

**U.S. Consumer Product Safety Commission
LOG OF MEETING**

SUBJECT: Ground-Fault Circuit-Interrupters (GFCIs)

CPSA 6 (b)(1) Cleared

0/0/00
No. Mfrs./Products of
Products Identified
Excepted by _____
Firms Notified, _____
Comments Processed.

DATE OF MEETING: May 25, 2000

LOG ENTRY SOURCE: William H. King, Jr., ES *W.H.K.*

DATE OF LOG ENTRY: June 1, 2000

LOCATION: 1300 North 17th Street, Rosslyn, VA

CPSC ATTENDEE(S):
William H. King, Jr., ES
Doug Lee, ESEE
Andrew Trotta, ESEE'
Michael Greene, EPHA

NON-CPSC ATTENDEE(S):
Richard LaLumondier, National Electrical Mfrs. Assoc. (NEMA)
John Young, Siemens Energy & Automation, Inc.
Aaron Chase, Leviton Mfrg. Co., Inc.
William Rose, Leviton Mfrg. Co., Inc.
David Dini, Underwriters Laboratories Inc.
Clive Kimblin, Cutler-Hammer
Jonathan Potter, General Electric Co.
and other members of the NEMA GFCI section

2000 JUN - 1 A 4: 33
CPSC/OFFICE OF
THE SECRETARY

SUMMARY OF MEETING: CPSC technical staff were invited to this meeting by Mr. LaLumondier, NEMA staff, to be informed regarding a survey to identify, define and quantify the long term operation of GFCIs as installed in residences. NEMA is in the process of conducting a pilot study in the Washington, DC area, and will provide documentation to CPSC staff regarding the status of the pilot survey by the end of the month of June. The pilot survey will test methodology and procedure. A copy of the GFCI Test Procedures sheet and a copy of the GFCI Inspection Data Sheet were provided (copies attached).

A full scale national survey involving eleven cities is planned to begin in July.

GFCI Test Procedures

To determine Amp rating: Circuit breakers – Amp rating is stamped on the handle.
Receptacles – 15 Amp if openings for plug blades are parallel;
20 Amp if one of the plug blade opening is T shaped.

Circuit Breaker GFCI

(No other equipment is needed)

1. Check to be sure that the GFCI circuit breaker handle is in the ON position. If it is not turn the device to the ON position.
2. Push the "Test" button on the circuit breaker. The circuit breaker should open which is indicated by the handle moving to the trip position. This should be recorded as "Trip".
3. If the circuit breaker trips the test is over and the circuit breaker should be reset to the ON position. If it does not reset, record on the reverse side as a "No Reset".
4. If the circuit breaker does not trip when the button is pushed verify that the circuit breaker has power to it. This can be done by checking one of the loads in the circuit that the circuit breaker is supplying to determine that it is on. (If there is no power and the main device is ON the test can not be conducted)
5. Once it is certain the circuit breaker has power push the "Test" button again. If the device trips it should be recorded as "Trip" and if it does not trip it should be recorded as "No Trip" on the reverse side.
6. Complete the rest of the form (GFCI Inspection Data Sheet) on the reverse side for this unit.
7. If you recorded No Trip or No Reset, the GFCI is considered a non-operating unit; follow instructions below: "To Prepare for Replacement".)

Receptacle GFCI

(Equipment required - A load, such as a lamp, to be used as an indicator)

1. Plug the load into the GFCI receptacle and turn it on to verify that power is present. If there is no power check to be certain that the RESET button of the receptacle GFCI is fully pressed. If still no power, check to be certain that the circuit breaker for this GFCI circuit is ON. If there is no power the GFCI device can not be tested.
2. If there is power push the "Test" button. The GFCI should trip and the load should turn off. Tripping is indicated by the RESET button popping out.
 - If the GFCI trips and the indicator goes OFF it should be recorded as "Tripped – Indicator Off".
 - If the GFCI trips and the indicator does not go OFF it should be recorded as "Tripped – Indicator On".
 - If the GFCI does not trip it should be recorded as "No Trip".
3. Reset the GFCI by pressing the RESET button. If it does not reset, record on the reverse side as a "No Reset".
4. Complete the rest of the form (GFCI Inspection Data Sheet) on the reverse side for this unit.
5. If you recorded "Tripped-Indicator On" or "No Reset", the GFCI is considered a non-operating unit; follow instructions below: "To Prepare for Replacement".)

To Prepare for Replacement

1. For each non-operating unit, take and complete a separate "Electrician's Envelope" as shown below
2. Find the "GFCI Replacement Data Sheet" in the envelope. Complete Part 1. Note that the control number is that of the Inspection Data Sheet followed by the item number for the non-operating unit.
3. Find a tag in the envelope. Write the same control number on the tag.
4. Write the location and GFCI device information on the outside of the envelope, as well.
5. Tear off and retain the blue copy of the "GFCI Replacement Data Sheet" Return the rest of the GFCI Replacement Data Sheet and the marked tag into the "Electrician's Envelope" and seal that envelope.
6. Give the "Electrician's Envelope" to the homeowner or leave it with the other documents you leave for the homeowner.

