

# INCIDENT INVESTIGATION ASSIGNMENT INSTRUCTIONS

## Fire – Walk Behind/Push Lawn Mowers

**DOCUMENT NUMBER:**

**DATE OF INCIDENT:**

**CATID: BUNN01 2020**

**FOLLOW-UP REQUESTED:**

**HAZARD ANALYSIS  COMPLIANCE**

**PRIMARY CONTACT: Han Lim, ESMC, 301-987-2327, [hlim@cpsc.gov](mailto:hlim@cpsc.gov)**

**BACK-UP CONTACT: David Miller, EPHA, 301-504-7323, [dmiller@cpsc.gov](mailto:dmiller@cpsc.gov)**

### ASSIGNMENT MESSAGE:

1. Identify the victim(s) – operator, passenger, or bystander.
2. Obtain the brand name (manufacturer), model name/number, and horsepower of the mower.
3. How old is the mower?
4. Provide a chronology of events leading to the fire incident or fire hazard.
5. Were there any gas-fired appliances such as gas water heaters or gas clothes dryers near the mower?
6. Were there any observations of fuel leaks prior to the fire from any of the fuel system components, e.g., carburetor, cracks/holes/split seams in the fuel tank, fuel hoses, fuel filter, vent grommets, etc.?
7. What type of surface was the mower placed on during the fire, e.g., concrete floor, asphalt, dirt floor, grassy field, laminate floor, etc.?
8. At the time of the incident, was the engine running or not running?
9. Describe whether there were any environmental conditions such as wet grass, uneven surfaces (holes, bumps, rocks, or obstacles), a steep embankment or anything else that may have contributed to the incident.
10. Was the mower on level ground or was it on a hill or slope just before the incident?
11. Was there a grass catcher attached to the mower at the time of the incident?
12. Were there any combustible materials near the mower? If yes, list them.
13. Was the mower involved in a CPSC recall?
14. What is the maintenance history of the mower, on items such as oil changes?
15. Was the mower manufacturer contacted about this fire incident or for any other product related matter?
16. Are there any markings on the mower indicating certification to any industry standards such as ANSI, ASTM, UL, etc.?

**Please include all primary and all backup contacts in the distribution of the completed IDI.**

----- Area below will be completed in Data Systems -----

**Person(s) to Contact:**

**Guidelines:**

**Task Number:**

**Date:**

**Assigned to:**

**Processed by: lew**