

USN Inside Tender Practice Test (Sample)

Study Guide



Everything you need from our exam experts!

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SAMPLE

Questions

- 1. What are the prerequisites for non-diver inside tenders?**
 - A. Must have a valid driver's license**
 - B. Must complete an advanced first aid course**
 - C. Must pass a pressure test**
 - D. Must hold a previous diving certification**
- 2. Which of the following is NOT a severe symptom of carbon monoxide poisoning?**
 - A. Rapid heart rate**
 - B. Severe headache**
 - C. Skin rash**
 - D. Mental status change**
- 3. What is the correct procedure for the first O2 hit?**
 - A. Increase oxygen supply**
 - B. Off O2 and wait for symptoms to subside**
 - C. Continue O2 breathing**
 - D. Notify the DMO immediately**
- 4. If a diver complains of elbow pain after a dive and shows no improvement during the second O2 period, what is the next step?**
 - A. Ensure they stay at the current depth**
 - B. Consult a DMO and potentially treat on a TT6**
 - C. Immediately perform a new dive**
 - D. Stop all treatment and monitor**
- 5. At depths of 45 FSW or shallower, how should the inside tender handle the mask?**
 - A. Secure it tightly to the face**
 - B. Remove it immediately**
 - C. Ensure the mask is not strapped to the face**
 - D. Adjust the straps for comfort**

- 6. For how long should patients remain within 60 minutes of a recompression chamber facility after treatment?**
- A. 12 hours**
 - B. 24 hours**
 - C. 36 hours**
 - D. 48 hours**
- 7. How many different classes of USN Inside Tenders are currently in service?**
- A. One**
 - B. Two**
 - C. Three**
 - D. Four**
- 8. What is the recommended waiting period for tenders on protocol 4 after treatment?**
- A. 24 hours**
 - B. 30 hours**
 - C. 48 hours**
 - D. 72 hours**
- 9. What is one effective way to control bleeding?**
- A. Elevation of the wound**
 - B. Direct pressure**
 - C. Cold compress**
 - D. Hydration**
- 10. What is the primary purpose of retrofitting upgrades in USN Inside Tenders?**
- A. To reduce operational costs**
 - B. To enhance capabilities and improve efficiency**
 - C. To extend the lifecycle of the tender**
 - D. To increase crew size**

Answers

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

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Explanations

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1. What are the prerequisites for non-diver inside tenders?

- A. Must have a valid driver's license**
- B. Must complete an advanced first aid course**
- C. Must pass a pressure test**
- D. Must hold a previous diving certification**

For non-diver inside tenders, passing a pressure test is essential because it ensures that the individual can safely perform tasks associated with underwater operations while maintaining awareness of pressure changes. This is particularly important in environments where divers may be working under pressure, as the non-diver inside tender plays a crucial support role, ensuring safety and facilitating operations without being directly exposed to the underwater environment. A valid driver's license, completion of an advanced first aid course, and previous diving certification might be beneficial or required for other roles but are not specifically prerequisite tasks or certifications tied to the non-diver inside tender position concerning their specific operational duties. The primary focus is on the ability to handle pressure effectively while supporting divers in a variety of underwater tasks.

2. Which of the following is NOT a severe symptom of carbon monoxide poisoning?

- A. Rapid heart rate**
- B. Severe headache**
- C. Skin rash**
- D. Mental status change**

Carbon monoxide poisoning can lead to a variety of serious symptoms due to the gas's ability to interfere with oxygen transport in the body. Conditions such as rapid heart rate, severe headache, and mental status changes are all indicative of the body's response to lack of oxygen, which can occur in severe cases of carbon monoxide exposure. A rapid heart rate occurs as the body tries to compensate for reduced oxygen levels. A severe headache is a common symptom associated with carbon monoxide exposure and is often linked to hypoxia (lack of oxygen) in the brain. Mental status changes, including confusion or loss of consciousness, can also arise from the brain not receiving enough oxygen due to carbon monoxide binding to hemoglobin more effectively than oxygen itself. On the other hand, a skin rash is not typically associated with carbon monoxide poisoning. While rashes can arise from various other medical conditions or allergic reactions, they do not arise from carbon monoxide exposure's physiological effects. This distinguishes skin rash from the severe symptoms commonly seen with carbon monoxide poisoning, validating why it is the correct choice for what does not belong in the context of severe symptoms associated with this type of poisoning.

3. What is the correct procedure for the first O2 hit?

- A. Increase oxygen supply**
- B. Off O2 and wait for symptoms to subside**
- C. Continue O2 breathing**
- D. Notify the DMO immediately**

The correct procedure for the first oxygen hit being off O2 and waiting for symptoms to subside is based on the understanding that the initial reaction to a potential oxygen toxicity or hyperoxic condition involves discontinuing oxygen flow. This allows the body to recover from any acute symptoms caused by too much oxygen consumption. In situations of oxygen toxicity, it's important to remove the source of excess oxygen to prevent further complications. By stopping the oxygen supply, you give the user a chance to stabilize and address symptoms without introducing more disruptive oxygen levels. Monitoring and waiting for symptoms to diminish before considering further action is essential to ensure safety and recovery. The focus is on a managed withdrawal of oxygen to mitigate any acute adverse effects. Thus, this response supports a cautious approach to handling the respiratory conditions linked to oxygen therapy.

4. If a diver complains of elbow pain after a dive and shows no improvement during the second O2 period, what is the next step?

