TC-21

CONSUMER PRODUCT INCIDENT REPORT

JAN 26 1995

1. Name of Respondent SAM FROSINI	2. Telephone No. (Home) (Work) HOME: 214-840-8664
3. Street Address 2030 W. KINGSLEY	4. City State Zip Code GARLAND, TEXAS 75041

5. Describe accident situation or hazard, including data on injuries. (Use second page if necessary.)

THE CONSUMER REPORTED THAT HIS WIFE PREPARED FOOD IN A CLEAR GLASS CASSEROLE DISH. THE DISH WAS IN THE OVEN AT ABOUT 350 DEGREES FOR AROUND THIRTY MINUTES. WHEN THE FOOD WAS READY, THE DISH WAS REMOVED FROM THE OVEN AND PLACED ON A HOT PAD ON A KITCHEN COUNTER TOP. THIRTY TO FORTY MINUTES LATER, THE GLASS DISH WITH FOOD EXPLODED AND GLASS SHARDS WERE THROWN THROUGHOUT THE KITCHEN. NO INJURIES OCCURRED.

6. Date of Incident(s) 12/94	7. If injury or near miss, obtain Age [ ] Sex [ ] and describe injury NO INJURY	8. If victim different from respondent, provide Name: NA Relationship:
9. Description of Product CLEAR GLASS RECTANGULAR COOKWARE 11" x 8" x 2"		10. Brand Name ANCHOR-HOCKING
11. Manufacturer/Distributor Name, Address & Phone ANCHOR-HOCKING 2893 W. FAIR, BOX 2004 LANCASTER, OHIO 43130		12. Model, Serial No.'s UNKNOWN 13. Dealer's Name, Address, & Phone UNKNOWN
14. Was the product damaged, repaired or modified? Yes [ ] No [X] If yes, before or after the incident? Describe:		15. Product purchased New [XX] Used [ ] Date purchased [ ] Age [2+] 16. Does product have warning labels? NONE If so, Note:
17. Have you contacted the manufacturer? Yes [ ] No [ ] ATTEMPTED 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 [ ]

FOR ADMINISTRATION USE

20. Date Received 1/4/95	21. Received by (Name & Office) JOAN GREGG, PSI, DAL/FOR	22. Document No. F510135A
23. Follow-Up Action	MFR/PRVLBK Approved No Comments attached Comments/Excisions/Revisions Firm has not requested further notice	24. Product Code(s) 0461
25. Distribution		26 Endorser's Name & Title

CPSC FORM 175 (Rev. 9/89)[Adapted for WP Windows 5/93][Epson LQ-1170 Printer 10/93]

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 3-8-95
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.

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