

Safety Defect and Noncompliance Report Guide for Equipment
PART 573 Defect and Noncompliance Report¹

On 4/24, 2012 _____ [MFR] decided that (a defect which relates to motor vehicle safety)(a noncompliance with Federal Motor Vehicle Safety Standard No. _____) exists in items of motor vehicle equipment listed below, and is furnishing notification to the National Highway Traffic Safety Administration in accordance with 49 CFR Part 573 Defect and Noncompliance Reports.

Date this report was prepared: March, 23, 2012

Furnish the manufacturer's identification code for this recall (if applicable): _____

1. Identify the full corporate name of the fabricating manufacturer/brand name/trademark owner of the recalled item of equipment. If the recalled item of equipment is imported, provide the name and mailing address of the designated agent as prescribed by 49 U.S.C. §30164.

1. CORPORATE NAME OF MANUFACTURER: G S B
GUANGZHOU JINHAO SPORTING GOODS CO., LTD

2. OWNER OF TRADEMARK - GLX, G & B -
PLANETARY DISTRIBUTION, INC.

Identify the corporate official, by name and title, whom the agency should contact with respect to this recall.

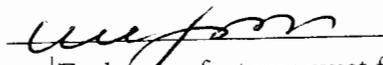
Jenny Rowe, CEO

Telephone Number: 626-359-0900 Fax No.: 626-359-0933

Name and Title of Person who prepared this report.

Jenny Rowe, CEO

Signed:



¹Each manufacturer must furnish a report, to the Associate Administrator for Enforcement, for each defect or noncompliance condition which relates to motor vehicle safety.

I. Identify the Recalled Items of Equipment

2. Identify the Items of Equipment Involved in this Recall, for each make and model or applicable item of equipment product line (provide illustrations or photographs as necessary to describe the item of equipment), provide:

Generic name of the item:

Make: GLX Model: 501C Carbon Fiber Half Helmet

Part Number: 501C Size: Extra Large

Function: Motorcycle Safety Helmet

Other information which characterizes/distinguishes the items of equipment to be recalled:

Carbon fiber material

Make: _____ Model: _____

Part Number: _____ Size: _____

Function: _____

Other information which characterizes/distinguishes the items of equipment to be recalled:

Make: _____ Model: _____

Part Number: _____ Size: _____

Function: _____

Other information which characterizes/distinguishes the items of equipment to be recalled:

Identify the approximate percentage of the production of all the recalled models manufactured by your company between the inclusive dates of manufacture provided above, that the recalled model population represents. For example, if the recall involved Equipment equipped with certain items of equipment from January 1, 1996, through April 1, 1997, then what was the percentage of the recalled Equipment of all Equipment manufactured during that time period.

1st shipment: 6/2010 - 110 pieces
2nd shipment: 6/2011 - 158 pieces
3rd shipment: 11/2011 - 479 pieces
Total: 747 pieces
Sold: 101 pieces. 14% of production (pieces = Half Helmets)

II. Identifying the Recall Population

3. Furnish the total number of items of equipment recalled potentially containing the defect or noncompliance.

<u>Model</u>	<u>Year</u>	<u>Number of Items Potentially Involved</u>
501 C Half Helmet	2010	110
501 C Half Helmet	2011	158
501 C Half Helmet	2011	479

Total Number Potentially Affected by the Recall:

747

4. Furnish the approximate percentage of the total number of items of equipment estimated to actually contain the defect or noncompliance: 100% OR 747

pieces

Identify and describe how the recall population was determined--in particular how the recalled models were selected and the basis for the beginning and final dates of manufacture of the

recalled items of equipment: (A) Department of Transportation tested 5 of the extra large half helmets

(B) A total of 99 pieces (on helmets) were sold from the identified recall population.

(C) The total of 99 helmets sold came from the 1st shipment of manufactured half helmets.

D. Final Date of 1st Shipment: 06/22/2010

III. Describe the Defect or Noncompliance

5. Describe the defect or noncompliance. The description should address the nature and physical location of the defect or noncompliance. Illustrations should be provided as appropriate.

Dwell Times exceeding 2.0 msec AT 200g:
During the second impact onto the FIAT
ANVIL AT THE REAR LOCATION: Amb. (2.2 msec),
Cold (2.4 msec), Hot (2.3 m), wet (2.3 msec),
AND RIGHT LOCATION: Amb. (2.1 msec), cold (2.1 msec)

Describe the cause(s) of the defect or noncompliance condition.

Impact: (A) Ambient (B) Low Temp.
(C) High Temp. (D) Water Immersed

Describe the consequence(s) of the defect or noncompliance condition.

