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## CHFM Exam Outline

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**Mometrix** TEST PREPARATION

<b>Time limit:</b> 2 hours
<b>Total questions:</b> 110
<b>Question format:</b> Multiple-choice
<b>Delivery format:</b> Computer-delivered

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## CHFM Latest Practice Materials & Valid Test CHFM Experience

The companies do not want to lose them and they offer a good package to convince the candidate to become a part of their organization. So, to fit in the game, you must go for the Lead2Passed Medical Professional CHFM Practice Exam that will show you where you stand and how hard you need to work to get the Certified Healthcare Facility Manager (CHFM) certification exam (CHFM) certification exam.

## Medical Professional Certified Healthcare Facility Manager (CHFM) certification exam Sample Questions (Q64-Q69):

### NEW QUESTION # 64

A construction project in a cafeteria should not start until which of the following is present?

- A. approval from a clinical director
- B. staffing
- C. funding
- D. security authorization

**Answer: C**

Explanation:

Construction projects in healthcare facilities must have secured funding before starting. While approvals, staffing, and security considerations are important, the project cannot begin without the capital budget authorization. This aligns with AIA project delivery requirements and AHA/ASHE guidance for healthcare construction projects.

References: AIA A201 General Conditions; AHA/ASHE CHFM Handbook - Planning, Design, and Construction domain.

### NEW QUESTION # 65

What is the maximum capacity of soiled linen or trash receptacles allowed in patient rooms or nurse stations?

- A. 8 gal.
- B. 16 gal.
- C. 64 gal.
- D. 32 gal.

**Answer: D**

Explanation:

Per NFPA 101: Life Safety Code, soiled linen and trash containers greater than 32 gallons are not permitted in patient rooms or at nurse stations. Containers larger than this must be located in designated hazardous areas with proper fire protection.

C). 32 gal. (Correct).

Smaller values (8, 16) are permissible but not the regulatory maximum.

D). 64 gal.: Exceeds NFPA maximum and requires special room design.

References:

NFPA 101: Life Safety Code, Section on Waste Receptacle Limits.

The Joint Commission, Environment of Care Standards.

### NEW QUESTION # 66

A facility manager has to prepare a labor budget for an upcoming addition of a new patient wing. Budgetary needs will include:

- Two carpenters at \$40 per hour for 20 hours a week for project work for 78 weeks
  - Two carpenters at \$40 per hour for 20 hours a week for maintenance work for 78 weeks
  - One laborer at \$20 per hour for 40 hours a week for project work for 78 weeks
  - One supervisor at \$45 per hour for 10 hours a week for project work for 104 weeks
  - One supervisor at \$45 per hour for 10 hours a week for maintenance work for 104 weeks
- What is the correct budget assignment, without any benefits?

- A. Project budget = \$171,600 and Operations budget = \$171,600
- B. Project budget = \$234,000 and Operations budget = \$171,600
- C. Project budget = \$171,600 and Operations budget = \$234,000
- D. Project budget = \$234,000 and Operations budget = \$234,000

**Answer: B**

Explanation:

Compute project labor:

Two carpenters (project):  $\$40 \times 20 \text{ hr/wk} \times 78 \text{ wk} \times 2 = \$124,800$

One laborer (project):  $\$20 \times 40 \text{ hr/wk} \times 78 \text{ wk} = \$62,400$

Supervisor (project):  $\$45 \times 10 \text{ hr/wk} \times 104 \text{ wk} = \$46,800$

Project total =  $\$124,800 + \$62,400 + \$46,800 = \$234,000$

Compute operations/maintenance labor:

Two carpenters (maintenance):  $\$40 \times 20 \text{ hr/wk} \times 78 \text{ wk} \times 2 = \$124,800$

Supervisor (maintenance):  $\$45 \times 10 \text{ hr/wk} \times 104 \text{ wk} = \$46,800$

Operations total =  $\$124,800 + \$46,800 = \$171,600$

Therefore: Project =  $\$234,000$ ; Operations =  $\$171,600$ .

References:

AHA/ASHE CHFM Study Resources - Financial Management (labor budgeting and allocation).

### NEW QUESTION # 67

Regulated medical waste should be handled in which of the following ways?

- A. labeled with specific content
- **B. separated from other types of waste**
- C. incinerated within 10 days of collection
- D. refrigerated at 40° F

**Answer: B**

Explanation:

According to federal and state healthcare waste management standards, regulated medical waste must always be separated from general waste streams at the point of generation. Proper segregation ensures compliance with OSHA's Bloodborne Pathogens Standard, EPA's Resource Conservation and Recovery Act (RCRA), and The Joint Commission's Environment of Care standards. Containers for regulated waste must be red, leak-resistant, and labeled with the universal biohazard symbol.

Correct Answer (D. separated from other types of waste): CHFM compliance and Environment of Care standards require that infectious or hazardous medical waste be physically separated to prevent cross-contamination and maintain compliance with infection control protocols.

A (labeled with specific content): While containers must be labeled, they do not list specific contents; only the biohazard designation is required.

B (refrigerated at 40°F): Refrigeration applies only in specific storage conditions, not universally required for all regulated medical waste.

C (incinerated within 10 days): Time requirements vary by jurisdiction; incineration within 10 days is not a universal federal mandate.

References:

American Hospital Association, CHFM Candidate Handbook - Compliance domain, safety, and waste handling requirements.

OSHA Bloodborne Pathogens Standard (29 CFR 1910.1030).

EPA RCRA Medical Waste Tracking Act guidance.

The Joint Commission, Environment of Care Standards.

### NEW QUESTION # 68

Which scenario is best for managing an inventory of repair parts?

- A. Purchase spare parts from suppliers as replacements are needed.
- B. Purchase one spare part in inventory for each part in use.
- **C. Purchase one spare part in inventory for all patient equipment parts in use.**
- D. Purchase critical spare parts from suppliers on an annual basis.

**Answer: C**

Explanation:

Best practice in healthcare facilities management is to keep one critical spare part for each unique piece of patient-care equipment (not for every unit). This approach balances patient safety and risk mitigation while avoiding excessive storage costs.

A: "As needed" creates downtime risk.

B: Annual bulk purchase may leave gaps in urgent needs.

D: One-for-one spares is excessive, costly, and impractical.

References: ASHE/AHA CHFM study guide - Maintenance and Operations; The Joint Commission EOC standards.



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