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## **Enrolment No:**



## UPES

## **End Semester Examination, December 2023**

Course: Biosafety and Aseptic techniques Semester: III
Program: Int BMSC Microbiology Duration: 3 Hours

**Course Code: HSMB 2012** 

Max. Marks: 100 Instructions:

S. No.	Section A	Marks	COs
	Short answer questions/ MCQ/T&F		
	(20Qx1.5M=30 Marks)		
Q 1	Which of the following is a common mistake that can compromise	1.5	CO3
	the aseptic technique?		
	A) Sterilizing equipment before and after use		
	B) Keeping the Bunsen burner flame yellow		
	C) Working too close to the flame of the Bunsen burner		
	D) Discarding contaminated cultures immediately		
Q 2	What is the main difference between sterilization and aseptic	1.5	CO1
	techniques?		
	A) Sterilization removes visible dirt, while aseptic techniques focus on		
	killing microorganisms.		
	B) Sterilization kills all forms of microorganisms, while aseptic		
	techniques prevent contamination.		
	C) Sterilization is used for cooking, while aseptic techniques are used in		
	medical procedures.		
	D) Sterilization is a subset of aseptic techniques used in research labs.		
Q 3	Which of the following airflow patterns characterizes a laminar air	1.5	CO2
	flow cabinet?		
	A) Random airflow in all directions		
	B) Vertical unidirectional airflow		
	C) Horizontal unidirectional airflow		
	D) Intermittent airflow		
Q 4	What is the main difference between a laminar air flow cabinet and a	1.5	CO1
	fume hood?		
	A) A laminar air flow cabinet has vertical airflow, while a fume hood has		
	horizontal airflow.		
	B) A laminar air flow cabinet is used for biological work, while a fume		
	hood is used for chemical work.		
	C) A laminar air flow cabinet provides a sterile environment, while a		
	fume hood removes chemical fumes.		

	D) A laminar air flow cabinet has no exhaust system, while a fume hood		
	does.		
Q 5	In a pharmaceutical manufacturing facility, which ISO classification	1.5	CO2+4
	typically applies to an aseptic area where filling and sealing of sterile		
	products occur?		
	A) ISO Class 1		
	B) ISO Class 5		
	C) ISO Class 8		
	D) ISO Class 9		
Q 6	Which of the following actions is NOT a recommended practice for	1.5	CO1
	maintaining the cleanliness of an aseptic area?		
	A) Frequent cleaning and disinfection		
	B) Limiting the number of personnel entering the area		
	C) Allowing food and drink inside the area		
	D) Monitoring environmental conditions regularly		
<b>Q</b> 7	Which of the following diseases might be studied in a BSL3	1.5	CO4
	laboratory?		
	A) Common cold virus		
	B) SARS-CoV-2 (COVID-19) virus		
	C) Anthrax bacteria		
	D) Chickenpox virus		
Q 8	Which of the following diseases might be studied in a BSL4	1.5	CO3
	laboratory?		
	A) Hepatitis A virus		
	B) Marburg virus		
	C) Salmonella bacteria		
	D) Human papillomavirus (HPV)		
Q 9	What is the main purpose of BSL3 laboratories?	1.5	CO1+2
	A) To handle agents that pose minimal risk to humans		
	B) To handle agents that can cause serious diseases but have available		
	treatments		
	C) To conduct experiments in a vacuum environment		
	D) To handle agents that can cause serious diseases, and for which		
	treatments are available, but pose a moderate risk		
Q 10	Which microbial assay technique is used specifically for testing the	1.5	CO3
	efficacy of antibiotics?		
	A) Kirby-Bauer disk diffusion method		
	B) Polymerase Chain Reaction (PCR)		
	C) Gel electrophoresis		
	D) Enzyme-Linked Immunosorbent Assay (ELISA)		
Q 11	What is the purpose of a zone of inhibition in a microbial assay?	1.5	CO1+2
	A) It indicates the presence of microbial growth		
	B) It represents the area where microorganisms were killed or inhibited		
<u></u>	by an antimicrobial substance		

