

**LONG BEACH FIRE DEPARTMENT
Marine Safety Division**

TRAINING ACTION PLAN

"C" Shift Night Dive



Operational Period

**Date From: 11/29/2022
Time From: 1730 Hours**

**Date To: 11/29/2022
Time To: 1930 Hours**

Approved By Incident Commander:

Rank, First Initial, Last Name

INCIDENT OBJECTIVES (ICS 202)

1. Incident Name:	2. Operational Period: Date From: _____ Date To: _____ Time From: _____ Time To: _____																
3. Objective(s):																	
4. Operational Period Command Emphasis:																	
General Situational Awareness																	
5. Site Safety Plan Required? Yes <input type="checkbox"/> No <input type="checkbox"/> Approved Site Safety Plan(s) Located at:																	
6. Incident Action Plan (the items checked below are included in this Incident Action Plan): <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><input type="checkbox"/> ICS 203</td> <td style="width: 33%;"><input type="checkbox"/> ICS 207</td> <td style="width: 34%;"><u>Other Attachments:</u></td> </tr> <tr> <td><input type="checkbox"/> ICS 204</td> <td><input type="checkbox"/> ICS 208</td> <td><input type="checkbox"/> _____</td> </tr> <tr> <td><input type="checkbox"/> ICS 205</td> <td><input type="checkbox"/> Map/Chart</td> <td><input type="checkbox"/> _____</td> </tr> <tr> <td><input type="checkbox"/> ICS 205A</td> <td><input type="checkbox"/> Weather Forecast/Tides/Currents</td> <td><input type="checkbox"/> _____</td> </tr> <tr> <td><input type="checkbox"/> ICS 206</td> <td></td> <td><input type="checkbox"/> _____</td> </tr> </table>			<input type="checkbox"/> ICS 203	<input type="checkbox"/> ICS 207	<u>Other Attachments:</u>	<input type="checkbox"/> ICS 204	<input type="checkbox"/> ICS 208	<input type="checkbox"/> _____	<input type="checkbox"/> ICS 205	<input type="checkbox"/> Map/Chart	<input type="checkbox"/> _____	<input type="checkbox"/> ICS 205A	<input type="checkbox"/> Weather Forecast/Tides/Currents	<input type="checkbox"/> _____	<input type="checkbox"/> ICS 206		<input type="checkbox"/> _____
<input type="checkbox"/> ICS 203	<input type="checkbox"/> ICS 207	<u>Other Attachments:</u>															
<input type="checkbox"/> ICS 204	<input type="checkbox"/> ICS 208	<input type="checkbox"/> _____															
<input type="checkbox"/> ICS 205	<input type="checkbox"/> Map/Chart	<input type="checkbox"/> _____															
<input type="checkbox"/> ICS 205A	<input type="checkbox"/> Weather Forecast/Tides/Currents	<input type="checkbox"/> _____															
<input type="checkbox"/> ICS 206		<input type="checkbox"/> _____															
7. Prepared by: Name: _____ Position/Title: _____ Signature: _____																	
8. Approved by Incident Commander: Name: _____ Signature: _____																	
ICS 202	IAP Page _____	Date/Time: _____															

INCIDENT RADIO COMMUNICATIONS PLAN (ICS 205)

1. Incident Name:	2. Date/Time Prepared: Date: _____ Time: _____	3. Operational Period: Date From: _____ Time From: _____	Date To: _____ Time To: _____
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4. Basic Radio Channel Use:											
Zone Grp.	Ch #	Function	Channel Name/Trunked Radio System Talkgroup	Assignment	RX Freq N or W	RX Tone/NAC	TX Freq N or W	TX Tone/NAC	Mode (A, D, or M)	Remarks	

5. Special Instructions:

6. Prepared by (Communications Unit Leader) Name: _____	Signature: _____
ICS 205	IAP Page _____
Date/Time: _____	Date/Time: _____

MEDICAL PLAN (ICS 206)

1. Incident Name:	2. Operational Period: Date From: _____ Time From: _____	Date To: _____ Time To: _____
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3. Medical Aid Stations:			
Name	Location	Contact Number(s)/Frequency	Paramedics on Site?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

4. Transportation (indicate air or ground):			
Ambulance Service	Location	Contact Number(s)/Frequency	Level of Service
			<input type="checkbox"/> ALS <input type="checkbox"/> BLS
			<input type="checkbox"/> ALS <input type="checkbox"/> BLS
			<input type="checkbox"/> ALS <input type="checkbox"/> BLS
			<input type="checkbox"/> ALS <input type="checkbox"/> BLS

5. Hospitals:							
Hospital Name	Address, Latitude & Longitude if Helipad	Contact Number(s)/Frequency	Travel Time		Trauma Center	Burn Center	Helipad
			Air	Ground			
					<input type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

6. Special Medical Emergency Procedures:
<input type="checkbox"/> Check box if aviation assets are utilized for rescue. If assets are used, coordinate with Air Operations.

