR MODIFIED? YES x NO IF YES, BEFORE OR AFTER THE INCIDENT? after DESCRIBE: damaged: plate shattered	15. PRODUCT PURCHASED NEW x USED DATE PURCHASED 1992 AGE 2 yrs. 16. DOES PRODUCT HAVE WARNING LABELS? IF SO, NOTE: "Do not use in oven or on top of stove; microwave save."

17. HAVE YOU CONTACTED THE MANUFACTURER? YES x NO IF NOT, DO YOU PLAN TO CONTACT THEM? YES NO OTHER?	18. IS THE PRODUCT STILL AVAILABLE? YES x NO IF NOT, ITS DISPOSITION	19. MAY WE USE YOUR NAME WITH THIS REPORT? YES x NO Pulled

FOR ADMINISTRATION USE

20. DATE RECEIVED 10/06/94	21. RECEIVED BY (NAME & OFFICE) ctw/HL	22. DOCUMENT NO. H[redacted]4A0053A0 -94
23. FOLLOW-UP ACTION		24. PRODUCT CODE(S) 6474
25. DISTRIBUTION	26. ENDORSER'S NAME & TITLE [illegible] 10/7/94	

CPSC FORM 175 (9/89)

MFR/PRVLER NOTIFIED
X
Comments made
Comments attached
Revisions
Firm has not requested
former notice

25/4

CONSUMER PRODUCT INCIDENT REPORT H94A0053A

Narrative Continued

(date unknown).

Distributor phone #: unknown

CPSC Source: L/GOVT

14 OCT 1994

If you have any changes, additions, or comments you wish to make concerning your attached report, please make them in the space below.

[redacted]

9. 2 - 16 Piece Sets 5 Piece Complete Set

10. Crown Corning Coralle Sculpture

13. [redacted] Square - Bethlehem Pa. Phone 610-867[redacted]

14. No

15. Date Purchased 4-21-90

18. Not Sure

I confirm that the information in the attached report (including any changes, additions, or comments I have made) is accurate to the best of my knowledge and belief.

[redacted] 10-24-94

Signature Date

☐ I request that you do not release my name.

☑ You may release my name to the manufacturer but I request that you not release it to the general public.

☐ You may release my name to the manufacturer and to the public.

I.2

TC-21

CONSUMER PRODUCT INCIDENT REPORT

OCT 11 1994 22

1. NAME OF RESPONDENT [redacted]	2. PHONE NO. (HOME) (WORK) 810-2[redacted] none
3. STREET ADDRESS [redacted]mberg	4. CITY STATE ZIP CODE Brighton MI 48116

5. DESCRIBE INCIDENT OR HAZARD, INCLUDING DATA ON INJURIES
1-1/2 long, 1/4" wide area of lid shattered into slivers during use (3 hours at 300-325 degrees F). Consumer sat broken lid on table and next morning the rest of lid had shattered into 24 pieces, 2" long, 1/8" wide to slivers landing in a 6' radius. CPSC Source: UNK

6. DATE OF INCIDENTS 10/6/94	7. IF INJURY OR NEAR MISS OBTAIN AGE/SEX 0 Y/N AND DESCRIBE INJURY: none	8. IF VICTIM DIFFERENT FROM RESPONDENT, PROVIDE NAME none RELATIONSHIP none
9. DESCRIPTION OF PRODUCT 12" oval clear glass lid for white glass roaster		10. BRAND NAME Corning French White

11. MFR/DISTRIBUTOR NAME, ADDR. & PHONE Corning unknown Midland, MI 00000 unknown unknown unknown unknown	12. MODEL, SERIAL NUMBERS F-14-8 13. DEALER'S NAME, ADDRESS & PHONE [redacted] Grand River Brighton, MI 48116 810-[redacted]
14. WAS THE PRODUCT DAMAGED, REPAIRED OR MODIFIED? YES x NO IF YES, BEFORE OR AFTER THE INCIDENT? after DESCRIBE: damaged: see narrative	15. PRODUCT PURCHASED NEW x USED DATE PURCHASED '82 AGE 1.5 yrs. 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 x NO IF NOT, ITS DISPOSITION	19. MAY WE USE YOUR NAME WITH THIS REPORT? YES x NO purged