Inspector to deliver all copies of this "Inspection Data Sheet and the blue copies of the Replacement Data Sheet(s)" to: Home Pro Systems, 2841 Hartland Road, Suite 201, Falls Church, VA 22043

GFCI Inspection Data Sheet

To be completed by the Home Inspector -See instructions on reverse side

Date _____ Inspector _____ Control No _____

Description of property - Single Family Residential Multi-Family _____

Location of Property - Urban Suburban Rural Approx Age of Building _____

Address: Street, City, State _____ Zip Code _____ Tel. _____

Item No. _____

GFCI Circuit Breakers

	Panelboard Manufacturer _____	Cat No. _____
	Panelboard Location - Basement <input type="checkbox"/>	Garage <input type="checkbox"/> Utility Room <input type="checkbox"/> Outdoors <input type="checkbox"/> Other <input type="checkbox"/>
1	Manufacturer _____	Cat No _____ Rating _____ Poles _____
	Test Results - Trip <input type="checkbox"/> No Trip <input type="checkbox"/> No Reset <input type="checkbox"/> Approximate Date Installed (if known) _____	
2	Manufacturer _____	Cat No _____ Rating _____ Poles _____
	Test Results - Trip <input type="checkbox"/> No Trip <input type="checkbox"/> No Reset <input type="checkbox"/> Approximate Date Installed (if known) _____	
3	Manufacturer _____	Cat No _____ Rating _____ Poles _____
	Test Results - Trip <input type="checkbox"/> No Trip <input type="checkbox"/> No Reset <input type="checkbox"/> Approximate Date Installed (if known) _____	

Item No. _____

GFCI Receptacles

4	Location - Basement/Crawl <input type="checkbox"/> Bathroom <input type="checkbox"/> Garage <input type="checkbox"/> Kitchen <input type="checkbox"/> Outdoor <input type="checkbox"/> Rating _____ Installed in - Inside wall <input type="checkbox"/> Outside wall <input type="checkbox"/> Comment _____ Test Results - Tripped - Indicator Off <input type="checkbox"/> Tripped - Indicator On <input type="checkbox"/> No Trip <input type="checkbox"/> No Reset <input type="checkbox"/>
	Location - Basement/Crawl <input type="checkbox"/> Bathroom <input type="checkbox"/> Garage <input type="checkbox"/> Kitchen <input type="checkbox"/> Outdoor <input type="checkbox"/> Rating _____ Installed in - Inside wall <input type="checkbox"/> Outside wall <input type="checkbox"/> Comment _____ Test Results - Tripped - Indicator Off <input type="checkbox"/> Tripped - Indicator On <input type="checkbox"/> No Trip <input type="checkbox"/> No Reset <input type="checkbox"/>
6	Location - Basement/Crawl <input type="checkbox"/> Bathroom <input type="checkbox"/> Garage <input type="checkbox"/> Kitchen <input type="checkbox"/> Outdoor <input type="checkbox"/> Rating _____ Installed in - Inside wall <input type="checkbox"/> Outside wall <input type="checkbox"/> Comment _____ Test Results - Tripped - Indicator Off <input type="checkbox"/> Tripped - Indicator On <input type="checkbox"/> No Trip <input type="checkbox"/> No Reset <input type="checkbox"/>
7	Location - Basement/Crawl <input type="checkbox"/> Bathroom <input type="checkbox"/> Garage <input type="checkbox"/> Kitchen <input type="checkbox"/> Outdoor <input type="checkbox"/> Rating _____ Installed in - Inside wall <input type="checkbox"/> Outside wall <input type="checkbox"/> Comment _____ Test Results - Tripped - Indicator Off <input type="checkbox"/> Tripped - Indicator On <input type="checkbox"/> No Trip <input type="checkbox"/> No Reset <input type="checkbox"/>
8	Location - Basement/Crawl <input type="checkbox"/> Bathroom <input type="checkbox"/> Garage <input type="checkbox"/> Kitchen <input type="checkbox"/> Outdoor <input type="checkbox"/> Rating _____ Installed in - Inside wall <input type="checkbox"/> Outside wall <input type="checkbox"/> Comment _____ Test Results - Tripped - Indicator Off <input type="checkbox"/> Tripped - Indicator On <input type="checkbox"/> No Trip <input type="checkbox"/> No Reset <input type="checkbox"/>
9	Location - Basement/Crawl <input type="checkbox"/> Bathroom <input type="checkbox"/> Garage <input type="checkbox"/> Kitchen <input type="checkbox"/> Outdoor <input type="checkbox"/> Rating _____ Installed in - Inside wall <input type="checkbox"/> Outside wall <input type="checkbox"/> Comment _____ Test Results - Tripped - Indicator Off <input type="checkbox"/> Tripped - Indicator On <input type="checkbox"/> No Trip <input type="checkbox"/> No Reset <input type="checkbox"/>

Other Comments _____