7. Prepared by (Medical Unit Leader): Name: _____ Signature: _____

8. Approved by (Safety Officer): Name: _____ Signature: _____
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ICS 206	IAP Page _____	Date/Time: _____
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SAFETY MESSAGE/PLAN (ICS 208)

1. Incident Name:	2. Operational Period: Date From: _____ Date To: _____ Time From: _____ Time To: _____
3. Safety Message/Expanded Safety Message, Safety Plan, Site Safety Plan:	
4. Site Safety Plan Required? Yes <input type="checkbox"/> No <input type="checkbox"/> Approved Site Safety Plan(s) Located At:	
5. Prepared by: Name: _____ Position/Title: _____ Signature: _____	
ICS 208	IAP Page _____ Date/Time: _____



Long Beach Fire Department Dive Team Dive Plan

Date: 11-29-2022

Location: LB Break Wall

Dive Supervisor: Williams

Depth: 50'	Visibility: 5-10ft	Temp: 55 deg
Equipment: <input type="checkbox"/> Wet	<input checked="" type="checkbox"/> Dry	<input type="checkbox"/> RDU
Dive Type: Break Wall Search	<input checked="" type="checkbox"/> SCUBA	<input checked="" type="checkbox"/> Surface Comms
Hazards: <input type="checkbox"/> Entanglement	<input type="checkbox"/> Overhead Environment	<input type="checkbox"/> Pollution
<input type="checkbox"/> Other:	<input type="checkbox"/> Strong Current	

Dive 1 **Time:** 1745

Divers:	Wetteland Trinkle, McColl	
RIC:	Garrison, Jimenez	
Start P.G.:	A	
Depth:	50 Ft.	
Bottom Time:	30 Min.	
Safety Stop:	N/A	
End P.G.:	E	
Surface Interval:		
Coverage:	RB-1	ABM
	RB-2	DTM

Dive 2 **Time:** 1815

Divers:	Wawrzynski Garrison, Jimenez	
RIC:	Trinkle McColl	
Start P.G.:	E	
Depth:	50 Ft.	
Bottom Time:	30 Min.	
Safety Stop:	N/A	
End P.G.:	J	
Surface Interval:		
Coverage:	RB-1	ABM
	RB-2	DTM

Dive 3 **Time:**

Divers:		
RIC:		
Start P.G.:		
Depth:		
Bottom Time:		
Safety Stop:		
End P.G.:		
Surface Interval:		
Coverage:		

Notifications: USCG (310) 521-3815 Catalina Hyperbaric Chamber (310) 510-4020

Dive Description/Sketch:

Set 2 Marker buoys near the sand/rock interface of the breakwall, approximately 25 yds apart. Nearest to one marker buoy, descend to 10 feet deep on the wall, with partner at arms length, deeper, and facing the furthest marker buoy. Conduct a search pattern parallel to the breakwall, in between marker buoys, with topmost diver maintaining the 10 foot depth. Advance the pattern by moving the topmost diver below the bottom diver. Reverse direction and continue the parallel pattern between the buoys, with topmost diver maintaining the depth. Reverse direction and advance the pattern deeper in a similar fashion.

Coverage Assignments:

1700 LG-7 (Jimenez) Off the beach to Sta. 35
 1700 LG-6 (Trinkle) Off the beach to Sta. 21
 1730 RB-1, RB-2, RB-3 meet at the East End



NOAA NO-DECOMPRESSION TABLE MULTIPLE AIR DIVES

WARNING: EVEN STRICT COMPLIANCE WITH THESE CHARTS WILL NOT GUARANTEE AVOIDANCE OF DECOMPRESSION SICKNESS. CONSERVATIVE USAGE IS STRONGLY RECOMMENDED.

RNT RESIDUAL NITROGEN TIME
 + ABT ACTUAL BOTTOM TIME
 ESDT EQUIVALENT SINGLE DIVE TIME
 (USE ESDT TO DETERMINE END-OF-DIVE LETTER GROUP)