FOR ADMINISTRATION USE

20. DATE RECEIVED 10/06/94	21. RECEIVED BY (NAME & OFFICE) 1dm/HP	22. DOCUMENT NO. H[redacted]4A0043A -94
23. FOLLOW-UP ACTION		24. PRODUCT CODE(S) 0461
25. DISTRIBUTION	26. ENDORSER'S NAME & TITLE 10/6/94	

MFR/PRVLBR NOTIFIED
No Comments made
Comments attached
Excisions/Revisions
Firm has not requested further notice

CPSC FORM 175 (9/89)

14 OCT 1994

If you have any changes, additions, or comments you wish to make concerning your attached report, please make them in the space below.

I confirm that the information in the attached report (including any changes, additions, or comments I have made) is accurate to the best of my knowledge and belief.

[redacted] 11-15-94

Signature Date

- [ ] I request that you do not release my name.
- [x] You may release my name to the manufacturer but I request that you not release it to the general public.
- [ ] You may release my name to the manufacturer and to the public.

I-1

H4A 0043

TC-21 B-1/2 (15)

JUL 19 1994

CONSUMER PRODUCT INCIDENT REPORT

895

1. NAME OF RESPONDENT [redacted]	2. TELEPHONE NO. (Home) (Work) (415) 96[redacted]
3. STREET ADDRESS [redacted] Bryant Avenue	4. CITY STATE ZIP CODE Mountain View, CA 94040

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

Caller had put pot on stove with water in it. It was left unattended for a minute or two. The pot exploded - glass and water were all over the 8x10 kitchen. The pot broke into many small pieces (approximately 1/2"). The pot had not boiled dry. No one was in the room, so no one was hurt.

6. DATE OF INCIDENT(S) 7/14/94	7. IF INJURY OR NEAR MISS, OBTAIN AGE _____ SEX _____ AND DESCRIBE INJURY _____	8. IF VICTIM DIFFERENT FROM RESPONDENT, PROVIDE NAME _____ RELATIONSHIP _____
9. DESCRIPTION OF PRODUCT Cooking pot (saucepan)		10. BRAND NAME Visions Corningware
11. MANUFACTURER/DISTRIBUTOR NAME, ADDRESS & PHONE Corning		12. MODEL, SERIAL NO.'S unknown
		13. DEALER'S NAME, ADDRESS & PHONE unknown
14. WAS THE PRODUCT DAMAGED, REPAIRED OR MODIFIED? YES ✓ NO _____ IF YES, BEFORE OR AFTER THE INCIDENT? after Describe broken into small pieces		15. PRODUCT PURCHASED NEW ✓ USED _____ DATE PURCHASED unknown AGE _____
		16. DOES PRODUCT HAVE WARNING LABELS? IF SO, NOTE: no
17. HAVE YOU CONTACTED THE MANUFACTURER? YES _____ NO ✓ IF NOT, DO YOU PLAN TO CONTACT THEM? YES _____ NO ✓ OTHER _____	18. IS THE PRODUCT STILL AVAILABLE? YES _____ NO ✓ IF NOT, ITS DISPOSITION trash	19. MAY WE USE YOUR NAME WITH THIS REPORT? YES ✓ NO _____ Purged.

FOR ADMINISTRATION USE

20. DATE RECEIVED 7/18/94	21. RECEIVED BY (Name & Office) Cathleen A. Dusch EPDS	22. DOCUMENT NO. X4 749570-94
23. FOLLOW-UP ACTION 8/27/94 INITIALS No Comments Made No Comments Attached Corrections/Revisions Not requested		24. PRODUCT CODE(S) 0461
25. DISTRIBUTION 25(c)X	26. ENDORSER'S NAME & TITLE	

CPSC FORM 175 (9/89)

my

DEC - 6 1994

If you have any changes, additions, or comments you wish to make concerning your attached report, please make them in the space below.

The sauce pan is for micro-wave usage and not for the conventional elements - thus it was a mistake on our part. Please discard the report and thank you for the concern and follow up of my report.

I confirm that the information in the attached report (including any changes, additions, or comments I have made) is accurate to the best of my knowledge and belief.

[redacted] Dec 28, 94

Signature Date

☒ I request that you do not release my name.

