

**LONG BEACH FIRE DEPARTMENT**  
**Marine Safety Division**

**TRAINING ACTION PLAN**

**A-Shift Full Scuba Vehicle In The Water**



**Operational Period**

Date From: 12/06/2023  
Time From: 0900 Hours

Date To: 12/06/2023  
Time To: 1300 Hours

**Approved By Incident Commander:**

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**Rank, First Initial, Last Name**

## INCIDENT OBJECTIVES (ICS 202)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                  |                                |                                  |                                  |                           |                                  |                                  |                                |                                  |                                    |                                |                                   |                                                          |                                |                                  |  |                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|----------------------------------|---------------------------|----------------------------------|----------------------------------|--------------------------------|----------------------------------|------------------------------------|--------------------------------|-----------------------------------|----------------------------------------------------------|--------------------------------|----------------------------------|--|--------------------------------|
| <b>1. Incident Name:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>2. Operational Period:</b> Date From: _____ Date To: _____<br>Time From: _____ Time To: _____ |                                |                                  |                                  |                           |                                  |                                  |                                |                                  |                                    |                                |                                   |                                                          |                                |                                  |  |                                |
| <b>3. Objective(s):</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                  |                                |                                  |                                  |                           |                                  |                                  |                                |                                  |                                    |                                |                                   |                                                          |                                |                                  |  |                                |
| <b>4. Operational Period Command Emphasis:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                  |                                |                                  |                                  |                           |                                  |                                  |                                |                                  |                                    |                                |                                   |                                                          |                                |                                  |  |                                |
| General Situational Awareness                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                  |                                |                                  |                                  |                           |                                  |                                  |                                |                                  |                                    |                                |                                   |                                                          |                                |                                  |  |                                |
| <b>5. Site Safety Plan Required?</b> Yes <input type="checkbox"/> No <input type="checkbox"/><br><b>Approved Site Safety Plan(s) Located at:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                  |                                |                                  |                                  |                           |                                  |                                  |                                |                                  |                                    |                                |                                   |                                                          |                                |                                  |  |                                |
| <b>6. Incident Action Plan</b> (the items checked below are included in this Incident Action Plan):<br><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"/> _____ |                                  |                                  |                           |                                  |                                  |                                |                                  |                                    |                                |                                   |                                                          |                                |                                  |  |                                |
| <b>7. Prepared by:</b> Name: _____ Position/Title: _____ Signature: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                  |                                |                                  |                                  |                           |                                  |                                  |                                |                                  |                                    |                                |                                   |                                                          |                                |                                  |  |                                |
| <b>8. Approved by Incident Commander:</b> Name: _____ Signature: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                  |                                |                                  |                                  |                           |                                  |                                  |                                |                                  |                                    |                                |                                   |                                                          |                                |                                  |  |                                |
| ICS 202                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | IAP Page _____                                                                                   | Date/Time: _____               |                                  |                                  |                           |                                  |                                  |                                |                                  |                                    |                                |                                   |                                                          |                                |                                  |  |                                |

|                   |                        |                        |          |
|-------------------|------------------------|------------------------|----------|
| 1. Incident Name: | 2. Date/Time Prepared: | 3. Operational Period: |          |
|                   | Date:                  | Date From:             | Date To: |
|                   | Time:                  | Time From:             | Time To: |

[illegible]

