

**LONG BEACH FIRE DEPARTMENT
Marine Safety Division**

TRAINING ACTION PLAN

C-Shift Obstacle Course Dive



Operational Period

Date From: 05/08/2024
Time From: 0930 Hours

Date To: 05/08/2024
Time To: 1400 Hours

Approved By Incident Commander:

Rank, First Initial, Last Name

INCIDENT OBJECTIVES (ICS 202)

1. Incident Name:	2. Operational Period: Date From: _____ Time From: _____	Date To: _____ 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 border="0"><tr><td><input type="checkbox"/> ICS 203</td><td><input type="checkbox"/> ICS 207</td><td rowspan="5">Other Attachments: <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____</td></tr><tr><td><input type="checkbox"/> ICS 204</td><td><input type="checkbox"/> ICS 208</td></tr><tr><td><input type="checkbox"/> ICS 205</td><td><input type="checkbox"/> Map/Chart</td></tr><tr><td><input type="checkbox"/> ICS 205A</td><td><input type="checkbox"/> Weather Forecast/Tides/Currents</td></tr><tr><td><input type="checkbox"/> ICS 206</td><td></td></tr></table>			<input type="checkbox"/> ICS 203	<input type="checkbox"/> ICS 207	Other Attachments: <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> ICS 204	<input type="checkbox"/> ICS 208	<input type="checkbox"/> ICS 205	<input type="checkbox"/> Map/Chart	<input type="checkbox"/> ICS 205A	<input type="checkbox"/> Weather Forecast/Tides/Currents	<input type="checkbox"/> ICS 206	
<input type="checkbox"/> ICS 203	<input type="checkbox"/> ICS 207	Other Attachments: <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____											
<input type="checkbox"/> ICS 204	<input type="checkbox"/> ICS 208												
<input type="checkbox"/> ICS 205	<input type="checkbox"/> Map/Chart												
<input type="checkbox"/> ICS 205A	<input type="checkbox"/> Weather Forecast/Tides/Currents												
<input type="checkbox"/> ICS 206													
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: Date To: Time From: 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: _____
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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: _____

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: _____
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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: _____
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Long Beach Fire Department Dive Team Dive Plan

Date: 05-08-2024

Location: Station 33/ Boat Ops

Dive Supervisor: Williams

Depth: 15'-20'	Visibility: 3-5 ft.	Temp: 60 Deg
Equipment: <input type="checkbox"/> Wet	<input checked="" type="checkbox"/> Dry	<input type="checkbox"/> RDU
Dive Type: Obstacle Course	<input checked="" type="checkbox"/> SCUBA	<input checked="" type="checkbox"/> Surface Comms
Hazards: <input checked="" type="checkbox"/> Entanglement	<input checked="" type="checkbox"/> Overhead Environment	<input type="checkbox"/> Pollution
<input type="checkbox"/> Other:	<input type="checkbox"/> Strong Current	

Dive 1 Time: 0930

Divers: Williams, Morrison, Wawrzynski, Ty.		
RIC: McCall / Balsillie		
Start P.G.:	A	
Depth:	20 Ft.	
Bottom Time:	20 Min.	
Safety Stop:	N/A	
End P.G.:	B	
Surface Interval:		
Coverage:	RB3/RB1	Bay/DTM
	LG-7	Beach

Dive 2 Time: 1100

Divers: McCall, Balsillie		
RIC: Balsillie, McCall		
Start P.G.:	A	
Depth:	20 Ft.	
Bottom Time:	20 Min.	
Safety Stop:	N/A	
End P.G.:	B	
Surface Interval:		
Coverage:	RB3/ RB1	DTM/Bay
	LG-7	Beach

Dive 3 Time: 1200

Divers: Buso, Wetteland		
RIC: Balsillie, Buso		
Start P.G.:	A	
Depth:	20Ft.	
Bottom Time:	20 Min.	
Safety Stop:	N/A	
End P.G.:	B	
Surface Interval:		
Coverage:	RB3/RB1	DTM/Bay
	LG6	Beach

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

Dive Description/Sketch: Full Scuba Obstacle Course

Objectives:

- Don PPE and Full Scuba,
- Enter water from the rescue boat
- Descend down direction line to PLS
- Complete tasks at all 4 PLS stations
- Ascend when last task is completed
- Reset course

Coverage / Assignments:

0900 RB1 (Dixon, Wetteland) cover ocean front

0900 LG7 (Buso) cover the beach

0930 RB3 (Wawrzynski Ty., Morrison), LG6 (McCall), RB2 (Williams, Balsillie) meet at Sta. 33.

1100 RB3 cover the ocean front. RB1 to Sta. 33

1130 LG6 cover the beach, LG7 to Sta. 33



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	70	80	90			
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	GROUP LETTER
A	13	12	11	10	9	8	7	6	5	5	5	4	A
B	150	113	81	64	51	40	32	24	20	15	10	6	B
C	21	18	17	15	14	12	10	9	8	8	7	6	C
D	142	107	75	59	46	36	29	21	17	12	8	4	D
E	29	25	23	20	19	16	14	12	11	10	9	9	E
F	134	100	69	54	41	32	25	18	14	10	6	1	F
G	37	32	29	26	24	20	18	16	14	13	12		G
H	126	93	63	48	36	28	21	14	11	7	3		H
I	45	40	35	32	29	25	22	19	17	16	14	1	I
J	118	85	57	42	31	23	17	11	8	4	1		J
K	55	48	42	38	35	29	25	22	20	18			K
L	64	56	49	44	40	34	29	26	23				L
M	99	69	43	30	20	14	10	4	2				M
N	74	64	57	51	46	39	33	29					N
O	89	61	35	23	14	9	6	1					O
P	85	73	65	58	52	44	38						P
Q	78	52	27	16	8	4	1						Q
R	97	83	73	65	58								R
S	66	42	19	9	2								S
T	109	93	81	72									T
U	54	32	11	2									U
V	122	104	90										V
W	41	21	2										W
X	136	115											X
Y	27	10											Y
Z	152	11											Z

GROUP LETTER	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	Z
A	2:20	3:36	4:31	5:23	6:15	7:08	8:00	8:52	9:44	10:36	11:29	12:21	13:13	14:05	14:58	15:50
B	:10	1:17	2:12	3:04	3:56	4:49	5:41	6:33	7:25	8:17	9:10	10:02	10:54	11:46	12:38	13:31
C		1:16	2:11	3:03	3:55	4:48	5:40	6:32	7:24	8:16	9:09	10:01	10:53	11:45	12:37	13:30
D		:10	:56	1:48	2:40	3:32	4:24	5:17	6:09	7:01	7:53	8:45	9:38	10:30	11:22	12:14
E			:55	1:47	2:39	3:31	4:23	5:16	6:08	7:00	7:52	8:44	9:37	10:29	11:21	12:13
F			:10	:53	1:45	2:38	3:30	4:22	5:14	6:07	6:59	7:51	8:43	9:35	10:28	11:20
G				:52	1:44	2:37	3:29	4:21	5:13	6:06	6:58	7:50	8:42	9:34	10:27	11:19
H				:10	:53	1:45	2:38	3:30	4:22	5:14	6:07	6:59	7:51	8:43	9:35	10:28
I					:52	1:44	2:37	3:29	4:21	5:13	6:06	6:58	7:50	8:42	9:34	10:27
J					:10	:53	1:45	2:38	3:30	4:22	5:14	6:07	6:59	7:51	8:43	9:35
K						:52	1:44	2:37	3:29	4:21	5:13	6:06	6:58	7:50	8:42	9:34
L						:10	:53	1:45	2:38	3:30	4:22	5:14	6:07	6:59	7:51	8:43
M							:52	1:44	2:37	3:29	4:21	5:13	6:06	6:58	7:50	8:42
N							:10	:53	1:45	2:38	3:30	4:22	5:14	6:07	6:59	7:51
O								:52	1:44	2:37	3:29	4:21	5:13	6:06	6:58	7:50
Z								:10	:53	1:45	2:38	3:30	4:22	5:14	6:07	6:59

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.

