H360187A1 photos EPDS SEP 10 1993

1 Case Number	2 Investigator ID	3 Office Code	EPIDEMIOLOGIC INVESTIGATION REPORT
930809CCC2487	8 6 8 9	8 3 0	
4 Accident date	5 IDI initiated		
9 3 0 4 0 0	9 3 0 8 2 6		

6 Synopsis of Accident or complaint A 53 year old female had two separate incidents concerning a glass baking dish that exploded. In one of the incidents she had her left eyeball cut and her wrists cut by the glass. She presently had carpal tunnel syndrome due to a pinched nerve from the incidents. Sample R-830-5058 was collected of an intact unit of a baking dish from the retailer.

7 Location	8 City	9 State
KITCHEN 1 0	OAK PARK	M I

10a First Product	11a Trade/Brand name/Model
BAKING DISH 0 4 6 1	ANCHOR HOCKING GLASS CO 49454 LANCASTER, OHIO 43130
10b Second Product	11b Trade/Brand name/Model
NA 0 0 0 0	NA

MFR/PRVLER NOTIFIED 7/7/93 No Comments made / Comments attached / Excisions/Revisions / Firm has not requested further notice 28t 15(c)

12 Age of Victim	13 Sex	14 Disposition	15 Injury diagnosis
0 5 3	2	TREATED & TRANSFERRED 0 2	LACERATION 5 9

16 Body part *	17 Respondents	18 Investigation type	19 Time spent
7 7 EYEBALL	2 VICTIM	1 ON-SITE	0 4 . 0 TR=2 HRS

20 Attachments *	21 Case Source	22 Reviewed by/Date
PHOTOGRAPHS 1	HOT LINE 0 7	[illegible]

23 Permission to disclose names (Non-NEISS cases only)
___ CPSC may disclose my name XXX CPSC may not disclose my name

24 Narrative

25 Regional Director review date

ACCIDENT INFORMATION

During April 1992 the consumer purchased 4 separate amber colored glass baking dishes for her oven. The items purchased were labeled as being oven and microwave safe. The consumer used the products without incident until April 1993. At that time, the consumer had one of the dishes on a kitchen counter. The dish was at room temperature. Without notice, the dish exploded and shattered into many pieces. The pieces landed in a 10 foot radius. The consumer was not injured.

The consumer contacted the dealer who said that the manufacturer would be notified. In June 1993 the consumer received an identical replacement dish in the mail from the manufacturer.

CPSC Form 182

7 5(c)

930808CCC2487

On June 12, 1993 the consumer was cooking a roast in one of the dishes originally purchased in April 1992. After cooking the roast for about 2 hours, she removed the dish from the oven and placed it on a counter. After approximately 5 minutes, the dish shattered into many pieces. Some of the pieces landed on the floor and left burn marks on the kitchen floor. Also, some fragments went into the consumer's left eye and caused a laceration. Moreover, some glass hit both of the consumer's wrists. The consumer went to her physician and all of the glass pieces were removed from the consumer's left eye. The consumer's wrists are presently wrapped since she was diagnosed as having carpal tunnel syndrome due to pinches wrist nerves as a result of the incident.

The consumer was visited on-site. (The dish that exploded in April was returned to the manufacturer). She said that the manufacturer's representative, Travelers Insurance, has the majority of the dish that exploded on June 12, 1993. The consumer has some fragments left from the dish that exploded in June and let me have one. This fragment was sent to Judy Hayes, CECA, as per Ms. Hayes assignment instructions. The consumer is saving the rest of the fragments as proof of what happened and also for a possible lawsuit that the consumer is contemplating.

