NOV 20 1995 ENDS

CONSUMER PRODUCT INCIDENT REPORT

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

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

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

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

FOR ADMINISTRATION USE

20. DATE RECEIVED 11/6/95	21. RECEIVED BY (Name & Office) L. George Gayman	22. DOCUMENT NO. G5 B 0020
23. FOLLOW-UP ACTION MFR/PRVLBR NOTIFIED 11/27/95 No Comments made Comments attached Excisions/Revisions Firm has not requested further notice 0461 0273		24. PRODUCT CODE(S) 0221
25. DISTRIBUTION	26. ENDORSER'S NAME & TITLE Robert C. Olinski PAO 11/13/95	

CPSC FORM 175 (9/89)

CONSUMER PRODUCT SAFETY COMMISSION
ROUTE SLIP

TO FOCR

Bob Okorski

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

FROM BG

DATE 11/7/95

REMARKS

No flu recommended.

CPSC has received a lot of similar complaints due to tempered nature of this glass

(NOTE: ~~[illegible]~~ ~~Do~~ we need to send a response letter to complainant?)

CPSC FORM 108 9/73

GPO 885-815

NOV 28 1995

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

I have no changes to make.
Please contact me. I saved the
Baking dish and pictures.

Thank you,

D. R. Rom

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 R. Rom 12/2/95
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.
- [x] You may release my name to the manufacturer and to the public.

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G58 0020
221

E

AEC 994

CONSUMER PRODUCT INCIDENT REPORT

1. NAME OF RESPONDENT Amelia Allen	2. PHONE NO. (HOME) (WORK) 904-767-7248 none
3. STREET ADDRESS 100 Anchor Drive	4. CITY STATE ZIP CODE Ponce Inlet FL 32127

5. DESCRIBE INCIDENT OR HAZARD, INCLUDING DATA ON INJURIES
Baking dish (containing turkey and its drippings) was in 325 degree oven for about 20 minutes when it shattered into several 4.5" x 1.25" pieces to slivers that landed inside oven. Consumer called and explained incident to manufacturer's consumer information center rep., Kay Davis, who said someone from manufacturer would be in contact with consumer. 9/18/95 Consumer received a letter from Ms Davis offering consumer a $6 credit towards the
-cont-

6. DATE OF INCIDENTS 9/11/95	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 28" x 18" oblong tinted glass baking dish		10. BRAND NAME Pyrex Baking Dish

11. MFR/DISTRIBUTOR NAME, ADDR. & PHONE Corning P.O. Box 1994 Waynesboro, VA 22980 800-999-3436 unknown unknown unknown	12. MODEL, SERIAL NUMBERS 6016310; color: cranberry 13. DEALER'S NAME, ADDRESS & PHONE Walmart (store #0582) unknown Port Orange, FL 00000 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 9/9/95 AGE 2 days 16. DOES PRODUCT HAVE WARNING LABELS? IF SO, NOTE: "Do not use on stove top or under broiler."

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

FOR ADMINISTRATION USE

20. DATE RECEIVED 09/18/95	21. RECEIVED BY (NAME & OFFICE) aec/HL	22. DOCUMENT NO. H9590179A
23. FOLLOW-UP ACTION		24. PRODUCT CODE(S) 0461
25. DISTRIBUTION	26. ENDORSER'S NAME & TITLE	

8/27/96

MFR/PRV... No Comments made
Comments attached
Excisions/Revisions
Firm has not requested further notice
9/14/95

CPSC FORM 175 (9/89)

Narrative Continued

purchase of another one of manufacturer's products; consumer refused and feels that baking dish's packaging should contain a warning label alerting users that dish can shatter while using it inside a hot oven. Consumer believes dish isn't safe for use in ovens and manufacturer should remove the word "ovenware" from dish's packaging.

Distributor phone #: unknown

CPSC Source: MAG

SEP 20 1995

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

15. Date purchased .. 4/21/95
(I have contacted the manufacturer 9/9/95)
this is the 3rd baking dish broken in a year !!
the twelve "warnings" on label were read, understood and followed.

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.

Amelia Allen Sept 23, 95
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.

H9590179
0461

E

CONSUMER PRODUCT INCIDENT REPORT

W-598

1. NAME OF RESPONDENT Walter Ardini	2. PHONE NO. (HOME) (WORK) 603-622-3483 none
3. STREET ADDRESS 242 Leda Avenue	4. CITY STATE ZIP CODE Manchester NH 03104

5. DESCRIBE INCIDENT OR HAZARD, INCLUDING DATA ON INJURIES
Dishwasher was on when wife heard a noise inside dishwasher; wife turned dishwasher off and found plate shattered into 1" diameter pieces to slivers. CPSC Source: TEL

6. DATE OF INCIDENTS 9/1/95	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 9" white glass plate from 4-piece dinnerware set 10"		10. BRAND NAME Corelle

11. MFR/DISTRIBUTOR NAME, ADDR. & PHONE Dow Corning unknown unknown unknown unknown	12. MODEL, SERIAL NUMBERS unknown, pattern: wheat straw 13. DEALER'S NAME, ADDRESS & PHONE 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 1985 AGE 10 yrs. 16. DOES PRODUCT HAVE WARNING LABELS? IF SO, NOTE: none

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

FOR ADMINISTRATION USE

20. DATE RECEIVED 09/05/95	21. RECEIVED BY (NAME & OFFICE) ctw/HL	22. DOCUMENT NO. H9590027A
23. FOLLOW-UP ACTION		24. PRODUCT CODE(S) 0474
25. DISTRIBUTION	26. ENDORSER'S NAME & TITLE 9/5/95	

CPSC FORM 175 (9/89)

SEP 6 1995

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 9/11/95

- [ ] 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.

H9590027
0474