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Medical Professional Certified Healthcare Facility Manager (CHFM) certification exam Sample Questions (Q104-Q109):

NEW QUESTION # 104

Engineering controls required by the CDC for TB isolation rooms include

- A. negative air pressure of rooms.
- B. engineering departmental policies and procedures.
- C. respirator fit testing of engineering employees.
- D. use of personal protective equipment.

Answer: A

Explanation:

CDC Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Facilities (1994, reaffirmed in later updates) require negative pressure isolation rooms as a primary engineering control.

This ensures airflow moves into the room and is exhausted to the outside or through HEPA filtration. PPE and respirator fit testing are administrative or personal controls, not engineering.

References: CDC Guidelines for TB Control; NFPA 99; ASHRAE 170.

NEW QUESTION # 105

A measured carbon dioxide level of 1,500 ppm in an area of a facility may indicate

- A. humidity/dewpoint problems.
- **B. lack of outside air.**
- C. vehicular exhaust entering the area.
- D. air exchange rates are within design.

Answer: B

Explanation:

Acceptable indoor CO₂ concentrations in healthcare facilities are generally expected to remain below 1,000 ppm, as recommended by ASHRAE Standard 62.1 (Ventilation for Acceptable Indoor Air Quality). A reading of 1,500 ppm typically signals inadequate ventilation and insufficient outside air being introduced into the space. This is a direct indicator of poor dilution of indoor contaminants.

Correct: Lack of outside air (C) - High CO₂ concentrations are directly linked to reduced outside air supply.

Incorrect:

- A). Within design - Not correct, since 1,500 ppm exceeds design thresholds.
- B). Vehicular exhaust - Would raise CO and NO_x levels, not primarily CO₂.
- D). Humidity/dewpoint - Unrelated to CO₂ measurement.

References:

ASHRAE 62.1: Ventilation for Acceptable Indoor Air Quality.

CHFM Candidate Handbook - Maintenance and Operations domain: ventilation standards.

NEW QUESTION # 106

To minimize the number of change orders, it is best to have

- A. a qualified construction manager and subcontractors.
- B. multiple prequalified bidders.
- C. a builder's insurance policy and performance bond.
- **D. complete plans and specifications.**

Answer: D

Explanation:

The primary cause of change orders is incomplete or unclear plans and specifications. Ensuring that drawings and specs are fully developed before bidding reduces ambiguity, scope gaps, and the likelihood of modifications during construction.

A (Correct): Complete plans/specs = fewer change orders.

B: Bonds/policies protect financially but do not reduce change orders.

C: Prequalification ensures capable bidders but doesn't eliminate scope issues.

D: Competent managers/subcontractors help but cannot offset incomplete design docs.

Reference: CHFM Handbook - Planning, Design, and Construction domain.

NEW QUESTION # 107

The Safe Medical Device Act of 1990 requires reporting of incidents involving a medical device when which of the following occurs?

- **A. death or injury**
- B. inappropriate application of the device

- C. recall
- D. major breakdown

Answer: A

Explanation:

The Safe Medical Device Act (SMDA) of 1990 requires healthcare facilities to report to the FDA and the manufacturer when a device is suspected of causing or contributing to death or serious injury.

C). death or injury (Correct): Specifically mandated under SMDA.

A). inappropriate application: A usage issue, not a reporting trigger.

B). recall: Issued by the FDA/manufacturer, not the facility's reporting obligation.

D). major breakdown: Requires service but not mandatory reporting.

References:

Safe Medical Device Act of 1990, Public Law 101-629.

FDA Medical Device Reporting (MDR) requirements.

CHFM Candidate Handbook - Compliance domain.

NEW QUESTION # 108

An NFPA document using the word "shall" indicates that the item is a

- **A. mandate.**
- B. performance standard.
- C. recommendation.
- D. guideline.

Answer: A

Explanation:

NFPA uses mandatory language to indicate requirements:

"Shall" = mandatory requirement (must comply).

"Should" = advisory or recommended practice.

Therefore, when NFPA states "shall," it represents a mandate.

D). mandate (Correct): Required compliance.

A). recommendation / B. guideline: NFPA uses "should" for recommendations.

C). performance standard: Not the intent of "shall" language.

References:

NFPA Manual of Style for NFPA Technical Committee Documents - Terminology definitions.

NFPA 101: Life Safety Code, Preface and style guide on the use of "shall" and "should." AHA/CHFM Candidate Handbook - Compliance domain (interpretation of NFPA codes).

NEW QUESTION # 109

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