ICS 205 IAP Page \_\_\_\_ Date/Time: \_\_\_\_\_

## MEDICAL PLAN (ICS 206)

| <b>1. Incident Name:</b>                                                                                                           |                                          | <b>2. Operational Period:</b> Date From: _____<br>Time From: _____ |                                                           | Date To: _____<br>Time To: _____ |                                              |                                                             |                                                             |
|------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|--------------------------------------------------------------------|-----------------------------------------------------------|----------------------------------|----------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------|
| <b>3. Medical Aid Stations:</b>                                                                                                    |                                          |                                                                    |                                                           |                                  |                                              |                                                             |                                                             |
| 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  |                                  |                                              |                                                             |                                                             |
| <b>4. Transportation</b> (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 |                                  |                                              |                                                             |                                                             |
| <b>5. Hospitals:</b>                                                                                                               |                                          |                                                                    |                                                           |                                  |                                              |                                                             |                                                             |
| Hospital Name                                                                                                                      | Address, Latitude & Longitude if Helipad | Contact Number(s)/Frequency                                        | Travel Time                                               |                                  | Trauma Center                                | Burn Center                                                 | Helipad                                                     |
|                                                                                                                                    |                                          |                                                                    | Air                                                       | Ground                           |                                              |                                                             |                                                             |
|                                                                                                                                    |                                          |                                                                    |                                                           |                                  | <input type="checkbox"/> Yes<br>Level: _____ | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
|                                                                                                                                    |                                          |                                                                    |                                                           |                                  | <input type="checkbox"/> Yes<br>Level: _____ | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
|                                                                                                                                    |                                          |                                                                    |                                                           |                                  | <input type="checkbox"/> Yes<br>Level: _____ | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
|                                                                                                                                    |                                          |                                                                    |                                                           |                                  | <input type="checkbox"/> Yes<br>Level: _____ | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
|                                                                                                                                    |                                          |                                                                    |                                                           |                                  | <input type="checkbox"/> Yes<br>Level: _____ | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| <b>6. Special Medical Emergency Procedures:</b>                                                                                    |                                          |                                                                    |                                                           |                                  |                                              |                                                             |                                                             |
| <input type="checkbox"/> Check box if aviation assets are utilized for rescue. If assets are used, coordinate with Air Operations. |                                          |                                                                    |                                                           |                                  |                                              |                                                             |                                                             |
| <b>7. Prepared by</b> (Medical Unit Leader): Name: _____ Signature: _____                                                          |                                          |                                                                    |                                                           |                                  |                                              |                                                             |                                                             |
| <b>8. Approved by</b> (Safety Officer): Name: _____ Signature: _____                                                               |                                          |                                                                    |                                                           |                                  |                                              |                                                             |                                                             |
| ICS 206                                                                                                                            |                                          | IAP Page _____                                                     |                                                           | Date/Time: _____                 |                                              |                                                             |                                                             |

## SAFETY MESSAGE/PLAN (ICS 208)

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



## Long Beach Fire Department Dive Team Dive Plan

**Date:** 12-06-2023

**Location:** Marine Park Dock

**Dive Supervisor:** Wawrzynski

|                                                                                                                                                                                           |                                           |                                                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|---------------------------------------------------|
| <b>Depth:</b> 15'-20'                                                                                                                                                                     | <b>Visibility:</b> 5-8ft                  | <b>Temp:</b> 58 Deg                               |
| <b>Equipment:</b> <input type="checkbox"/> Wet <input checked="" type="checkbox"/> Dry <input type="checkbox"/> RDU                                                                       | <input checked="" type="checkbox"/> SCUBA | <input checked="" type="checkbox"/> Surface Comms |
| <b>Dive Type:</b> Vehicle in the water                                                                                                                                                    |                                           |                                                   |
| <b>Hazards:</b> <input checked="" type="checkbox"/> Entanglement <input type="checkbox"/> Overhead Environment <input type="checkbox"/> Pollution <input type="checkbox"/> Strong Current | <input type="checkbox"/> Other:           |                                                   |

### Dive 1 Time:0900

|                                                  |
|--------------------------------------------------|
| <b>Divers:</b> Reinheimer,Gonzales               |
| TBA                                              |
| <b>RIC:</b> TBA                                  |
| <b>Start P.G.:</b> A                             |
| <b>Depth:</b> 20 Ft.                             |
| <b>Bottom Time:</b> 20 Min.                      |
| <b>Safety Stop:</b> N/A                          |
| <b>End P.G.:</b> B                               |
| <b>Surface Interval:</b>                         |
| <b>Coverage:</b> RB2/ RB3 DTM/ Bay<br>LG-7 Beach |

### Dive 2 Time:1130

|                                                 |
|-------------------------------------------------|
| <b>Divers:</b> Bradley, Farnell,McColl          |
| TBA                                             |
| <b>RIC:</b> TBA                                 |
| <b>Start P.G.:</b> B                            |
| <b>Depth:</b> 20 Ft.                            |
| <b>Bottom Time:</b> 20 Min.                     |
| <b>Safety Stop:</b> N/A                         |
| <b>End P.G.:</b> E                              |
| <b>Surface Interval:</b>                        |
| <b>Coverage:</b> RB1/ RB3 DTM/Bay<br>LG-7 Beach |