- A. Ensure they stay at the current depth**
- B. Consult a DMO and potentially treat on a TT6**
- C. Immediately perform a new dive**
- D. Stop all treatment and monitor**

In the scenario presented, if a diver experiences elbow pain after a dive that does not improve during the second oxygen treatment period, consulting a Dive Medical Officer (DMO) is essential. The DMO possesses specialized knowledge and skills necessary to assess the diver's condition comprehensively. If the pain is indicative of decompression sickness or any related diving injury, the DMO can recommend an appropriate course of action, which may include additional treatment in a hyperbaric environment, such as a Table 6 (TT6) protocol. This treatment focuses on supplying the necessary oxygen exposure under controlled conditions to facilitate recovery. Effective management of potential diving injuries is crucial to ensure the diver's safety and prevent further complications, highlighting the importance of professional medical guidance rather than simply monitoring the situation or altering dive practices without expert input.

5. At depths of 45 FSW or shallower, how should the inside tender handle the mask?

- A. Secure it tightly to the face**
- B. Remove it immediately**
- C. Ensure the mask is not strapped to the face**
- D. Adjust the straps for comfort**

At depths of 45 feet of seawater (FSW) or shallower, it is important for an inside tender to ensure that the mask is not strapped tightly to the diver's face. The reason behind this is primarily related to comfort and safety. If a mask is secured too tightly, it could cause significant discomfort and potentially impair the diver's ability to equalize pressure in the mask, which is crucial during ascents and descents. In shallower waters, the pressure changes are less significant compared to greater depths, so a snug fit is essential to prevent water leakage without being overly tight. If the mask is too tight, it may create a seal that is difficult to break, leading to discomfort and stress for the diver. The inside tender's responsibility in this situation includes monitoring the diver's condition and ensuring that gear is comfortable and functioning properly for optimal performance and safety.

6. For how long should patients remain within 60 minutes of a recompression chamber facility after treatment?

- A. 12 hours**
- B. 24 hours**
- C. 36 hours**
- D. 48 hours**

Patients should remain within 60 minutes of a recompression chamber facility for 24 hours after treatment to ensure immediate access to medical care in case of any complications or relapse of symptoms related to decompression sickness or air embolism. This time frame allows for proper monitoring of the patient and the ability to respond swiftly if symptoms reappear. By staying close to the chamber, healthcare providers can intervene quickly with additional hyperbaric treatment if necessary, ensuring the patient's safety and well-being during this potentially vulnerable period. Maintaining this proximity decreases the risk of serious health issues that can arise after decompression therapy, underlining the importance of timely access to specialized care.

7. How many different classes of USN Inside Tenders are currently in service?

- A. One**
- B. Two**
- C. Three**
- D. Four**

The answer is based on the current classification of USN Inside Tenders in service, which comprises two distinct classes. The United States Navy utilizes these classes for various support and logistical roles, including maintaining, supplying, and servicing vessels within naval ports. Having two classes allows the Navy to tailor the capabilities and design features to meet the varying needs of its operations, while also ensuring that there are sufficient resources to manage the demands of the fleet effectively. This classification facilitates a streamlined approach in handling the maintenance and logistical support, thereby enhancing operational efficiency. Understanding that there are only two classes provides clarity on the Navy's strategy for effectively managing its tenders and the types of missions they are designed to support. This knowledge is essential for grasping the logistics and operations of the Navy's internal support systems.

8. What is the recommended waiting period for tenders on protocol 4 after treatment?

- A. 24 hours**
- B. 30 hours**
- C. 48 hours**
- D. 72 hours**

The recommended waiting period for tenders on protocol 4 after treatment is 72 hours. This timeframe is crucial as it allows sufficient time for any potential effects of the treatment to stabilize and for the body to respond adequately. A 72-hour waiting period helps ensure that tender responses have settled, reducing the likelihood of complications or adverse reactions when evaluating the outcome of the treatment. This particular duration reflects best practices in monitoring and patient care, ensuring that any residual effects from the treatment are accounted for before further action or assessment is taken.

9. What is one effective way to control bleeding?

- A. Elevation of the wound
- B. Direct pressure**
- C. Cold compress
- D. Hydration

One effective way to control bleeding is through direct pressure, which involves applying firm, consistent pressure directly on the wound. This method works by mechanically compressing the blood vessels, helping to stem the flow of blood. When direct pressure is applied, it promotes clot formation at the site of the injury and prevents further blood loss. It can often halt severe bleeding when done correctly and is a fundamental first aid technique that can be applied in various emergency situations. While elevation of the wound can assist in controlling bleeding by reducing blood flow to the area, it is most effective when used in conjunction with direct pressure. Cold compresses can aid in reducing swelling and numbing the pain, but they do not directly impact the bleeding itself. Hydration is important for overall health and can be beneficial in various contexts, but it does not play a role in the immediate control of bleeding. Therefore, direct pressure stands out as the most effective immediate response for stopping bleeding in an emergency.

10. What is the primary purpose of retrofitting upgrades in USN Inside Tenders?

- A. To reduce operational costs
- B. To enhance capabilities and improve efficiency**
- C. To extend the lifecycle of the tender
- D. To increase crew size

The primary purpose of retrofitting upgrades in USN Inside Tenders is to enhance capabilities and improve efficiency. This involves incorporating new technologies and systems that can significantly elevate the operational performance of the tenders. By upgrading their systems—be it through improved communications, navigation, or operational tools—these vessels can better support their missions, respond more effectively to operational challenges, and adapt to changing requirements in the naval environment. This focus on enhanced capabilities aligns with the Navy's commitment to maintaining a modern and capable fleet, ensuring that tenders remain effective in their roles. Upgrades can lead to improved speed, maneuverability, and overall functionality, allowing the vessels to better fulfill their intended purposes within the fleet. While reducing operational costs, extending the lifecycle of the tender, or increasing crew size may be factors to consider in different contexts, the core objective of retrofitting is centered on upgrading capabilities and improving the efficiency of operations, making option B the most relevant choice.