PRODUCT IDENTIFICATION

1. AMBER COLORED GLASS BAKING DISH - NUMBER 49454 - MANUFACTURED BY ANCHOR HOCKING IN LANCASTER, OHIO.

ATTACHMENTS

1. PHOTOGRAPHS WERE TAKEN OF THE GLASS FRAGMENT THAT THE CONSUMER PROVIDED TO ME AND ALSO PHOTOGRAPHS WERE TAKEN OF THE UNIT PURCHASED AS A SAMPLE. THIS SAMPLE WAS COLLECTED UNDER R-830-5058 AND SENT TO JUDY HAYES, CECA AS PER HER INSTRUCTIONS.

U.S. CONSUMER PRODUCT SAFETY COMMISSION

NOTICE OF INSPECTION

1. DATE 26 Aug 73	3. FROM (Area Office and Address) [illegible] MICHIGAN [illegible] DETROIT, MI [illegible]
2. TIME 1105 ____A.M. ____P.M.	

4. TO

A. NAME AND TITLE OF INDIVIDUAL: RUDY MACKEY, MANAGER

B. FIRM NAME: TARGET

C. NUMBER AND STREET ADDRESS: 8500 8 MILE RD

D. CITY, STATE AND ZIP CODE: DETROIT MICH 48237

Notice of Inspection is hereby given pursuant to:

- Flammable Fabrics Act (15 U.S.C. 1191 *et seq.*);
- Federal Trade Commission Act (15 U.S.C. 41 *et seq.*);
- Sections 16, 19 and 27 of the Consumer Product Safety Act (15 U.S.C. 2065, 2068 and 2076)
- Section 704(a) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 374(a)) [Authority for inspections in connection with the Poison Prevention Packaging Act of 1970 (15 U.S.C. 1471 *et seq.*)] and/or
- Section 11(b) of the Federal Hazardous Substances Act as Amended (15 U.S.C. 1270(b)).

Refer to the back of this form for a discussion of inspectional authority and for pertinent statutory language

5. PURPOSES OF INSPECTION AND NATURE OF INFORMATION TO BE OBTAINED AND/OR COPIED.

The purpose of this inspection is to obtain information; to review and obtain copies of items including but not limited to records, reports, books, documents; and labeling; and to obtain samples, in order to enforce or determine compliance with the Acts administered by the Consumer Product Safety Commission.

6. FREEDOM OF INFORMATION REQUIREMENTS

Those from whom information is requested should state whether any of the information submitted is believed to contain or relate to a trade secret or other matter which should be considered by the Commission to be confidential and whether any of the information is believed to be entitled to exemption from disclosure by the Commission under the provisions of the Freedom of Information Act (15 U.S.C. 552). Any statement asserting this claim of confidentiality must be in writing, and any request for exemption of the information from disclosure must be made in accordance with the Commission's Freedom of Information Act regulations, 16 CFR Part 1015.

7. SIGNATURE (Authorized CPSC Official)

[illegible]

CPSC Form 296 (9/79)

* U.S. GOVERNMENT [illegible]

FIELD ACTIVITY COVERSHEET

1. REGION/STATE	2. OPERATION (Check One)	3. DATE
FOCR	(XX) Inspection ( ) Establishment Visit ( ) Telephone Contact ( ) Investigation ( ) Other	8/26/93 4. NUMBER (For RO Use)

5. ESTABLISHMENT
Name TARGET
Address 8500 E. 8 mile rd
City Detroit State MI Zip 48234 Telephone No.

6. RELATED FIRM ( ) Parent (XX) Headquarters ( ) Subsidiary ( ) Other
Name TARGET City MINNEAPOLIS State MINN

7. PRODUCTS COVERED	8. OTHER CONSUMER PRODUCTS
ANCHOR HOCKING BAKING DISH	OTHER PRODUCTS

9. ESTABLISHMENT TYPE
( ) Manufacturer ( ) Importer
( ) Wholesaler ( ) Own Label Distributor
(XX) Retailer ( ) Repackager
( ) Other