☐ You may release my name to the manufacturer but I request that you not release it to the general public.

☐ You may release my name to the manufacturer and to the public.

I. 42

Document # X474957

Product Code # Ø461/Ø273

E (15) TC-21 JUL 19 1994 J1 LB69

CONSUMER PRODUCT INCIDENT REPORT

1. NAME OF RESPONDENT Lila Fish	2. PHONE NO. (HOME) (WORK) 703-890-7802 none
3. STREET ADDRESS 831 Summer House Road	4. CITY STATE ZIP CODE Hardy VA 24101

5. DESCRIBE INCIDENT OR HAZARD, INCLUDING DATA ON INJURIES
Water was boiling in pot on high setting for approximately 3 minutes when pot shattered into pieces resembling crushed ice and landed on kitchen floor, counter, and in sink. CPSC Source: WOM

6. DATE OF INCIDENTS 7/6/94	7. IF INJURY OR NEAR MISS OBTAIN AGE/SEX 0 Y/N AND DESCRIBE INJURY: none	8. IF VICTIM DIFFERENT FROM RESPONDENT, PROVIDE NAME none RELATIONSHIP none
9. DESCRIPTION OF PRODUCT brown glass 2 quart pot		10. BRAND NAME Vision Ware

11. MFR/DISTRIBUTOR NAME, ADDR. & PHONE Vison Ware unknown unknown, VA 00000 1-800-682-4555 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 x NO IF YES, BEFORE OR AFTER THE INCIDENT? after DESCRIBE: damaged: shattered	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 Discarded	19. MAY WE USE YOUR NAME WITH THIS REPORT? YES x NO

FOR ADMINISTRATION USE

20. DATE RECEIVED 07/15/94	21. RECEIVED BY (NAME & OFFICE) ldb/HL	22. DOCUMENT NO. H9470134A -94
23. FOLLOW-UP ACTION MFR/PRVLBR NOTIFIED 8/27/96 No Comments made Comments attached Excisions/Revisions Firm has not requested further notice		24. PRODUCT CODE(S) 0401
25. DISTRIBUTION	26. ENDORSER'S NAME & TITLE 7/15/94	

CPSC FORM 175 (9/89)

DEC - 6 1994

If you have any changes, additions, or comments you wish to make concerning your attached report, please make them in the space below.

I confirm that the information in the attached report (including any changes, additions, or comments I have made) is accurate to the best of my knowledge and belief.

Signature Date 12/19/94

- [ ] I request that you do not release my name.
- [ ] You may release my name to the manufacturer but I request that you not release it to the general public.
- [x] You may release my name to the manufacturer and to the public.

I . 42
Document # H470134
Product Code # Ø461

TC 21 (15)

OCT 17 1994

CH-3

CONSUMER PRODUCT INCIDENT REPORT

1. NAME OF RESPONDENT [redacted]	2. PHONE NO. (HOME) (WORK) 206-[redacted] none
3. STREET ADDRESS [redacted]reet Court E.	4. CITY STATE ZIP CODE Puyallup WA 98374

5. DESCRIBE INCIDENT OR HAZARD, INCLUDING DATA ON INJURIES
Water was heating in saucepan on range top 5 to 10 minutes at medium setting, when saucepan shattered into 4" long pieces to shards embedding in kitchen wall and floor in a 5' radius. 10/94 Consumer called and explained incident to manufacturer (name and title unknown) who said there was a problem with consumer's range and offered to replace saucepan. Consumer accepted but feels the same thing could happen.

6. DATE OF INCIDENTS 9/30/94	7. IF INJURY OR NEAR MISS OBTAIN AGE/SEX 0 Y/N AND DESCRIBE INJURY: none	8. IF VICTIM DIFFERENT FROM RESPONDENT, PROVIDE NAME none RELATIONSHIP none
9. DESCRIPTION OF PRODUCT 8" smoked glass saucepan with lid		10. BRAND NAME Visions

