

Certified Biomedical Equipment Technician (CBET) Practice Exam (Sample)

Study Guide



Everything you need from our exam experts!

Copyright © 2026 by Examzify - A Kaluba Technologies Inc. product.

ALL RIGHTS RESERVED.

No part of this book may be reproduced or transferred in any form or by any means, graphic, electronic, or mechanical, including photocopying, recording, web distribution, taping, or by any information storage retrieval system, without the written permission of the author.

Notice: Examzify makes every reasonable effort to obtain accurate, complete, and timely information about this product from reliable sources.

SAMPLE

Table of Contents

Copyright	1
Table of Contents	2
Introduction	3
How to Use This Guide	4
Questions	5
Answers	8
Explanations	10
Next Steps	16

SAMPLE

Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 - 45 minutes). Review a handful of questions, reflect on the explanations.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!

Questions

SAMPLE

- 1. After the first run of a vacuum sterilizer, the Bowie-Dick test was positive, indicating that the chamber**
 - A. temperature was too low**
 - B. temperature was too high**
 - C. was evacuated too much**
 - D. was not evacuated sufficiently**

- 2. Which of the following is the transparent portion of the front of the eye?**
 - A. Rods**
 - B. Cones**
 - C. Retina**
 - D. Cornea**

- 3. What type of radiation is primarily used in x-ray systems?**
 - A. Alpha radiation**
 - B. Beta radiation**
 - C. Gamma radiation**
 - D. X-ray radiation**

- 4. Which of the following best describes lithotripsy?**
 - A. A procedure to remove arterial plaque with a catheter**
 - B. A procedure to break up kidney stones with sound waves**
 - C. A procedure to remove HDL proteins from the bloodstream**
 - D. A condition in which nerve damage to the feet causes difficulty in walking**

- 5. Which of the following is included in standard precautions?**
 - A. Blood**
 - B. Sweat**
 - C. Corrosives**
 - D. Carcinogens**

- 6. After powered on, if an ESU does not respond when cut, coag, and/or blend is activated, what is the most appropriate initial action?**
- A. Replace fuse**
 - B. Check return electrodes**
 - C. Check all internal connections**
 - D. Check low voltage power supply**
- 7. According to IEC 80001, what defines a network as a 'Medical Network'?**
- A. Contains/transfers medical data**
 - B. Contains at least one computer that a RN or DR uses**
 - C. Connects to at least one medical facility**
 - D. Connects to at least one medical device**
- 8. The graph of the cardiac output measurement resembles**
- A. a square wave**
 - B. a bell-shaped curve**
 - C. an inverted QRS wave**
 - D. blood pressure oscillation**
- 9. What is a likely cause if a defibrillator is leaving marks on patients?**
- A. Clinicians using too much conductive gel**
 - B. Improper joules settings being used**
 - C. Pitted paddles are being used**
 - D. Defibrillator is set in synchronization mode**
- 10. What does the term 'IRV' stand for in pulmonary function?**
- A. Inspiratory reserve volume**
 - B. Internal respiratory volume**
 - C. Involuntary reserve volume**
 - D. Impulse respiratory volume**

Answers

SAMPLE

1. D
2. D
3. D
4. B
5. A
6. B
7. A
8. B
9. C
10. A

SAMPLE

Explanations

SAMPLE

1. After the first run of a vacuum sterilizer, the Bowie-Dick test was positive, indicating that the chamber
- A. temperature was too low
 - B. temperature was too high
 - C. was evacuated too much
 - D. was not evacuated sufficiently**

A positive Bowie-Dick test indicates that the vacuum sterilizer did not achieve the proper degree of vacuum required for effective sterilization. This test is designed to assess the efficiency of air removal and steam penetration in the sterilization chamber. When the test is positive, it suggests that air pockets remain within the load, preventing steam from reaching all surfaces, which is critical for sterilization. An insufficient evacuation of the chamber means that there may still be residual air when steam is introduced, resulting in incomplete sterilization. The Bowie-Dick test relies on specific indicators that react to steam and air presence; if those conditions are not adequately met, it results in a positive reading. This underscores the importance of ensuring that the sterilization process effectively removes air to allow steam to penetrate fully and achieve the desired sterilization efficacy.

