## INCIDENT INVESTIGATION ASSIGNMENT INSTRUCTIONS

Fire - Ground Supported Outdoor Gasoline Powered Appliances with SAMPLE COLLECTION

DOCUMENT NUMBER:		
DATE OF INCIDENT:		CATID: BUNN01 2020
FOLLOW-UP REQUESTED	D: I	HAZARD ANALYSIS 🛛 COMPLIANCE 🗌
PRIMARY CONTACT: Han Lim, ESMC, 301-987-2327, <a href="mailto:hlim@cpsc.gov">hlim@cpsc.gov</a> BACK-UP CONTACT: David Miller, EPHA, 301-504-7323, <a href="mailto:dmiller@cpsc.gov">dmiller@cpsc.gov</a>		
ASSIGNMENT MESSAGE	:	
<ol> <li>Identify the victim(s)</li> <li>Obtain the brand nam</li> <li>How old is the applia</li> <li>Provide a chronology</li> <li>Were there any gas-f</li> <li>Were there any obser carburetor, cracks/ho</li> <li>What type of surface floor, grassy field, la</li> <li>At the time of the inc</li> <li>Describe whether the bumps, rocks, or obs</li> <li>Was the appliance or</li> <li>Were there any comb</li> <li>Was the appliance inv</li> <li>What is the maintenan</li> <li>Was the appliance ma</li> </ol>	ance?  y of events leading to the great appliances such as garvations of fuel leaks prior obles/split seams in the fuel was the appliance placed minate floor, etc.?  cident, was the engine rungere were any environment stacles), a steep embankment level ground or was it or outsible materials near the volved in a CPSC recall?  ance history of the appliant anufacturer contacted about the stack of the stack o	bystander. name/number, and horsepower of the appliance.  fire incident, or fire hazard. as water heaters or gas clothes dryers near the appliance? r to the fire from any of the fuel system components, e.g., tank, fuel hoses, fuel filter, vent grommets, etc.? on during the fire, e.g., concrete floor, asphalt, dirt
powered equipment sam disassemble and ship the	nple if possible. If ship e empty fuel tank and	assignment message, please collect the gasoline oping the entire unit is not feasible, carefully d hoses, as it was the alleged source of fuel leak. arch Place, Rockville, MD 20850, attn: Han Lim.
Please include all primary and all backup contacts in the distribution of the completed IDI.		
	Area below will b	e completed in Data Systems
Person(s) to Contact:		
Guidelines:		
Task Number:	Date:	

Processed by: lew

Assigned to: