

100% Pass 2026 Medical Professional CHFM: Latest Test Certified Healthcare Facility Manager (CHFM) certification exam Simulations

CHFM Exam Outline

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1. Compliance	33
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Mometrix TEST PREPARATION

Time limit: 2 hours

Total questions: 110

Question format: Multiple-choice

Delivery format: Computer-delivered

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Medical Professional Certified Healthcare Facility Manager (CHFM) certification exam Sample Questions (Q89-Q94):

NEW QUESTION # 89

Which of the following types of injuries is most likely to occur during an MRI scanning process?

- A. visual impairment
- B. **missile projection**
- C. permanent hearing loss
- D. radiation overexposure

Answer: B

Explanation:

MRI does not use ionizing radiation, so radiation-related injuries are not possible. The greatest risk is the "missile effect" where ferromagnetic objects (scissors, oxygen tanks, tools) are violently pulled into the MRI bore by its powerful magnetic field.

D). Missile projection (Correct): Most likely injury hazard.

A). Visual impairment: Not a typical MRI injury.

B). Radiation overexposure: MRI uses magnetic fields, not radiation.

C). Hearing loss: Possible from loud noise but mitigated with ear protection; less common than missile hazard.

References:

FDA MRI Safety Guidelines.

ACR (American College of Radiology) MRI Safety Practices.

CHFM Candidate Handbook - Compliance domain.

NEW QUESTION # 90

If a boiler combustion efficiency test indicates 22% excess oxygen at mid-firing rate, which of the following adjustments should be made?

- A. No adjustment is necessary.
- B. **Increase the fuel pressure.**
- C. Increase the nozzle air pressure.
- D. Shift to steam atomization.

Answer: B

Explanation:

22% excess oxygen is far higher than normal (typical excess O# is 3-6%). This means there is too much air compared to fuel, causing inefficiency.

The corrective action is to increase fuel pressure, which reduces excess oxygen by balancing the air-fuel ratio.

D). Increase the fuel pressure (Correct): Restores optimal combustion balance.

A). Steam atomization: Not relevant unless using certain oil burners.

B). Increase nozzle air pressure: Would worsen the excess O# condition.

C). No adjustment necessary: Incorrect because efficiency is compromised.

References:

ASME Boiler and Pressure Vessel Code.

ASHE/CHFM Study Guide - Boiler efficiency and combustion control.

NFPA 85: Boiler and Combustion Systems Hazards Code.

NEW QUESTION # 91

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

- A. inappropriate application of the device
- B. recall

- C. death or injury
- D. major breakdown

Answer: C

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 # 92

What is the required fire rating of a door in a 2-hour rated wall assembly?

- A. 2 hours
- B. 1 hour
- C. 1/2 hour
- D. 1 1/2 hours

Answer: D

Explanation:

NFPA opening-protective tables specify that doors protecting openings in 2-hour fire-resistance-rated fire barriers are required to have a 1-1/2-hour (90-minute) fire protection rating. This distinction between the wall's fire-resistance rating and the door's fire-protection rating is standard in NFPA 101 and NFPA 80.

References:

NFPA 101: Life Safety Code - Table for opening protective ratings in fire-resistance-rated assemblies.

NFPA 80: Standard for Fire Doors and Other Opening Protectives - Fire door rating requirements for 2-hour barriers.

AHA/CHFM Exam Content Outline - Compliance domain (Life Safety Code requirements).

NEW QUESTION # 93

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

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

Answer: C

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.

NEW QUESTION # 94

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The problem with this line of reasoning is that it is very easy to forget that CHFM it's an entirely subjective decision. This will allow you to define the properties and database type to connect to and retrieve data from within a plugin.

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