THESE CHARTS ARE BASED ON THE U.S. NAVY AIR DECOMPRESSION TABLES 7, 8, & 9 REV. 6

CHART 1 – DIVE TIMES WITH END-OF-DIVE GROUP LETTER

DEPTH	msw		DIVE TIME REQUIRING DECOMPRESSION STOP																00
	msw	fsw	MINUTES REQUIRED AT 20 fsw (6.1 msw)																00
12.2	40	12	20	27	36	44	53	63	73	84	95	108	121	135	151	163	180		
13.7	45	11	17	24	31	39	46	55	63	72	82	92	102	114	125	130	150		
15.2	50	9	15	21	28	34	41	48	56	63	71	80	89	92	100	110	130		
16.8	55	8	14	19	25	31	37	43	50	56	63	71	74	80	90	100			
18.3	60	7	12	17	22	28	33	39	45	51	57	60	65	67	70	74			
21.3	70	6	10	14	19	23	28	32	37	42	47	48	55	60	70	80			
24.4	80	5	9	12	16	20	24	28	32	36	39	45	50	55	60	70			
27.4	90	4	7	11	14	17	21	24	28	30	35	40	45	50	60	70			
30.5	100	4	6	9	12	15	18	21	25	30	35	40	45	50	60	70			
33.5	110	3	6	8	11	14	16	19	20	25	30	35	40	45	50	60			
36.6	120	3	5	7	10	12	15	18	20	25	30	35	40	45	50	60			
39.6	130	2	4	6	9	10	15	20	25	30	35	40	45	50	60	70			

GROUP LETTER	fsw												
	40	45	50	55	60	70	80	90	100	110	120	130	msw
A	13	12	11	10	9	8	7	6	5	5	5	4	12.2
B	21	18	17	15	14	12	10	9	8	8	7	6	13.7
C	29	25	23	20	19	16	14	12	11	10	9	9	15.2
D	37	32	29	26	24	20	18	16	14	13	12	12	16.8
E	45	40	35	32	29	25	22	19	17	16	14	14	18.3
F	55	48	42	38	35	29	25	22	20	18	18	2	21.3
G	64	56	49	44	40	34	29	26	23	23	2	2	24.4
H	74	64	57	51	46	39	33	29	29	1			27.4
I	85	73	65	58	52	44	38						30.5
J	97	83	73	65	58								33.5
K	109	93	81	72									36.6
L	122	104	90										39.6
M	136	115	27										
N	152	11											
O													
Z													

GROUP LETTER	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	Z
A	2:20 :10	3:36 :17	4:31 :22	5:23 :30	6:15 :36	7:08 :49	8:00 :54	8:52 :63	9:44 :75	10:36 :87	11:29 :99	12:21 :102	13:13 :105	14:05 :114	14:58 :123	15:50 :131
B		1:16 :10	2:11 :16	3:03 :24	3:55 :32	4:48 :42	5:40 :51	6:32 :59	7:24 :09	8:16 :17	9:09 :25	10:01 :33	10:53 :41	11:45 :49	12:37 :57	13:30 :05
C			:55 :10	1:47 :15	2:39 :23	3:31 :31	4:23 :39	5:16 :47	6:08 :55	7:00 :03	7:52 :11	8:44 :19	9:37 :27	10:29 :35	11:21 :43	12:13 :51
D				:52 :10	1:44 :18	2:37 :26	3:29 :34	4:21 :42	5:13 :51	6:06 :07	6:58 :15	7:50 :23	8:42 :31	9:34 :39	10:27 :47	11:19 :55
E					:52 :10	1:44 :18	2:37 :26	3:29 :34	4:21 :42	5:13 :51	6:06 :07	6:58 :15	7:50 :23	8:42 :31	9:34 :39	10:27 :47
F						:52 :10	1:44 :18	2:37 :26	3:29 :34	4:21 :42	5:13 :51	6:06 :07	6:58 :15	7:50 :23	8:42 :31	9:34 :39
G							:52 :10	1:44 :18	2:37 :26	3:29 :34	4:21 :42	5:13 :51	6:06 :07	6:58 :15	7:50 :23	8:42 :31
H								:52 :10	1:44 :18	2:37 :26	3:29 :34	4:21 :42	5:13 :51	6:06 :07	6:58 :15	7:50 :23
I									:52 :10	1:44 :18	2:37 :26	3:29 :34	4:21 :42	5:13 :51	6:06 :07	6:58 :15
J										:52 :10	1:44 :18	2:37 :26	3:29 :34	4:21 :42	5:13 :51	6:06 :07
K											:52 :10	1:44 :18	2:37 :26	3:29 :34	4:21 :42	5:13 :51
L												:52 :10	1:44 :18	2:37 :26	3:29 :34	4:21 :42
M													:52 :10	1:44 :18	2:37 :26	3:29 :34
N														:52 :10	1:44 :18	2:37 :26
O															:52 :10	1:44 :18
Z																:52 :10

CHART 3 – REPETITIVE DIVE TIME

00 RED NUMBERS (TOP) ARE RESIDUAL NITROGEN TIMES (RNT)
 00 BLACK NUMBERS (BOTTOM) ARE ADJUSTED
 NO-STOP REPETITIVE DIVE TIMES
 ACTUAL DIVE TIME SHOULD NOT EXCEED THIS NUMBER

CHART 2 – SURFACE INTERVAL TIME

Time Ranges in hours: minutes
 Enter Chart 2 from the top,
 move down to find surface interval time,
 move left to find the next repetitive group letter.

