

CONFIDENTIAL

**THE UNITED REPUBLIC OF TANZANIA
DODOMA REGION
FORM FOUR MOCK EXAMINATIONS – 2023
CHEMISTRY 2A
3 HOURS ADVANCE INSTRUCTIONS**

132/2A

1.0 IMPORTANT

- 1.1 GREAT CARE MUST BE TAKEN NOT TO DIVULGE THIS INSTRUCTION TO BOTH CANDIDATES AND UNAUTHORIZED PERSON EITHER DIRECTLY OR INDIRECTLY
- 1.2 NOTE THAT YOU WILL NOT BE ALLOWED TO OPEN THE ENVELOPE CONTAINING THE QUESTION PAPER BEFORE 3HOURS OF THE EXAMINATION.
- 1.3 THIS INSTRUCTION WILL BE OPENED 3HOURS BEFORE THE EXAMINATION SESSION STARTS.

2.0 REQUIREMENTS

2.1 Question 1

Prepare the following solutions

- (i) 0.1M Hydrochloric acid and label it R and allow 150 cm³ per candidate
- (ii) 0.05M hydrated Sodium carbonate and label it Q and allow 150 cm³ per candidate
- (iii) Methyl orange indicator and label it MO.

2.2 Question 2

Prepare the following

- (i) 0.25M sodium thiosulphate and label it BB provide 200cm³ for each student
- (ii) 2M hydrochloric acid solution and label it AA and distribute 60 cm³ per candidate
- (iii) Provide 200cm³ of distilled water per candidate.
- (iv) Piece of white paper marked X.
- (v) Stop watch, provide 01 per each candidate.

3.0 NOTES TO EXAMINATIONS SUPERVISOR AND LABORATORY TECHNICIAN/HEAD OF CHEMISTRY DEPARTMENT

Laboratory technician or head of chemistry department should perform an experiment of question 1 and 2 during the **last 30 minutes of the last session of the examination time**. The experimental data must be recorded in the form in **page 2** of these instructions and submit to the Regional Examination committee **together with the candidates answer booklets/results**.

Teacher's Experimental Results and Declaration Form

(a) Experimental Results

Question 1:

(i) Volume of pipette used: 20 cm³/25 cm³ (cancel which is not applicable)

(ii) Volume used (burette readings):

Experiment	Volume used (cm ³)
1 st titration	
2 nd titration	
3 rd titration	

Average volume =

Question 2.

Experiment	Volume of DD	Volume of BB	Volume of distilled water	Time in second(t)	Rate (1/t)
1	5	50	0		
2	5	40	10		
3	5	30	20		
4	5	20	30		
5	5	10	40		

(b) Declaration (Chemistry teacher/ Laboratory technician)

I.....declare that, I have prepared all the chemicals and apparati based 24 Hour Advance Instructions and that the confidentiality and security of the examination has been maintained.

Signature:.....Date.....

Mobile Phone Number (s):.....

(c) Supervisor information

Centre Number and Name.....

Name of the Supervisor.....

Signature.....Date.....

Mobile Phone Number.....