Product does NOT meet Safety
Compliance - FMVSS - # 218 FOR
Motorcycle Helmets

Identify any warning which can (a) precede or (b) occur.

NONE

If the defect or noncompliance is in a component or assembly purchased from a supplier, identify the supplier by corporate name and address.

Guangzhou Jinhao Sporting Goods Co, LTD
Yongfu Industrial Zone
Jiupen Liangtian Baiyun District
Guangzhou, China
86-20-87450116 (F) 86-20-87450067

Identify the name and title of the chief executive officer or knowledgeable representative of the supplier:

MR. JINJING CHEN, CEO

IV. Provide the Chronology in Determining the Defect/Noncompliance

If the recall is for a defect, complete item 6, otherwise item 7.

6. With respect to a defect, furnish a chronological summary (including dates) of all the principle events that were the basis for the determination of the defect. The summary should include, but not be limited to, the number of reports, accidents, injuries, fatalities, and warranty claims.

7. With respect to a noncompliance, identify and provide the test results or other data (in chronological order and including dates) on which the noncompliance was determined.

- (A) Testing Information: G&B - 4/02/2012
Test Results: Passed -
Impact, Penetration & Retention
- (B) DOT- ACT LAB, LLC - 9/16/2010 -
Test Results: Failed Impact Criteria
- (C) GLX - Distribution of 501 C Half Helmet
Received DOT/ACT LAB Test Results
on 3/23/2012

V. Identify the Remedy

8. Furnish a description of the manufacturer's remedy for the defect or noncompliance. Clearly describe the differences between the recall condition and the remedy.

- (A.) Reinforce & harden outer shell of
helmet, especially @ the rear or
back of helmet
- (B.) Rework/soften EPS inner lining
- (C.) Accurate measure Labeling
distance from Rim of helmet

Clearly describe the distinguishing characteristics of the remedy component/assembly versus the recalled component/assembly.

- A. Add one or two layers of carbon fiber.
- (B.) soften EPS lining to reduce G
measurements
- (C.) Label placed 2-5 ms above Rim
- Addedum: ① Retest recalled product
at the manufacturing site
- ② Test recalled product a
second time at
Southwest Institute - USA

Identify and describe how and when the recall condition was corrected in production. If the production remedy was identical to the recall remedy in the field, so state. If the product was discontinued, so state.

Within one week of receiving the test results, COLX representative met with the manufacturer; and defects were corrected. New shipments will be double tested before distributed in the United States.

VI. Identify the Recall Schedule

Furnish a schedule or agenda (with specific dates) for notification to other manufacturers, dealers/retailers, and purchasers. Please, identify any foreseeable problems with implementing the recall.

- (1) Dealers/Retailers have been notified, returns have already been received by COLX.
- (2) COLX will return all 3 shipments of 501 C Carbon Fiber Helmets to the manufacturer - GSB.
- (3) No foreseeable problems - will notify dealers/retailers & purchasers

VII. Furnish Recall Communications

9. Furnish a final copy of all notices, bulletins, and other communications that relate directly to the defect or noncompliance and which are sent to more than one manufacturer, distributor, or purchaser. This includes all communications (including both original and follow-up) concerning this recall from the time your company determines the defect or noncompliance condition on, not just the initial notification. A DRAFT copy of the notification documents should be submitted to this office by Fax (202-366-7882) or by E-Mail (RMD.ODI@dot.gov) for review prior to mailing.

Note: These documents are to be submitted separately from those provided in accordance with Part 579.5 requirements.

- (A) Test Results - Manufacturer - GSB 4/17/2010
- (B) Notification to Dealers/Retailers
- (C) Test Results For 501 ABS - Southwest Institute
- (D) Response Letter -

G-501C helmets Sold to dealers list:

Mitchell's Modesto Harley-Davidson

500 N. Carpenter Rd

Modesto, CA 95351-1727

209-522-1061

ThunderBikes LI

72 Jayne Blvd.

Port Jefferson Station, NY 11776

631-509-6264

Mt. Baker Harley-Davidson

1421 N. State St.

Bellingham, WA 98225

360-671-7575

Kauai Harley-Davidson

3-1866 Kaunaulii Hwy

Lihue, HI 96766-8606

808-241-7020

Bobby's Territorial Harley-Davidson

2550 E. Gila Ridge Rd

Yuma, AZ 85365

928-782-1931

Motorcycle Centers

280 Route 18

E. Brunswick, NJ 08816

732-766-2999

Dragon Cycle

511 South 1st St.

Selah, WA 98942

509-961-5480

Frontier Cycle

155 Weldon Parkway, Ste 117

Maryland Heights, MO. 63043

314-918-0017

Eagle Rider

217 Avocado St, #5

Costa Mesa, CA 92627

949-646-7433