2. Which of the following is the transparent portion of the front of the eye?
- A. Rods
 - B. Cones
 - C. Retina
 - D. Cornea**

The correct answer, the cornea, is the transparent portion of the front of the eye that plays a crucial role in vision. The cornea serves as the eye's outermost layer and acts as a protective barrier while also helping to focus light onto the retina, which is essential for creating clear visual images. Its transparency is vital, as it allows light to pass through it uninterrupted and ensures that maximal light enters the eye for optimal vision. The other elements mentioned, such as rods and cones, are types of photoreceptor cells located in the retina. Rods are responsible for vision in low light conditions and provide peripheral vision, while cones are responsible for color vision and function best in bright light situations. The retina itself is a multi-layered tissue at the back of the eye that receives light and converts it into neural signals. However, neither the rods, cones, nor retina serves as the transparent element at the front of the eye like the cornea does.

3. What type of radiation is primarily used in x-ray systems?

- A. Alpha radiation
- B. Beta radiation
- C. Gamma radiation
- D. X-ray radiation**

X-ray systems primarily utilize x-ray radiation, which is a form of electromagnetic radiation. This type of radiation is generated when high-energy electrons collide with a metal target, typically made of tungsten, in the x-ray tube. The resulting photon emissions include x-rays, which are capable of penetrating various materials, making them ideal for medical imaging. X-ray radiation operates at a much higher energy than visible light but lower than gamma radiation. This characteristic allows it to effectively pass through soft tissues, revealing the denser structures such as bones and certain tumors during imaging procedures. Because x-ray systems are explicitly designed to produce and control this form of radiation, it is the most relevant and correct choice when identifying the type of radiation used in x-ray systems. Other forms of radiation, such as alpha and beta radiation, are not utilized in x-ray imaging. Alpha particles consist of heavy helium nuclei and are primarily emitted during radioactive decay processes. Beta particles are high-energy, high-speed electrons or positrons that also result from radioactive decay. Gamma radiation, while it is higher in energy than x-rays and can penetrate dense substances, is typically produced in nuclear reactions rather than in standard x-ray machines, and it is not the primary radiation type used in x-ray imaging systems.

4. Which of the following best describes lithotripsy?

- A. A procedure to remove arterial plaque with a catheter
- B. A procedure to break up kidney stones with sound waves**
- C. A procedure to remove HDL proteins from the bloodstream
- D. A condition in which nerve damage to the feet causes difficulty in walking

Lithotripsy is best described as a procedure to break up kidney stones with sound waves. This therapeutic technique utilizes high-energy shock waves to fragment kidney stones into smaller pieces, making them easier to pass through the urinary tract. The method is non-invasive, which means it does not require any surgical incisions, and thus has a lower risk of complications compared to surgical options for stone removal. This method is specifically designed for treating lithiasis, which refers to the formation of calculi (stones) in the kidneys or urinary system. The shock waves are generated outside the body and directed at the stones, ensuring that surrounding tissues remain unharmed while effectively addressing the problem of obstructive urolithiasis. The other options present procedures or concepts that are unrelated to lithotripsy. The procedural focus on arterial plaque removal, removal of HDL proteins, and a condition involving nerve damage do not involve the use of sound waves to treat kidney stones, which is the hallmark of lithotripsy.

5. Which of the following is included in standard precautions?

- A. Blood**
- B. Sweat**
- C. Corrosives**
- D. Carcinogens**

Standard precautions are a set of guidelines aimed at preventing the transmission of infections in healthcare settings. These precautions assume that all blood and certain body fluids may be infectious, which is why blood is included as a critical component of standard precautions. Standard precautions involve the use of appropriate protective measures when dealing with blood and potentially infectious materials, regardless of whether the source is known to be infectious. This approach is essential because it helps ensure the safety of healthcare workers and patients by minimizing the risk of cross-contamination and transmission of bloodborne pathogens. The other options do not fall under standard precautions in the same manner. Sweat is generally not considered infectious, and while corrosives and carcinogens are important to handle carefully, they focus on different types of safety protocols in a healthcare environment rather than the direct prevention of infection. Thus, blood is rightly identified as a core aspect of standard precautions due to its potential to transmit infections.

6. After powered on, if an ESU does not respond when cut, coag, and/or blend is activated, what is the most appropriate initial action?

- A. Replace fuse**
- B. Check return electrodes**
- C. Check all internal connections**
- D. Check low voltage power supply**

When an Electrosurgical Unit (ESU) does not respond when the cut, coag, or blend functions are activated, the most appropriate initial action involves checking the return electrodes. This is because the return electrode is crucial for completing the electrical circuit necessary for the ESU to function properly. If the return electrode is not making good contact with the patient's skin or if there are issues such as improper placement, dryness, or malfunction, the unit may not operate as intended. Ensuring that the return electrode is functioning correctly and has a good connection is a critical first step before diagnosing other potential issues, such as internal component failures or power supply problems. Checking the return electrode can often quickly resolve the problem without needing to delve into more complex troubleshooting steps or replacements. This approach is both efficient and effective in a clinical setting.

