**545/3**

**CHEMISTRY**

**(Practical)**

**INSTRUCTIONS**

**Jul/Aug 2016**

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**MUKONO EXAMINATIONS COUNCIL**

**Uganda Certificate of Education**

**CHEMISTRY PRACTICAL**

**Paper 3**

CONFIDENTIAL INSTRUCTIONS

**CONFIDENTIAL**

1. Great care should be taken that the information given below does not reach the

candidates either directly or indirectly. NB: the Head teacher must ensure that the

teacher responsible for preparing the apparatus hands in his/ her results properly sealed

in an envelope.

2. In addition to the fittings, apparatus and substances ordinarily contained in a chemistry

laboratory, each candidate will require:

1 burette

1 pipette (20cm3 or 25cm3)

1 retort stand

2 Conical flasks

2 beakers

Thermometer

75cm3 of DA1

100cm3 of DA2

2g of K

**Easy access to:**

Heat source

**DA1** is **0.1 M** Sulphuric acid solution

**DA2 is 0.1 M** Sodium hydroxide solution

Phenolphthalein Indicator

**K** is a double salt of **Ammonium Aluminium sulphate alternatively**

**a mixture of Aluminium Sulphate and Ammonium sulphate in a ratio of 1:1**

Common reagents for identifying gasses, cations and anions

**This form must be completed and returned with the scripts.**

**UGANDA CERTIFICATE OF EDUCATION**

**July/August 2016**

**REPORT ON CHEMISTRY PRACTICAL 545/3**

**Section I:**

Any information which the teacher responsible for preparing the apparatus thinks may be useful to the examiners should be given on this sheet. The teacher must try all the questions and submit his/her results in the space provided below to guide the examiners about the apparatus and concentrations of the chemicals used.

[NB: Teachers who DO NOT submit their trial results will be held responsible for the candidates' performance].

**Results:**

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

**Section II:**

The invigilator, in consultation with the teacher responsible for preparing the apparatus, should give details below of any difficulties experienced by particular candidates, giving their names and index numbers. These should include reference to:

(a) difficulties due to faulty apparatus,

……………………………………………………………………………………………………..…………………………………………………………………………………………………………………………………………………………………………..

(b) accidents to apparatus or materials,

……………………………………………………………………………………………………..…………………………………………………………………………………………………………………………………………………………………………..

(c) physical handicaps of candidates,

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1. any other information.

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

Other cases of hardship e.g. illness, disability, should be reported directly to the Examination Committee in the normal way.

A plan of work benches, giving details by index numbers of the places occupied by the candidates for each experiment for each session, must be enclosed with the scripts.

**Invigilator**

Name.......................................................................................................... Signature...................................

**Teacher responsible for preparing apparatus**

Name......................................................................................................... Signature...................................

**Head teacher**

Name........................................................................................................ Signature..................................

Centre Name: .........................................................

**END**