11. MFR/DISTRIBUTOR NAME, ADDR. & PHONE Visions unknown unknown 800-999-3436 unknown	12. MODEL, SERIAL NUMBERS V-24B 13. DEALER'S NAME, ADDRESS & PHONE unknown, gift unknown unknown unknown
14. WAS THE PRODUCT DAMAGED, REPAIRED OR MODIFIED? YES x NO IF YES, BEFORE OR AFTER THE INCIDENT? after DESCRIBE: damaged: see narrative	15. PRODUCT PURCHASED NEW x USED DATE PURCHASED 1988 AGE 6 years 16. DOES PRODUCT HAVE WARNING LABELS? IF SO, NOTE: unknown

17. HAVE YOU CONTACTED THE MANUFACTURER? YES x NO IF NOT, DO YOU PLAN TO CONTACT THEM? YES NO OTHER?	18. IS THE PRODUCT STILL AVAILABLE? YES x NO IF NOT, ITS DISPOSITION	19. MAY WE USE YOUR NAME WITH THIS REPORT? YES x NO Purged

FOR ADMINISTRATION USE

20. DATE RECEIVED 10/14/94	21. RECEIVED BY (NAME & OFFICE) cch/HL	22. DOCUMENT NO. H 4A0119A0-94
23. FOLLOW-UP ACTION MFR/PRVLBR NOTIFIED 8/27/94 No Comments made Comments attached Excisions/[illegible] 25/C		24. PRODUCT CODE(S) Ø461 / Ø273
25. DISTRIBUTION	26. ENDORSER'S NAME & TITLE 10/14/94	

CPSC FORM 175 (9/89)

20 OCT 1994

If you have any changes, additions, or comments you wish to make concerning your attached report, please make them in the space below.

I confirm that the information in the attached report (including any changes, additions, or comments I have made) is accurate to the best of my knowledge and belief.

[redacted] 11/24/94

Signature Date

- [ ] I request that you do not release my name.
- [X] You may release my name to the manufacturer but I request that you not release it to the general public.
- [ ] You may release my name to the manufacturer and to the public.

I-3

H4A 0119

E — TC-21 (5)

DEC-77

CONSUMER PRODUCT INCIDENT REPORT

NOV 14 1994

1. NAME OF RESPONDENT Laura ~~Prim~~avera	2. PHONE NO. (HOME) (WORK) 904-789-9435 407-321-4500 x5734
3. STREET ADDRESS 2881 Courtland Blvd.	4. CITY STATE ZIP CODE Deltona FL 32738

5. DESCRIBE INCIDENT OR HAZARD, INCLUDING DATA ON INJURIES
Pot had been used to cook a pot roast on range top for 2 hours prior to incident. 1/2 hour later, consumer took empty pot and placed it in sink under warm water and pot shattered into 7" long pieces to slivers and landed in a 2' radius. Consumer received a laceration and 2 severed ligaments to her left forearm and about 30 stitches at Central Florida Regional Hospital. Consumer received surgery to repair her severed ligaments.

6. DATE OF INCIDENTS 4/87	7. IF INJURY OR NEAR MISS OBTAIN AGE/SEX 37 Y/F AND DESCRIBE INJURY: laceration and 2 severed ligaments to left forearm	8. IF VICTIM DIFFERENT FROM RESPONDENT, PROVIDE NAME self RELATIONSHIP self
9. DESCRIPTION OF PRODUCT 5 qt. glass pot		10. BRAND NAME Visionware

11. MFR/DISTRIBUTOR NAME, ADDR. & PHONE Visionware unknown unknown unknown unknown unknown unknown	12. MODEL, SERIAL NUMBERS unknown 13. DEALER'S NAME, ADDRESS & PHONE [redacted] Department Store unknown Altamonte Springs, FL 00000 unknown
14. WAS THE PRODUCT DAMAGED, REPAIRED OR MODIFIED? YES x NO IF YES, BEFORE OR AFTER THE INCIDENT? after DESCRIBE: damaged: glass pot shattered	15. PRODUCT PURCHASED NEW x USED DATE PURCHASED 4/87 AGE 1 day 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 NO x OTHER?	18. IS THE PRODUCT STILL AVAILABLE? YES NO x IF NOT, ITS DISPOSITION consumer discarded pot	19. MAY WE USE YOUR NAME WITH THIS REPORT? YES x NO

FOR ADMINISTRATION USE

20. DATE RECEIVED 11/08/94	21. RECEIVED BY (NAME & OFFICE) dec/HL	22. DOCUMENT NO. H94B0094A1 -94
23. FOLLOW-UP ACTION		24. PRODUCT CODE(S) 0461/0273
25. DISTRIBUTION	26. ENDORSER'S NAME & TITLE CCH 11/9/94	

Comments made
Comments attached
Comments/Revisions
Firm has not requested
further notice

CPSC FORM 175 (9/89)

DEC-12 1994

31

If you have any changes, additions, or comments you wish to make concerning your attached report, please make them in the space below.