### Dive 3 Time:

|                          |
|--------------------------|
| <b>Divers:</b>           |
|                          |
| <b>RIC:</b>              |
|                          |
| <b>Start P.G.:</b>       |
| <b>Depth:</b>            |
| <b>Bottom Time:</b>      |
| <b>Safety Stop:</b>      |
| <b>End P.G.:</b>         |
| <b>Surface Interval:</b> |
| <b>Coverage:</b>         |

**Notifications:** ☐ USCG (310) 521-3815

☐ Catalina Hyperbaric Chamber (310) 510-4020

**Dive Description/Sketch:** Full Scuba Primary Search for Simulated Submerged Vehicle

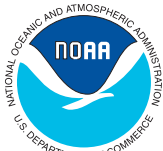
#### Objectives:

- Don PPE and Full Scuba,
- Enter water from the rescue boat
- Set PLS marker buoy,
- Primary search around the PLS
- Locate SWET Trainer,
- 360 search around SWET Trainer
- Simulate punching a window,
- Extricate victim and recover to the surface
- Reset the victim

#### Coverage Assignments:

0830 RB-1,LG6 (Reinheimer,Gonzales) meet at M.P. dock; RB-3 cover Bay/ LG-7 cover Beach

1100 RB-1 cover DTM/ RB-2,LG-8 (Bradley, Farnell, McColl) meet at Marine Park dock; RB-3 cover the Bay



# 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.

## CHART 1 — DIVE TIMES WITH END-OF-DIVE GROUP LETTER

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

| DEPTH |     | DIVE TIME REQUIRING DECOMPRESSION STOP |      |      |      |      |      |      |      |      |      |      |      |     |     |     |     | 00 |    |
|-------|-----|----------------------------------------|------|------|------|------|------|------|------|------|------|------|------|-----|-----|-----|-----|----|----|
|       |     | MINUTES REQUIRED AT 20 fsw (6.1 msw)   |      |      |      |      |      |      |      |      |      |      |      |     |     |     |     | 00 |    |
|       |     | NO-STOP TIME                           |      |      |      |      |      |      |      |      |      |      |      |     |     |     |     | 00 |    |
| msw   | fsw | 12.2                                   | 13.7 | 15.2 | 16.8 | 18.3 | 21.3 | 24.4 | 27.4 | 30.5 | 33.5 | 36.6 | 39.6 | 40  | 45  | 50  | 55  | 60 | 65 |
| 12.2  | 40  | 12                                     | 20   | 27   | 36   | 44   | 53   | 63   | 73   | 84   | 95   | 108  | 121  | 135 | 151 | 163 | 180 | 14 | 14 |
| 13.7  | 45  | 11                                     | 17   | 24   | 31   | 39   | 46   | 55   | 63   | 72   | 82   | 92   | 102  | 114 | 125 | 130 | 150 | 2  | 25 |
| 15.2  | 50  | 9                                      | 15   | 21   | 28   | 34   | 41   | 48   | 56   | 63   | 71   | 80   | 89   | 92  | 100 | 110 | 130 | 4  | 34 |
| 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   | 74  | 80  | 90  | 100 | 4  | 17 |
| 21.3  | 70  | 6                                      | 10   | 14   | 19   | 23   | 28   | 32   | 37   | 42   | 47   | 48   | 55   | 60  | 70  |     |     |    |    |
| 24.4  | 80  | 5                                      | 9    | 12   | 16   | 20   | 24   | 28   | 32   | 36   | 39   | 45   | 48   | 50  | 60  |     |     |    |    |
| 27.4  | 90  | 4                                      | 7    | 11   | 14   | 17   | 21   | 24   | 28   | 30   | 35   | 40   | 45   | 48  |     |     |     |    |    |
| 30.5  | 100 | 4                                      | 6    | 9    | 12   | 15   | 18   | 21   | 25   | 28   | 33   | 38   | 43   | 48  |     |     |     |    |    |
| 33.5  | 110 | 3                                      | 6    | 8    | 11   | 14   | 16   | 19   | 20   | 25   | 30   | 35   | 40   | 45  |     |     |     |    |    |
| 36.6  | 120 | 3                                      | 5    | 7    | 10   | 12   | 15   | 18   | 20   | 25   | 30   | 35   | 40   | 45  |     |     |     |    |    |
| 39.6  | 130 | 2                                      | 4    | 6    | 9    | 10   | 15   | 18   | 20   | 25   | 30   | 35   | 40   | 45  |     |     |     |    |    |

| fsw                                                                                                    |     | 40   | 45   | 50   | 55   | 60   | 70   | 80   | 90   | 100  | 110  | 120  | 130  | GROUP LETTER |
|--------------------------------------------------------------------------------------------------------|-----|------|------|------|------|------|------|------|------|------|------|------|------|--------------|
| msw                                                                                                    |     | 12.2 | 13.7 | 15.2 | 16.8 | 18.3 | 21.3 | 24.4 | 27.4 | 30.5 | 33.5 | 36.6 | 39.6 |              |
| REPETITIVE DIVES SHALLOWER THAN 40 FSW (12.2 MSW) ARE TO USE THE 40 FSW (12.2 MSW) REPETITIVE SCHEDULE | 13  | 12   | 11   | 10   | 9    | 8    | 7    | 6    | 5    | 5    | 5    | 4    | 4    | ◀A           |
|                                                                                                        | 150 | 113  | 81   | 64   | 51   | 40   | 32   | 24   | 20   | 15   | 10   | 6    | 6    | ◀B           |
|                                                                                                        | 21  | 18   | 17   | 15   | 14   | 12   | 10   | 9    | 8    | 8    | 7    | 6    | 6    | ◀C           |
|                                                                                                        | 142 | 107  | 75   | 59   | 46   | 36   | 29   | 21   | 17   | 12   | 8    | 4    | 4    | ◀D           |
|                                                                                                        | 29  | 25   | 23   | 20   | 19   | 16   | 14   | 12   | 11   | 10   | 9    | 9    | 9    | ◀E           |
|                                                                                                        | 134 | 100  | 69   | 54   | 41   | 32   | 25   | 18   | 14   | 10   | 6    | 1    | 1    | ◀F           |
|                                                                                                        | 37  | 32   | 29   | 26   | 24   | 20   | 18   | 16   | 14   | 13   | 12   |      |      | ◀G           |
|                                                                                                        | 126 | 93   | 63   | 48   | 36   | 28   | 21   | 14   | 11   | 7    | 3    |      |      | ◀H           |
|                                                                                                        | 45  | 40   | 35   | 32   | 29   | 25   | 22   | 19   | 17   | 16   | 14   |      |      | ◀I           |
|                                                                                                        | 118 | 85   | 57   | 42   | 31   | 23   | 17   | 11   | 8    | 4    | 1    |      |      | ◀J           |
|                                                                                                        | 55  | 48   | 42   | 38   | 35   | 29   | 25   | 22   | 20   | 18   |      |      |      | ◀K           |
|                                                                                                        | 108 | 77   | 50   | 36   | 25   | 19   | 14   | 8    | 5    | 2    |      |      |      | ◀L           |
|                                                                                                        | 64  | 56   | 49   | 44   | 40   | 34   | 29   | 26   | 23   |      |      |      |      | ◀M           |
|                                                                                                        | 99  | 69   | 43   | 30   | 20   | 14   | 10   | 4    | 2    |      |      |      |      | ◀N           |
|                                                                                                        | 74  | 64   | 57   | 51   | 46   | 39   | 33   | 29   |      |      |      |      |      | ◀O           |
|                                                                                                        | 89  | 61   | 35   | 23   | 14   | 9    | 6    | 1    |      |      |      |      |      | ◀P           |

