

## INCIDENT INVESTIGATION ASSIGNMENT INSTRUCTIONS

### Blender Incidents – SECTVC2020

**DOCUMENT NUMBER:**

**DATE OF INCIDENT:**

**CATID:**

**FOLLOW-UP REQUESTED**

**HAZARD ANALYSIS**  **SECT 15**

**PRIMARY CONTACT:**

**BACK-UP CONTACT:** Valery Ceasar, 301-504-7851, [VCeasar@cpsc.gov](mailto:VCeasar@cpsc.gov)

**ASSIGNMENT MESSAGE:**

Please investigate the attached blender incident as a telephone IDI. Collect the information needed to answer the questions listed below. A full narrative write up for this IDI is not necessary. Because there is no narrative required, if the consumer *verbally* grants permission to disclose his/her name, include such statement on Exhibit 1-Contact page.

Contact the consumer for this IDI. You should not need to contact the attorney, but if contact with the attorney is necessary, you must first discuss with Valery Ceasar and/or Kathy Bellenfant prior to attempting to contact the attorney.

Please include: the list of exhibits, the Contact page (with name of victim, if applicable) as the first exhibit, the completed questionnaire (attached) as the second exhibit, along with any other documentation that may be collected during this IDI.

Obtain the answers to the following questions regarding the blender involved in this incident.

*Answer the questions below on the attached questionnaire and include the questionnaire as Exhibit 2 of this IDI.*

1. When was the product purchased (month, date, year)?
2. Where was the product purchased (online website, retail store and location)?
3. Who purchased the product (consumer, family member, friend)?
4. Brand Name and Model# of the product?
5. When was the product first used (month, date, year)?
6. How often was the product used (daily, weekly, monthly, etc.)?
7. What was the product usually used for (blending liquids, solids, hot or cold)?
8. Did the user read the instructions prior to using the product for the first time?
9. What was the incident date (month, date, year)?
10. Was there a second incident (month, date, year)?
11. Explain in detail what happened in each incident?
12. Did the user sustain an injury? If so, what was the nature of the injury?
13. Did the user seek medical treatment in a hospital or medical center?
14. Did the user apply home treatment?
15. Was anyone other than the user injured? If so, what was the nature of the injury?
16. Was the user making a cold or hot beverage?
17. Was the user blending nuts, beans, tomato product, ice or other items?
18. How full was the container/cup during use (i.e., up to the max fill line? Under the max fill line or over the max fill line)?
19. Which size container (cup) were you using: oversize cup, tall cup, short cup?

20. Which blade attachment was used?
21. How was the product cleaned (by hand or dishwasher)?
22. Did you immerse the base of the product in water when cleaning?
23. Did the user check if the blade base screwed on correctly, cross threaded, tight or lose?
24. Did the user check if the blade tabs were securely locked into the base slots?
25. Approximately how long were ingredients blended?
26. Approximately what was the maximum blend time?
27. Approximately at what time during the blending cycle did the incident occur?
28. Did the user hear any strange sounds coming from the cup of the product during the blending cycle?
29. Did the user hear any strange sounds coming from the base of the product during the blending cycle?
30. After the incident, did the user contact the retailer? If so, what did they tell the user?
31. After the incident, did the user contact the manufacturer? If so, what did they tell the user?
32. Was the user offered a replacement product? If so, was the replacement the same Brand and Model#?
33. If the user received a replacement product, have they experienced any problems with the replacement product?
34. Please explain whether the problems experienced with the replacement product the same or different than those of the previous product?

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

**Person(s) to Contact:**

**Task Number:**

**Date:**

**Assigned to:**

**Processed by: lew**

**Blender Incident Questionnaire**

1. When was the product purchased (month, date, year)?
  
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4. Brand Name and Model# of the product?
  
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7. What was the product usually used for (blending liquids, solids, hot or cold)?
  
8. Did the user read the instructions prior to using the product for the first time?
  
9. What was the incident date (month, date, year)?
  
10. Was there a second incident (month, date, year)?
  
11. Explain in detail what happened in each incident?
  
12. Did the user sustain an injury? If so, what was the nature of the injury?

13. Did the user seek medical treatment in a hospital or medical center?
  
14. Did the user apply home treatment?
  
15. Was anyone other than the user injured? If so, what was the nature of the injury?
  
16. Was the user making a cold or hot beverage?
  
17. Was the user blending nuts, beans, tomato product, ice or other items?
  
18. How full was the container/cup during use (i.e., up to the max fill line? Under the max fill line or over the max fill line?)
  
19. Which size container (cup) were you using: oversize cup, tall cup, short cup?
  
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21. How was the product cleaned (by hand or dishwasher)?
  
22. Did you immerse the base of the product in water when cleaning?
  
23. Did the user check if the blade base screwed on correctly, cross threaded, tight or loose?
  
24. Did the user check if the blade tabs were securely locked into the base slots?
  
25. Approximately how long were ingredients blended?

26. Approximately what was the maximum blend time?
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