10. ANNUAL PRODUCTION
Product Covered $ UNK Units UNK
Other Products $ UNK Units UNK

11. I.S. BUSINESS	12. SAMPLES COLLECTED	13. MIS CODE	14. HOURS
% Received 100 % Shipped 0	R-830-5058	32626	Activity 1 Travel 1

15. REASON FOR ACTIVITY (Assignment Reference)
REF: IDI 930809CCC2487

16. ANNOUNCED ( ) Rationale for Announced Inspection
UNANNOUNCED ( )

17. EMPLOYEE'S NAME	TITLE	SIGNATURE
RUDY H. TROSTMAN	INVESTIGATOR	Rudy H. Trostman

18. ( ) ENDORSEMENT ( ) REMARKS ( ) SUMMARY ( ) OTHER

This [illegible] was [illegible] as follow up to an IDI where [illegible] the Manager was not aware of any similar incident. Sample R-830-5058 was obtained.

FM as needed

19. REVIEWER'S NAME	TITLE	SIGNATURE
James A. [illegible]	SPSI	[illegible]

20. REVIEW DATE	21. DISTRIBUTION
[illegible]	[illegible]

CPSC FORM NO. 167 (Revised 8/86)

Target
8500 E. 8 Mile Rd
Detroit, Mi 48234

EIR
8/26/93
RHT

SUMMARY OF FINDINGS

An inspection of this retail store was prompted by IDI 930809CCC2487 (a baking dish exploded in the consumer's hands). The dish was purchased from this store.

On 8/26/93, a Notice of Inspection was issued and credentials were shown to Mr. Rudy Mackey, Manager. Mr. Mackey was aware of the incident in which an amber colored glass baking dish had exploded in the consumer's hands. He said that his store advised their headquarters in Minneapolis, Minn of the incident. The headquarters requested a unit of the baking dish on the retailer's shelves to be sent to Target Hq in Minneapolis, Minn. Mr. Mackey was not aware of any results of the outcome of sending the unit to its headquarters.

Mr. Mackey said that this was the only incident that he is aware of associated with an amber glass baking dish that is manufactured by Anchor Hocking in Lancaster, Oh.

While I was at the store, I purchased a unit of an amber colored Anchor Hocking baking dish. Sample was collected under R-830-5058 7and sent to Judy Hayes, CECA as per her instructions.

Rudy H. Trostman
Investigator
Detroit Resident Post

U. S. CONSUMER PRODUCT SAFETY COMMISSION

SAMPLE COLLECTION REPORT

1. Flag

2. Date Collected: 26 AUG 93

3. Sample type & number: [XX] Physical R-830-5058 [ ] Documentary

4a. Product name: BAKING DISH

4b. Model: 49454

4c. NEISS: 0461

5. Assignment ref.: INITIATED

6. Complete for import samples
- a. Port of Entry : NA
- b. Entry # & date :
- c. Country of Origin :
- d. HSUSA code :
- e. Customs Contact

7. MIS: 35170

8. Hours:
- a. Activity 4
- b. Travel 2

9a. Home RO: FOCR

9b. Collecting RO: FOCR

10. Sample Cost: $6.75

11. Invoice value of lot: UNK

12. Size of lot: UNK

13. Manufacturer/Importer: ANCHOR HOCKING GLASS CO, LANCASTER, OHIO 43130
ID #

14. Shipper/Foreign Mfr.: same as # 13
ID#

15. Dealer/Import Broker: TARGET, 8500 E. 8 Mile Rd, DETROIT, MICH 48234
ID#

16. Supporting documents attached:
- a. Invoice # & date: NONE
- b. Date Shipped: UNK
- c. Shipping record # & date: NONE
- d. Affidavit signer's name, title & date: NONE

17. Product Identification: Product is a baking dish with the following information on a cardboard box"***49454***Oven & Microwave Safe***2 QT***Anchor Hocking Glass Company Lancaster, Ohio 43130***"

18. Reason for collection & analysis needed: FHSA___ CPSA X FFA___ PPPA___ RSA___
sample collected as per Judy Hayes, CECA. Analysis as per Ms. Hayes
IOF 930809 CCC 2487

