



# Miami-Dade Fire Rescue Drill Safety Plan



Date: 01/22/2023 Time: 1400-2000 Div: Central Batt: 11 Shift: B

Location: Training Center Coordinator: Lt. Sterling

Type of Training: *(Click all appropriate boxes.)*

<input type="checkbox"/> Fire Suppression/Hose Management	<input type="checkbox"/> HazMat/WMD
<input type="checkbox"/> Live Fire Training	<input type="checkbox"/> PPE/SCBA/RIT
<input type="checkbox"/> Technical Rescue	<input type="checkbox"/> Rescue & Extrication
<input type="checkbox"/> Water/Dive Rescue	<input checked="" type="checkbox"/> Forcible Entry
<input type="checkbox"/> Apparatus/Driver	<input type="checkbox"/> Ground Ladders
<input type="checkbox"/> Air Rescue	<input type="checkbox"/> Communications
<input type="checkbox"/> ARFF	<input type="checkbox"/> Search & Rescue
<input type="checkbox"/> EMS	<input type="checkbox"/> Other: _____

Drill Objective(s): *(To open a list of NFPA Objectives, [click here.](#))*

-Force Entry through an outward and inward swing door using Prop  
 -Force Entry through burglar bars with K-12 using rebar  
 -Force Entry through overhead doors  
 -Force entry with A-tool through the lock method

Description of Training: *(Write a brief explanation of the evolution, how you are going to accomplish your drill objectives.)*

The objectives will be accomplished through various techniques used for forcible entry. Students will be using props provided at the training center. Students will be given an overview of the topic at hand, be briefed on the different tools that will be used for forcible entry, then be broken down into different stations where they will have hands on practice working as a crew.

**Department Related P&P's, SOP's:** *(List number and name of ALL related policies and procedures.)*

I-D-08	Forcible Entry
I-B-10	One-two Family Dwelling
I-B-11	Multifamily Dwelling
I-B-12	Strip Mall Fires
I-B-14	Warehouse Fires

**PPE/Equipment Required:** *(Click all appropriate boxes.)*

<input checked="" type="checkbox"/> Helmet	<input type="checkbox"/> Personal Flotation Device
<input checked="" type="checkbox"/> Eye Protection	<input type="checkbox"/> Buoyancy Compensator
<input checked="" type="checkbox"/> Hearing Protection	<input type="checkbox"/> Mask/snorkel/fins
<input checked="" type="checkbox"/> Gloves (Type) <u>Fire</u>	<input type="checkbox"/> SCBA
<input checked="" type="checkbox"/> Bunker Coat	<input type="checkbox"/> SCUBA
<input checked="" type="checkbox"/> Hood	<input type="checkbox"/> Other Resp. Protection (Type) _____
<input checked="" type="checkbox"/> Bunker Pants	<input type="checkbox"/> HazMat CPC (Type) _____
<input type="checkbox"/> Safety Boots	<input type="checkbox"/> Radio
<input type="checkbox"/> Other: (Specify) _____	

**Hazards & Control Measures:** *(Identify hazards by clicking all appropriate boxes. Write how each hazard will be controlled.)*

<input type="checkbox"/>	Atmospheric (smoke, smoke machines, low oxygen, etc.): _____
<input type="checkbox"/>	Combustible/Flammable Environment: _____
<input type="checkbox"/>	Confined Space: _____
<input type="checkbox"/>	Electrical: _____
<input type="checkbox"/>	Elevation: _____
<input type="checkbox"/>	Hazardous Substances (asbestos, chemicals etc.): _____
<input type="checkbox"/>	Nighttime Conditions: _____
<input type="checkbox"/>	Sewage/Septic: _____
<input checked="" type="checkbox"/>	Sharp Edges / Objects: <u>Metal and Tools</u>
<input type="checkbox"/>	Structural: _____
<input type="checkbox"/>	Terrain: _____
<input type="checkbox"/>	Traffic: _____
<input type="checkbox"/>	Water: _____
<input checked="" type="checkbox"/>	Weather: <u>Heat</u>
<input type="checkbox"/>	Other: _____

Accountability: *(Click all appropriate boxes.)*

<input checked="" type="checkbox"/>	Buddy System
<input checked="" type="checkbox"/>	Visual
<input type="checkbox"/>	Passport
<input type="checkbox"/>	Dive Master Control Sheet
<input type="checkbox"/>	Other: _____

In Case of Emergency: *(Click all appropriate boxes.)*

<input checked="" type="checkbox"/>	Code or Signal Used: <u>Mayday</u>
<input type="checkbox"/>	RIC Assigned: _____
<input checked="" type="checkbox"/>	ALS Standby: <u>Rescue</u>

Communications: *(You must designate frequency. Click all appropriate boxes.)*

<input checked="" type="checkbox"/>	Radio/Primary Frequency: <u>Fireground 1</u>
<input type="checkbox"/>	Radio/Secondary Frequency: _____
<input checked="" type="checkbox"/>	Hand Signals
<input type="checkbox"/>	Rope Line
<input type="checkbox"/>	Lights
<input type="checkbox"/>	Other: _____

Resources Assigned: *(Click all appropriate boxes and fill in designated unit.)*

<input checked="" type="checkbox"/>	Battalion: _____
<input type="checkbox"/>	Rehab Group Leader: _____
<input checked="" type="checkbox"/>	Rescue Unit(s): _____
<input checked="" type="checkbox"/>	Safety Officer: _____
<input type="checkbox"/>	Specialty Unit(s): _____
<input checked="" type="checkbox"/>	Suppression Unit(s): _____
<input type="checkbox"/>	Other Resources/Equipment: _____

Drill Coordinator: Lt. Sterling

Signature: \_\_\_\_\_ Date: 01/10/2023

Reviewed by: Chief Alabre  
*(Print name of Battalion Chief, Training Captain, OR Safety Chief)*

Signature: \_\_\_\_\_ Date: 01/10/2023

**Note: Attach additional pages for site plan, drawings, or additional notes as needed.**