NOV 20 1995 EHDS

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 Winn Dixie 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 Comments attached Excisions/Revisions Firm has not requested further notice		24. PRODUCT CODE(S) 0461 0273 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 11/7/75

REMARKS

No file recommended.
CPSC has received a lot of similar complaints due to tempered nature of this glass
(NOTE: ~~Do~~ Do we need to send a response letter to complainant?)

GPO 885-815

CPSC FORM 108 9/73

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.

David 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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