19. Summary of Field Screening:
collected at retail store.

20. Sample Size, Method of Collection:
1 unit collected from retail store on shelf.

21. Identification on sample: "R-830-5058 8/26/93 RHT"

22. Identification on seal: "R-830-5058 8/26/93 Rudy H. Trostman"

23a. Sample delivered to: UPS (DETROIT, MICH)

23b. Date: 8/27/93

24. Orig. report/records sent to: FOCR

25. Laboratory/Office: ESEL [ ] HSHL [ ] CERM [ ] CECA [XXX] OTHER [ ]

26. Remarks

27. Related Samples: NONE

28a. Collector's name, title & employee #: RUDY H. TROSTMAN, INVESTIGATOR 8689

28b. Collector's signature & date: Rudy H. Trostman 8/26/93

29a. Reviewer's name, title & employee #

29b. Reviewer's signature & date

Distribution: Orig [ ] Lab [ ] Fiscal [ ] Data [ ] Writer [ ]

93050 9CCC 2.4.S 7

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.

[X] My identity is to remain confidential.

[redacted]
(Signature)

26 Aug 93
(Date)

ACCIDENT INVESTIGATION REQUEST FORM

Document Number H360187A1

Date of Incident 4/93 & 6/93 Category I.D. SECT04

Follow-Up Requested Hazard Analysis Section 15

Type Follow-Up Requested IDI Telephone Call On-Site

Headquarters Contact Judith Hayes (301) 504-0608

Assignment Message Perform IDI of incident re breakage/explosion of amber colored glass baking dish. Question temp. of counters at time hot dish was placed on counter. Question any prior possibilities of dish being damaged prior to breakage, such as in stacking or being knocked against something. Collect sample + forward to CECA. Contact Target re other reported incidents.

Person(s) to Contact [redacted] 2249

[redacted]

Oak Park, MI

Target, East 8 mile Rd., Detroit MI

Guideline

Requested By J.H.

Task Number 930809CCC2487

Assigned to Date 930809

CPSC Form 324 (2/90)

JH JI-21 (15) JUL 14 1993

FOR OFFICIAL USE ONL

CH223

CONSUMER PRODUCT INCIDENT REPORT

1. NAME OF RESPONDENT [redacted]	2. PHONE NO. (HOME) WORK [redacted]one
3. STREET ADDRESS [redacted]	4. CITY Oak Park STATE MI ZIP CODE 48237

5. DESCRIBE INCIDENT OR HAZARD, INCLUDING DATA ON INJURIES(USE 2ND PGE IF NEEDED
Dish was on kitchen counter at room temperature when consumer heard an explosion and found dish had shattered into pieces ranging in size from slivers to 1/2" long. Pieces landed in a 10' radius and some of the pieces fell in consumer's hair and hit her back. Consumer was not injured.

Same day, consumer called and explained incident to dealer (name and title unknown) who said manufacturer would be contacted. -cont-

6. DATE OF INCIDENTS 4/93	7. IF INJURY OR NEAR MISS OBTAIN AGE/SEX 53 YR/F AND DESCRIBE INJURY: see narrative	8. IF VICTIM DIFFERENT FROM RESPONDENT, PROVIDE NAME self RELATIONSHIP self
9. DESCRIPTION OF PRODUCT amber colored glass baking dish		10. BRAND NAME Anchor Oven Ware

11. MFR/DISTRIBUTOR NAME, ADDR. & PHONE unknown unknown unknown unknown unknown unknown unknown	12. MODEL, SERIAL NUMBERS unknown 13. DEALER'S NAME, ADDRESS & PHONE Target East 8 Mile Road Detroit, MI zip unknown unknown 8500 E. 8 MILE BETWANDFIRST HOOVER
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 1992 AGE 1 yr. est. 16. DOES PRODUCT HAVE WARNING LABELS? IF SO, NOTE: "Oven and microwave safe." uu