I confirm that the information in the attached report (including any changes, additions, or comments I have made) is accurate to the best of my knowledge and belief.

Signature

Date 1/9/95

- [ ] I request that you do not release my name.
- [ ] You may release my name to the manufacturer but I request that you not release it to the general public.
- [x] You may release my name to the manufacturer and to the public.

I.7

H4B0094

15

'94 JAN

Ø461

25c

Product Safety Engineer
Visions Cookware
Corning Glass
Corning, N.Y.

RE: Safety hazard encountered with Vi
modification to minimize hazard

To Whom It May Concern,

My wife incurred a minor burn to
grasped the handle of a Vision cookware
it out of the oven. (Since it was on
assumed I had cooked on the stovetop a

I hate to think what could happen
someone grabbed the hot handle of a Vis
in the oven and dropped its contents o

There are a number of substance
heated. For example I have a coffee mu
that is only visible when a hot beverag
catalog contains heat indicator produc

I suggest that you similarily use
to emboss or imbed a picture of fire o
message on the handle to prevent the
Perhaps existing saucepan handles could
grip styled handle cover that would
stick on label.

I recall that the literature that
one know the handle will stay cool en
the stovetop, and warns of the dange
experience with one person cooking a
getting burned it is my opinion tha
whether you incorporate my idea or com

Sin

Kerm

cc/ Consumer Product Safety Commission

"For Your Infor

11 JUL 1994

3

If you have any changes, additions, or comments you wish to make concerning your attached report, please make them in the space below.

I confirm that the information in the attached report (including any changes, additions, or comments I have made) is accurate to the best of my knowledge and belief.

Daniel Kenneth Leibensperger 7/16/94
Signature Date

☐ I request that you do not release my name.

☐ You may release my name to the manufacturer but I request that you not release it to the general public.

☑ You may release my name to the manufacturer and to the public.

n410017

[redacted]

EPPS/BMC

[redacted]

C4C5033

'94 DEC 1

TC24 SAFETY CC

JAN 17 1995 [redacted]

December 8, 1994

8/27/96

No Comments attached
Comments/Revisions
Firm has not requested
further notice

23(c)

0461

FOI Office
United States Consumer Product
Safety Commission
Washington, DC 20207

Re: Corning/"Visions" cookware

Dear Sir/Madam:

This firm represents a young lady who, while holding a "Visions" cookware pot (made by Corning), suddenly had the pot shatter into pieces and cut her quite severely. The injuries were severe enough that she almost lost one of her hands.

We would like you to search for any similar incidents concerning Corning's "Visions" cookware wherein individuals experienced breaking or shattering of the cookware and were cut.

If there is a clerical charge for this information, please contact me and we will immediately forward a check for same.

Sincerely,

[redacted]

Secretary to [redacted]

/vkr

[redacted]

CALLS TO LAWYERS

IDENTIFICATION # C4C5033A1

CITY/STATE Pontiac, MI

DATE OF ACCIDENT 3/31/92

TYPE OF INJURY - laceration

AGE/SEX 23 yo female

SCENARIO (1 sentence)

Corning / "Visions" Cookware - see narrative

Set visions cookware in sink to wash it and it exploded with great force, causing severe lacerations. The explosion was so devastating that there was nothing left of the cookware afterwards.

m 8/1

MAR - 3 1995

If you have any changes, additions, or comments you wish to make concerning your attached report, please make them in the space below.

The bowl never touched the water.

I confirm that the information in the attached report (including any changes, additions, or comments I have made) is accurate to the best of my knowledge and belief.

[redacted] -95

Date

☐ I request that you do not release my name.

☒ You may release my name to the manufacturer but I request that you not release it to the general public.

☐ You may release my name to the manufacturer and to the public.

I-16

C 4C 5033