7. According to IEC 80001, what defines a network as a 'Medical Network'?

- A. Contains/transfers medical data**
- B. Contains at least one computer that a RN or DR uses**
- C. Connects to at least one medical facility**
- D. Connects to at least one medical device**

The definition of a 'Medical Network' according to IEC 80001 is based on its capability to handle medical data. A network qualifies as a Medical Network when it is involved in the transfer and management of medical data, which is crucial for ensuring effective communication and coordination in healthcare settings. This encompasses the security, reliability, and integrity of data, which are essential components in a clinical environment where accurate patient information is vital for diagnosis, treatment, and care decisions. The other options do not sufficiently capture the essence of what constitutes a Medical Network. While having a computer used by medical staff or connecting to a medical facility can be relevant aspects of a healthcare network, they do not independently define it as a Medical Network. Simply connecting to a medical device also does not ensure the network's role concerns medical data specifically. Therefore, the focus on the handling of medical data is what rightly distinguishes a Medical Network, in alignment with the stipulations outlined by IEC 80001.

8. The graph of the cardiac output measurement resembles

- A. a square wave**
- B. a bell-shaped curve**
- C. an inverted QRS wave**
- D. blood pressure oscillation**

The graph of cardiac output measurement resembles a bell-shaped curve because it reflects the relationship between heart rate, stroke volume, and overall cardiac efficiency. In a normal physiological state, cardiac output increases to meet the metabolic demands of the body during activities like exercise, reaching a peak before gradually declining as the body returns to a resting state. This shape represents the dynamics of the cardiovascular response to various stressors or levels of activity, showing an initial rise followed by a smooth tapering off, which is characteristic of many biological phenomena that operate around a set point or average. The bell-shaped curve effectively demonstrates how cardiac output can vary in response to changes in physiological demand, making it a fitting representation for this measurement. Other options, however, typically reflect different physiological phenomena. A square wave might represent a constant output rather than the dynamic changes seen in cardiac output. An inverted QRS wave pertains specifically to electrocardiogram readings, while blood pressure oscillation would depict fluctuations in blood pressure rather than the summative output of the heart's pumping action.

9. What is a likely cause if a defibrillator is leaving marks on patients?

- A. Clinicians using too much conductive gel**
- B. Improper joules settings being used**
- C. Pitted paddles are being used**
- D. Defibrillator is set in synchronization mode**

A defibrillator leaving marks on patients is most often attributed to the condition of the paddles being used. If the paddles have pitting or rough surfaces, they can create abrasions on the skin when applied with pressure during defibrillation. Pitted paddles do not distribute the energy as evenly as well-maintained ones, which can lead to localized heating and tissue irritation, resulting in visible marks such as burns or abrasions. In this context, using too much conductive gel can create a mess or reduce contact but is less likely to cause direct skin damage compared to the condition of the paddles themselves, while improper settings likely lead to ineffective shocks rather than skin marks. Synchronization mode is designed for specific use in cardiac rhythms and does not directly relate to skin damage. Overall, the integrity and condition of the paddles are crucial in ensuring patient safety and preventing undesirable skin marks.

10. What does the term 'IRV' stand for in pulmonary function?

- A. Inspiratory reserve volume**
- B. Internal respiratory volume**
- C. Involuntary reserve volume**
- D. Impulse respiratory volume**

The term 'IRV' stands for Inspiratory Reserve Volume, which is a key concept in pulmonary function testing. Inspiratory reserve volume refers to the maximum amount of air that can be inhaled forcefully after a normal tidal inhalation. It is an important measurement as it provides insight into lung capacity, respiratory efficiency, and overall lung health. Understanding IRV is crucial in various clinical settings, especially for assessing conditions that may affect lung function, such as chronic obstructive pulmonary disease (COPD) or restrictive lung diseases. It helps healthcare professionals evaluate the respiratory status of a patient, guide treatment plans, and monitor progress. The other terms provided, such as "Internal respiratory volume," "Involuntary reserve volume," and "Impulse respiratory volume," do not correspond to medically recognized definitions related to pulmonary function and do not reflect established terminology in respiratory physiology. This reinforces the validity of the correct answer within the context of standard lung capacity measurements.

Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

<https://cbet.examzify.com>

We wish you the very best on your exam journey. You've got this!

SAMPLE