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 has some of the pieces	19. MAY WE USE YOUR NAME WITH THIS REPORT? YES x NO

FOR ADMINISTRATION USE

20. DATE RECEIVED 06/30/93	21. RECEIVED BY (NAME & OFFICE) cch/hl	22. DOCUMENT NO. H360187A1
23. FOLLOW-UP ACTION 930809CCC2487		24. PRODUCT CODE(S)
25. DISTRIBUTION	26. ENDORSER'S NAME & TITLE [illegible]	

CPSC FORM 175 (9/89)

6/93 Consumer received an identical replacement dish in the mail from manufacturer.

6/12/93 Consumer was cooking a roast in replacement dish for about 2 hours, when she removed dish from oven and placed it on the counter. 5 minutes later, dish shattered into pieces (size and radius unknown). Some of the pieces landed on floor and left burn marks and some of the pieces hit and broke consumer's eyeglass lens. A few fragments got into consumer's eyes and consumer was taken to Providence Hospital ER where her eyes where flushed with saline solution. Consumer did not allow physician to finish flushing her eyes because her clothes were getting soaked from the solution, ER physician told consumer to go to her family physician to make sure all the glass was out of her eyes.

Same week, consumer went to physician who ran tests to determine if glass was still in consumer's eyes. Consumer is still waiting for test results.

6/93 Consumer called and explained second incident to dealer (name and title unknown) who said manufacturer would be contacted and someone would call consumer back.

6/93 Manufacturer's insurance company, Travelers Insurance, called consumer and apologized for incident and said a claims adjuster would come and take pictures of damages.

Following week, claims adjuster (name unknown) took pictures of floor and consumer's broken eyeglasses. Consumer still has some of the broken pieces from both dishes.

Consumer has not heard from manufacturer.

Consumer got CPSC hotline phone number from a newspaper article.

U.S. CONSUMER PRODUCT SAFETY COMMISSION

NOTICE OF INSPECTION

1. DATE: 26 Aug 93

2. TIME: 1105 ____ A.M. ____ P.M.

3. FROM (Area Office and Address): 477 MICHIGAN AVE RM 1455 DETROIT, MI 48226

4. TO

A. NAME AND TITLE OF INDIVIDUAL: RUDY MACKEY, MANAGER

B. FIRM NAME: TARGET

C. NUMBER AND STREET ADDRESS: 8500 E. 8 MILE RD

D. CITY, STATE AND ZIP CODE: DETROIT MICH 48234

Notice of Inspection is hereby given pursuant to:

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7. SIGNATURE (Authorized CPSC Official)

CPSC Form 296 (9/79)

