☆ U.S. GOVERNMENT PRINTING OFFICE—1984-446-557/1120

2 1-JAN 1987

(2)

CONSUMER PRODUCT INCIDENT REPORT

1. Name of Respondent [redacted]	2. Telephone No. (Home) 215-363[redacted] (Work)
3. Street Address [redacted] Spring Run Lane	4. City, State, Zip Code Downingtown, PA 19335

5. Give details of accident, injury, or illness. Describe how incident occurred. (Use reverse side if necessary.)
Complainant states hse was using an Anchor Hocking utility dish in an oven set at 350° to bake chicken and potatoes. Complainant states manufacturer's instructions state there are no restrictions regarding oven temperature; the dish can be used in a refrigerator to oven capacity & it is dishwasher & microwave oven safe. Five minutes before dish was due out of oven, complainant heard a loud "pop" and opened the oven to discover dish had completely exploded. She feels this is unsafe as it could have blown up in her face. Complainant says manufacturer has been extremely reticent in following up on the incident to prevent this from happening to someone else.

6. If injury or illness: Victim's Name _____ Relationship _____
Age _____ Sex _____ Date _____ Type Injury _____
Body Part Involved _____ Treatment _____

7. Description of Product 12" x 14" Utility Dish	8. Was the product: Damaged before incident? Yes ☐ No ☒ Repaired before incident? Yes ☐ No ☒ Repaired after incident? Yes ☐ No ☒
9. Brand Name Anchor Hocking Warranteed Kitchen Classics	10. Identifying Numbers, Letters, etc.
11. Manufacturer's Name and Address Anchor Hocking Corp. 109 N. Broad St. Box 600 Lancaster, OH 43132	12. Dealer's Name and Address [redacted] Department Store Exton, PA
13. How product acquired? Purchased New ☒ Second Hand ☐ Other _____	14. Age of Product 2 Months
15. Is product available for inspection? Yes ☐ No ☒ Other _____	16. Does product have warning labels or instructions? Yes ☒ No ☐ Are they available? Yes ☒ No ☐
17. Have you contacted the manufacturer? Yes ☒ No ☐ If not, do you plan to contact them? Yes ☐ No ☐	18. Do you object to the use of your name? Yes ☐ No ☒

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19. Receiving Office PHL/RP	20. Date Received 12/4/86	21. Received by P. Meadows	22. Reporting Office NYC
23. Source of Report Letter ☐ Phone ☒ Visit ☐ Other _____			24. Document No. N86C0025
25. Follow-Up Action Refer to CHT 25(c)			26. Product Code(s) A. 0461 B. 27.

MFR/PRVLBR NOTIFIED
No Comments made
Comments attached
Excisions/Revisions
Firm has not requested further notice
7/7/87
25(c)
EPDS
JAN 15 1987

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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.

A neighbor of mine also had purchased the same dish. After hearing of my accident, he inspected her dish and found that it had numerous cracks in it after only once being used. She had checked out the dish before first using it and had not seen any of the cracks now present after one use. The dish has now also been returned to K-mart.

RECEIVED
'87 MAR 27 P1:40
NAT'L INJURY INFO
CLEARINGHOUSE
CPSC

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] Signature

2/28/87 Date

☐ Do not release my name.

☑ You may release my name to the manufacturer but not to the general public.

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

N6C0025/0461
31 JAN 1987