	C) It measures the pH level of the solution		
	D) It is a staining technique used for visualization		
Q 12	What does the term "colony-forming unit" (CFU) represent in	1.5	CO2
	microbial assays?		
	A) A unit of energy		
	B) A unit of concentration		
	C) A unit of length		
	D) A unit of mass		
Q 13	What precaution should laboratory personnel take when handling	1.5	CO1
	sharps, such as needles or broken glassware?		
	A) Dispose of sharps in regular trash bins		
	B) Handle sharps with bare hands		
	C) Use puncture-resistant gloves and proper disposal containers		
	D) Ignore sharps and continue working		
Q 14	What is the role of biosafety professionals during laboratory	1.5	CO1
	inspections?		
	A) Ignoring safety violations		
	B) Reporting violations to the laboratory personnel		
	C) Conducting experiments during inspections		
	D) Wearing casual clothing		
Q 15	Which regulatory organization provides guidelines and classifications	1.5	CO2
	for Risk Groups?		
	A) WHO (World Health Organization)		
	B) NASA (National Aeronautics and Space Administration)		
	C) FDA (Food and Drug Administration)		
	D) UNESCO (United Nations Educational, Scientific and Cultural		
	Organization)		
Q 16	Which of the following best describes the term "risk control	1.5	CO1
	measures" in risk assessment?		
	A) Measures to increase laboratory noise levels		
	B) Measures to eliminate all hazards		
	C) Measures to reduce the likelihood and impact of identified risks		
	D) Measures to restrict laboratory access		
Q 17	What should be done if new hazards are introduced into the	1.5	CO3
	laboratory or if existing risks change significantly?		
	A) Ignore the changes		
	B) Document the changes for historical purposes only		
	C) Review and update the risk assessment		
	D) Increase laboratory noise levels		nc :
Q 18	Which of the following is a preventive measure against biological	1.5	CO1
	terrorism attacks?		
	A) Disregarding laboratory safety protocols		
	B) Ignoring suspicious packages or substances		

	C) Increasing public awareness and preparedness		
	D) Encouraging close contact with potentially contaminated individuals		
Q 19	When should researchers submit their projects to the IBC for	1.5	CO3+4
	review?		
	A) Only if they have spare time		
	B) After completing the project		
	C) Before starting the project		
	D) Whenever they feel like it		
Q 20	What is the main feature that differentiates a BSC-III from other	1.5	CO1+4
	biosafety cabinets?		
	A) It has a transparent front window		
	B) It operates under negative pressure		
	C) It is completely enclosed and gas-tight		
	D) It has a built-in microscope		
	Section B		
	(4Qx5M=20 Marks)		
Q 1	Justify your thoughts on preventing and detecting bioterrorism.	5	CO5
Q 2	Explain the importance of microbiologists wearing lab coats, gloves,	5	CO2
	and face masks while handling cultures and specimens.		
Q3	With the emergence of new and unknown pathogens, how do	5	CO1+4
	biosafety levels need to adapt? Describe the challenges do		
	researchers face in classifying and safely studying these novel		
	agents?		
Q 4	Draw the requisites and Safety Features in a BSL-1 Lab.	5	CO3
	Section C		
	(2Qx15M=30 Marks)	15	1
Q 1	Provide at least three different real-world examples or case studies		CO1+4
	to illustrate the <u>challenges</u> and <u>best practices</u> associated with		
	biosafety in research laboratories.		
Q 2	In the given picture, identify items and write down the following	15	CO1+2
	1. Process type,	(5+5+5)	+3
	2. Methods and		
	3. Applications.		
	Biosafety Cabinet Fume hood		
	Lab coats, gloves,		
	eye protection		
	Autoclave Biohazardous signs and waste containers		
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Section D (2Qx10M=20 Marks)			
Q 1	Describe important measurements that should be taken by laboratories to ensure the safety of laboratory workers and prevent them from Laboratory Acquired Infections, especially when working with high-risk pathogens?	10 (5+5)	CO1+2
Q 2	Explain the biosafety procedures in a microbiology lab in bullet points. In your opinion, how should that be handled?	10(5+5)	CO3+4