* U.S. GOVERNMENT PRINTING OFFICE: 1991-618-102

EXHIBIT
FIRM 930809CCC2487

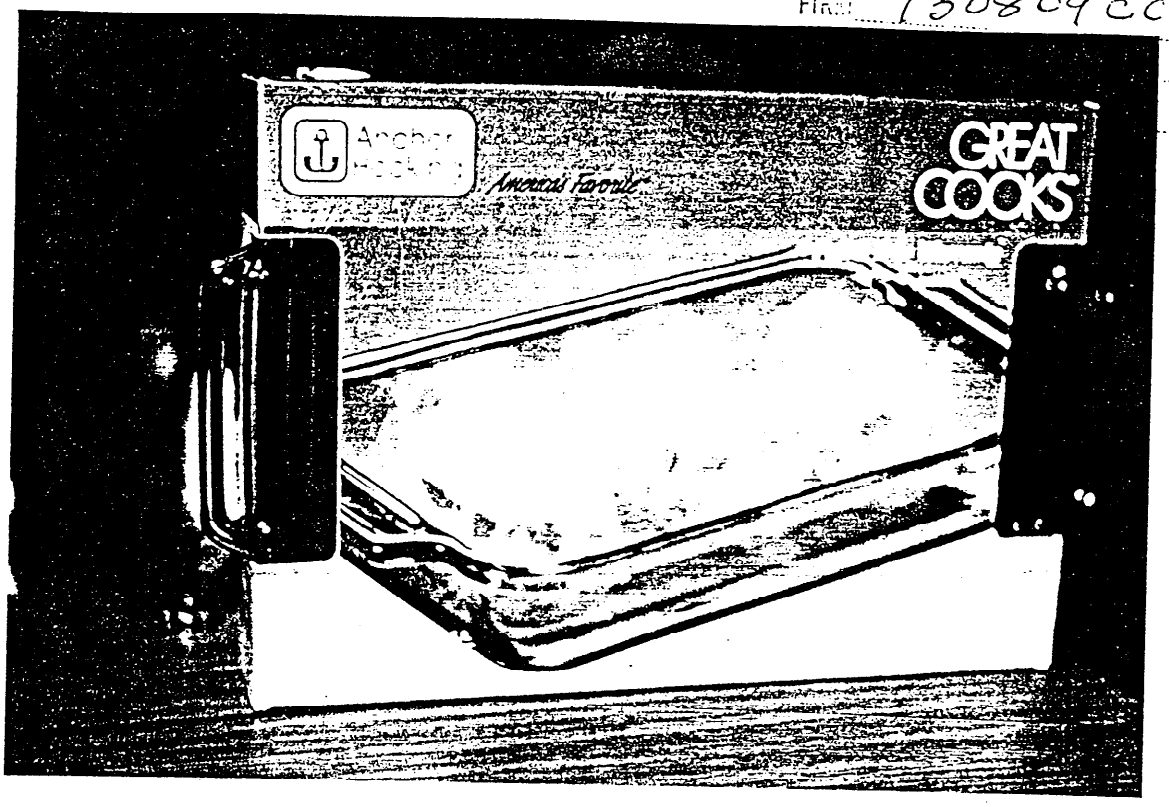

PHOTO OF SAMPLE COLLECTED (R-830-5808) OF FRONT OF BOX

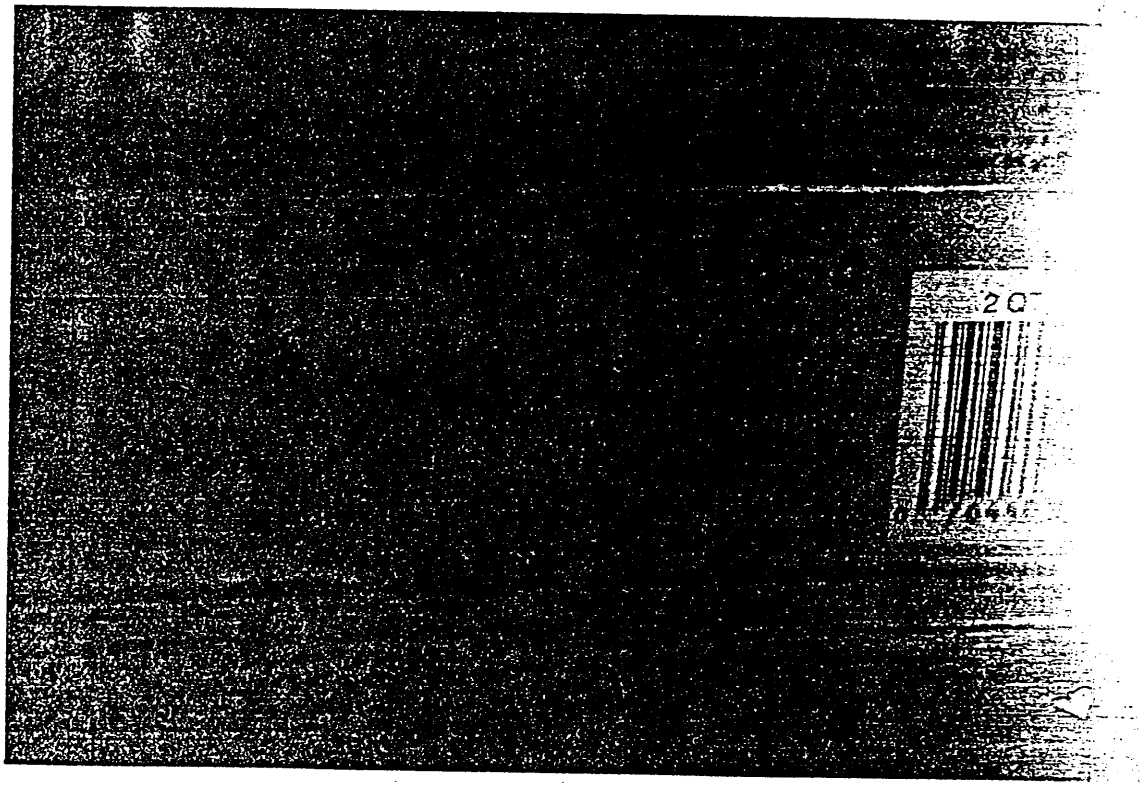

PHOTO OF SAMPLE COLLECTED (R-830-5808) SHOWING REAR OF CARTON (MFGR INFO)