| A           | B           | C           | D           | E           | F           | G           | H           | I           | J            | K            | L            | M            | N            | O            | Z            |
|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|
| 2:20<br>:10 | 3:36<br>:17 | 4:31<br>:12 | 5:23<br>:04 | 6:15<br>:56 | 7:08<br>:49 | 8:00<br>:41 | 8:52<br>:33 | 9:44<br>:25 | 10:36<br>:17 | 11:29<br>:10 | 12:21<br>:02 | 13:13<br>:54 | 14:05<br>:46 | 14:58<br>:38 | 15:50<br>:30 |
| 1:16<br>:10 | 2:11<br>:56 | 3:03<br>:48 | 3:55<br>:40 | 4:48<br>:32 | 5:40<br>:24 | 6:32<br>:17 | 7:24<br>:10 | 8:16<br>:02 | 9:09<br>:54  | 10:01<br>:46 | 10:53<br>:38 | 11:45<br>:30 | 12:37<br>:22 | 13:30<br>:14 | 14:22<br>:06 |
|             |             | 55<br>:10   | 1:47<br>:53 | 2:39<br>:45 | 3:31<br>:37 | 4:23<br>:29 | 5:16<br>:21 | 6:08<br>:13 | 7:00<br>:05  | 7:52<br>:57  | 8:44<br>:49  | 9:37<br>:41  | 10:29<br>:33 | 11:21<br>:25 | 12:13<br>:17 |
|             |             |             | 52<br>:10   | 1:44<br>:53 | 2:37<br>:45 | 3:29<br>:37 | 4:21<br>:29 | 5:13<br>:21 | 6:06<br>:13  | 6:58<br>:05  | 7:50<br>:57  | 8:42<br>:49  | 9:34<br>:41  | 10:27<br>:33 | 11:19<br>:25 |
|             |             |             |             | 52<br>:10   | 1:44<br>:53 | 2:37<br>:45 | 3:29<br>:37 | 4:21<br>:29 | 5:13<br>:21  | 6:06<br>:13  | 6:58<br>:05  | 7:50<br>:57  | 8:42<br>:49  | 9:34<br>:41  | 10:27<br>:33 |
|             |             |             |             |             | 52<br>:10   | 1:44<br>:53 | 2:37<br>:45 | 3:29<br>:37 | 4:21<br>:29  | 5:13<br>:21  | 6:06<br>:13  | 6:58<br>:05  | 7:50<br>:57  | 8:42<br>:49  | 9:34<br>:41  |
|             |             |             |             |             |             | 52<br>:10   | 1:44<br>:53 | 2:37<br>:45 | 3:29<br>:37  | 4:21<br>:29  | 5:13<br>:21  | 6:06<br>:13  | 6:58<br>:05  | 7:50<br>:57  | 8:42<br>:49  |
|             |             |             |             |             |             |             | 52<br>:10   | 1:44<br>:53 | 2:37<br>:45  | 3:29<br>:37  | 4:21<br>:29  | 5:13<br>:21  | 6:06<br>:13  | 6:58<br>:05  | 7:50<br>:57  |
|             |             |             |             |             |             |             |             | 52<br>:10   | 1:44<br>:53  | 2:37<br>:45  | 3:29<br>:37  | 4:21<br>:29  | 5:13<br>:21  | 6:06<br>:13  | 6:58<br>:05  |
|             |             |             |             |             |             |             |             |             | 52<br>:10    | 1:44<br>:53  | 2:37<br>:45  | 3:29<br>:37  | 4:21<br>:29  | 5:13<br>:21  | 6:06<br>:13  |
|             |             |             |             |             |             |             |             |             |              | 52<br>:10    | 1:44<br>:53  | 2:37<br>:45  | 3:29<br>:37  | 4:21<br>:29  | 5:13<br>:21  |
|             |             |             |             |             |             |             |             |             |              |              | 52<br>:10    | 1:44<br>:53  | 2:37<br>:45  | 3:29<br>:37  | 4:21<br>:29  |
|             |             |             |             |             |             |             |             |             |              |              |              | 52<br>:10    | 1:44<br>:53  | 2:37<br>:45  | 3:29<br>:37  |
|             |             |             |             |             |             |             |             |             |              |              |              |              | 52<br>:10    | 1:44<br>:53  | 2:37<br>:45  |
|             |             |             |             |             |             |             |             |             |              |              |              |              |              | 52<br>:10    | 1:44<br>:53  |

## 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.

# PUBLIC SAFETY DIVE TEAM REPETITIVE DIVE LOG

Date: December 6, 2023

Location: Marine Park

Dive Supervisor: Wawrzynski

Tables Used: Noaa

Dive Type: Drill

### Dive Description: Primary Search

[illegible]

[illegible]