JC-21

EPDS 2/8 80

CONSUMER PRODUCT INCIDENT REPORT

1. NAME OF RESPONDENT	2. TELEPHONE NO. (Home) (Work)
[redacted]	[redacted]
3. STREET ADDRESS	**4. CITY STATE ZIP CODE**
[redacted]	Eden Prairie, MN 55346

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

The respondent was using a glass baking dish to bake cranberry bread. The bread was baking in an electric oven where another type of bread was also being baked. The breads had baked for an hour at 350 degrees. The respondent was standing at the oven preparing to remove the breads when the one glass baking dish exploded, spraying glass through out the oven. The dish that exploded had been purchased the day before and was being used for the first time.

The respondent said she washed the dish before using it. She said the dish did not have any chips or cracks. She feels that these dishes could cause serious injury.

6. DATE OF INCIDENT(S)	7. IF INJURY OR NEAR MISS, OBTAIN	8. IF VICTIM DIFFERENT FROM RESPONDENT, PROVIDE
1-30-92	AGE ____ SEX ____ AND DESCRIBE INJURY ____	NAME ____ RELATIONSHIP ____

9. DESCRIPTION OF PRODUCT	10. BRAND NAME
amber glass loaf baking dish	Great Cooks (Oven basics loaf dish)
11. MANUFACTURER/DISTRIBUTOR NAME, ADDRESS & PHONE	**12. MODEL, SERIAL NO.'S**
Anchor Hocking Lancaster, OHIO	M1041L
	13. DEALER'S NAME, ADDRESS & PHONE
	Target Eden Prairie, MN

14. WAS THE PRODUCT DAMAGED, REPAIRED OR MODIFIED?	15. PRODUCT PURCHASED
YES ____ NO X IF YES, BEFORE OR AFTER THE INCIDENT? ____ Describe ____	NEW X USED ____ DATE PURCHASED 1-29-92 AGE 1st use
	16. DOES PRODUCT HAVE WARNING LABELS? Yes IF SO, NOTE: ~~Avoid impact, don;t use if scratched chipped or cracked.~~

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

FOR ADMINISTRATION USE

20. DATE RECEIVED	21. RECEIVED BY (Name & Office)	22. DOCUMENT NO.
1-31-92	Carolyn A. Schultz, MSP-RP	G922C089A ~~0089~~ A
23. FOLLOW-UP ACTION		**24. PRODUCT CODE(S)**
E/F MFR/PRVLBR NOTIFIED No Comments made Comments attached Excisions/Revisions Firm has not requested further notice 14 FEB 1992		0461
25. DISTRIBUTION		**26. ENDORSER'S NAME & TITLE**
FOCR, EPDS		Eric Blank, Regional Director

CPSC FORM 175 (9/89)

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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.

ANCHOR HOCKING TELEPHONED ME. THEY WANTED THE REMAINING PIECES OF THE DISH — WHICH I SENT THEM. THEY ALSO SENT ME A CHECK FOR $30.00 FOR TIME AND TROUBLE.

AS FAR AS I AM CONCERNED, THE MATTER HAS BEEN SETTLED.

HOPEFULLY, THEY WILL FIND A CAUSE FOR THE INCIDENT, AND IT CAN BE CORRECTED.

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] 4-1-92
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.

26 MAR 1992