EXHIBIT
FIRM: 930809CCC2487

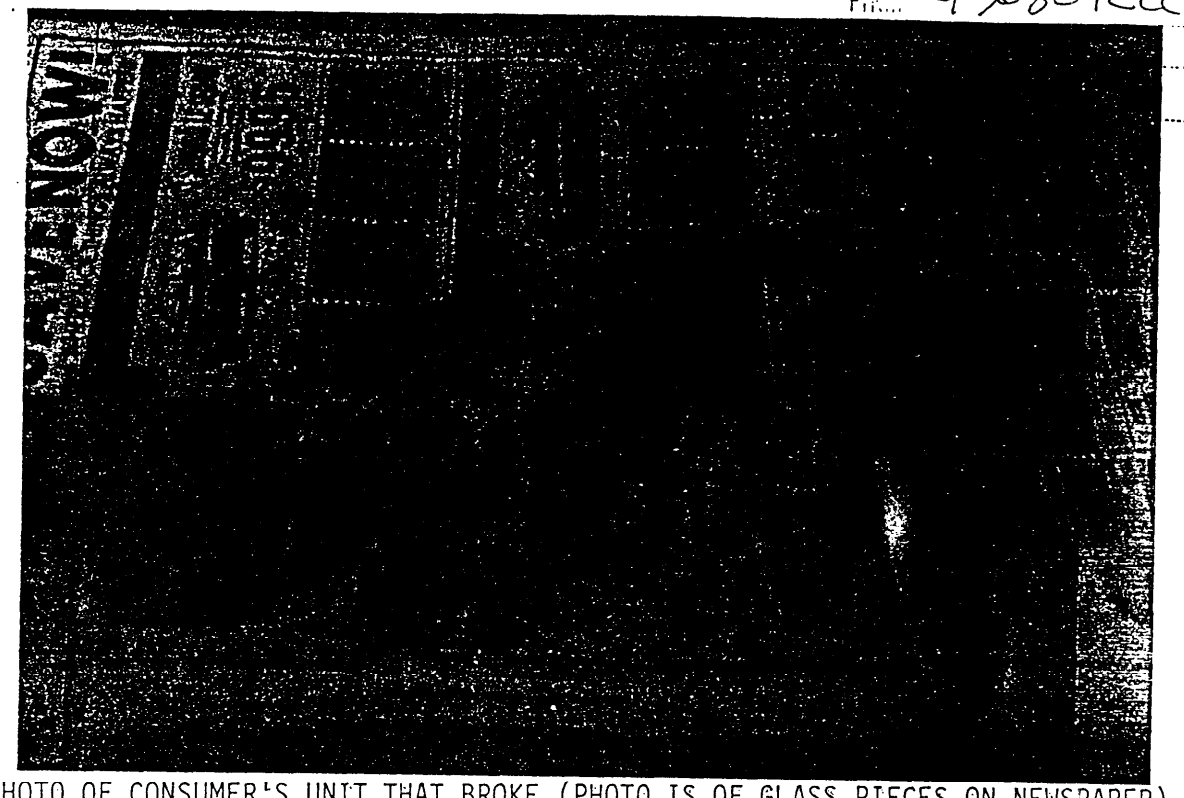

PHOTO OF CONSUMER'S UNIT THAT BROKE (PHOTO IS OF GLASS PIECES ON NEWSPAPER)

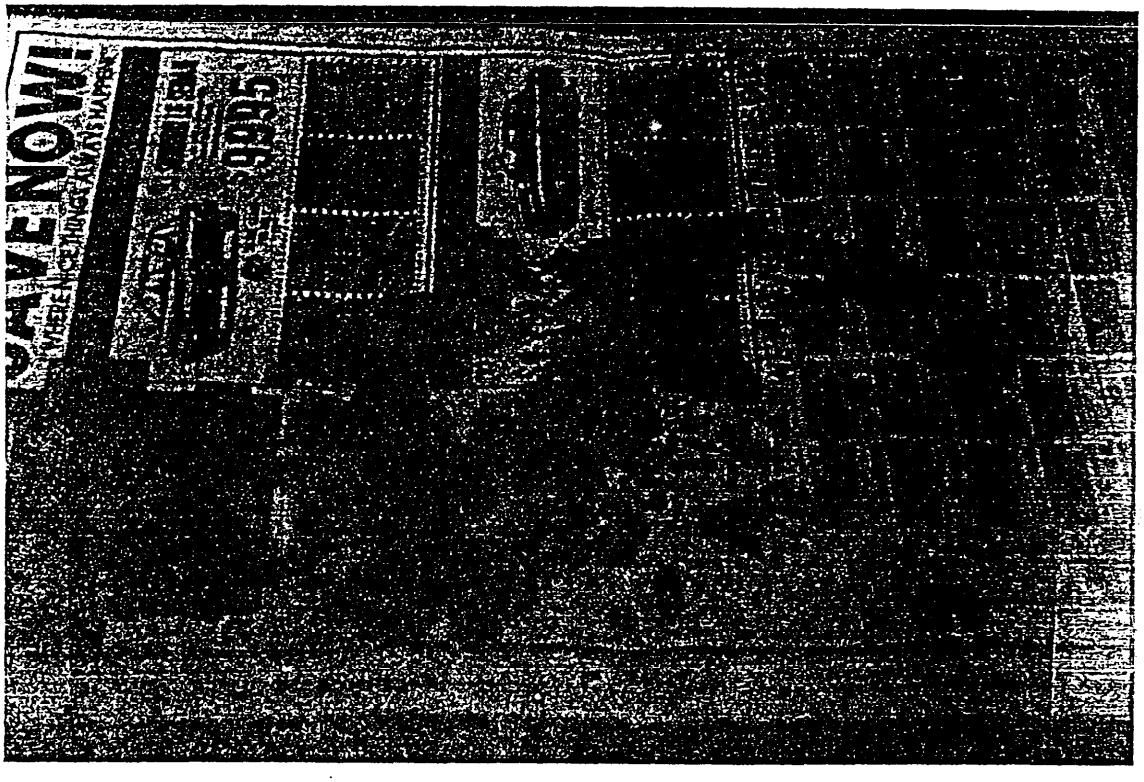

PHOTO OF CONSUMER'S UNIT THAT BROKE (PHOTO IS OF GLASS PIECES ON NEWSPAPER)