

**LONG BEACH FIRE DEPARTMENT  
Marine Safety Division**

**TRAINING ACTION PLAN**

**Watermanship pool skills**



**Operational Period**

Date From: 04/25/2024  
Time From: 0900 Hours

Date To: 04/25/2024  
Time To: 1200 Hours

**Approved By Incident Commander:**

\_\_\_\_\_  
Rank, First Initial, Last Name



## INCIDENT RADIO COMMUNICATIONS PLAN (ICS 205)

<b>1. Incident Name:</b> 	<b>2. Date/Time Prepared:</b> Date: _____ Time: _____	<b>3. Operational Period:</b> Date From: _____ Date To: _____ Time From: _____ Time To: _____
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<b>4. Basic Radio Channel Use:</b>										
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

<b>5. Special Instructions:</b>          
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<b>6. Prepared by (Communications Unit Leader) Name:</b> _____ <b>Signature:</b> _____
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ICS 205	IAP Page _____	Date/Time: _____
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## MEDICAL PLAN (ICS 206)

<b>1. Incident Name:</b>	<b>2. Operational Period:</b> 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

<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 (Medical Unit Leader):</b> Name: _____ Signature: _____
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<b>8. Approved by (Safety Officer):</b> Name: _____ Signature: _____
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ICS 206	IAP Page _____	Date/Time: _____
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# SAFETY MESSAGE/PLAN (ICS 208)

<b>1. Incident Name:</b>	<b>2. Operational Period:</b> Date From: _____ Date To: _____ 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"/> <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:** 4-25-2024

**Location:** Silverado Pool

**Dive Supervisor:** Wawrzynski

<b>Depth:</b> 14'	<b>Visibility:</b> 80ft	<b>Temp:</b> 75 to 80 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> Watermanship Pool Skills		
<b>Hazards:</b> <input type="checkbox"/> Entanglement <input type="checkbox"/> Overhead Environment <input type="checkbox"/> Pollution <input type="checkbox"/> Strong Current		
<input type="checkbox"/> Other:		

<b>Dive 1</b>	<b>Time:</b> 0900				
<b>Divers:</b>	Wawrzynski Morrison				
<b>RIC:</b>	Jimenez Gonzales				
<b>Start P.G.:</b>	A				
<b>Depth:</b>	14 Ft.				
<b>Bottom Time:</b>	60 Min.				
<b>Safety Stop:</b>	N/A				
<b>End P.G.:</b>	G				
<b>Surface Interval:</b>					
<b>Coverage:</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">RB-1</td> <td style="width: 50%;">ABM</td> </tr> <tr> <td>LG-6</td> <td>Beach</td> </tr> </table>	RB-1	ABM	LG-6	Beach
RB-1	ABM				
LG-6	Beach				

<b>Dive 2</b>	<b>Time:</b> 0900				
<b>Divers:</b>					
<b>RIC:</b>					
<b>Start P.G.:</b>	A				
<b>Depth:</b>	14 Ft.				
<b>Bottom Time:</b>	60 Min.				
<b>Safety Stop:</b>	N/A				
<b>End P.G.:</b>	G				
<b>Surface Interval:</b>					
<b>Coverage:</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">RB-1</td> <td style="width: 50%;">ABM</td> </tr> <tr> <td>LG-6</td> <td>Beach</td> </tr> </table>	RB-1	ABM	LG-6	Beach
RB-1	ABM				
LG-6	Beach				

<b>Dive 3</b>	<b>Time:</b>				
<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>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> <tr> <td></td> <td></td> </tr> </table>				

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

**Dive Description/Sketch:** Watermanship Pool Skills

**Objectives:**

- Watermanship skills:
  - 500 M Swim Under 10 Min.
  - 14 Ft. Breath Hold Object Retrieval
  - 800 M Snorkel Swim/Kick under 15 Min.
  - Treading Water 15 Min./ Last 2 Min. Hands Out
- Timed Equipment Assembly & Donning (Dry Suit)
- Bail Out
- Bottom Checks
- Dry-suit Skills
- ESA
- Guardian Safety Drill
- Deep Water Exit

0900- Gonzales, Jimenez meet at Silverado Pool in B.D.U's



# 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																NO-STOP TIME	
	msw	fsw	MINUTES REQUIRED AT 20 fsw (6.1 msw)																00	00
12.2	40	12	20	27	36	44	53	63	73	84	95	108	121	135	151	163	180	00	00	
13.7	45	11	17	24	31	39	46	55	63	72	82	92	102	114	125	130	150	00	00	
15.2	50	9	15	21	28	34	41	48	56	63	71	80	89	92	100	110	130	00	00	
16.8	55	8	14	19	25	31	37	43	50	56	63	71	74	80	90	100	00	00		
18.3	60	7	12	17	22	28	33	39	45	51	57	60	65	70	74	80	90	00	00	
21.3	70	6	10	14	19	23	28	32	37	42	47	48	55	60	67	70	80	00	00	
24.4	80	5	9	12	16	20	24	28	32	36	39	45	48	50	55	60	70	00	00	
27.4	90	4	7	11	14	17	21	24	28	30	35	40	45	48	50	55	60	00	00	
30.5	100	4	6	9	12	15	18	21	25	28	30	35	40	45	50	55	60	00	00	
33.5	110	3	6	8	11	14	16	19	20	25	30	35	40	45	50	55	60	00	00	
36.6	120	3	5	7	10	12	15	18	20	25	30	35	40	45	50	55	60	00	00	
39.6	130	2	4	6	9	10	15	20	25	30	35	40	45	50	55	60	65	00	00	

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	150	113	81	64	51	40	32	24	20	15	10	6	13.7
C	21	18	17	15	14	12	10	9	8	8	7	6	15.2
D	142	107	75	59	46	36	29	21	17	12	8	4	16.8
E	29	25	23	20	19	16	14	12	11	10	9	9	18.3
F	134	100	69	54	41	32	25	18	14	10	6	1	21.3
G	37	32	29	26	24	20	18	16	14	13	12	12	24.4
H	126	93	63	48	36	28	21	14	11	7	3	0	27.4
I	45	40	35	32	29	25	22	19	17	16	14	14	30.5
J	118	85	57	42	31	23	17	11	8	4	1	0	33.5
K	55	48	42	38	35	29	25	22	20	18	18	18	36.6
L	108	77	50	36	25	19	14	8	5	2	0	0	39.6
M	64	56	49	44	40	34	29	26	23	23	23	23	
N	99	69	43	30	20	14	10	4	2	2	2	2	
O	74	64	57	51	46	39	33	29	29	29	29	29	
P	89	61	35	23	14	9	6	1	0	0	0	0	
Q	85	73	65	58	52	44	38	33	33	33	33	33	
R	78	52	27	16	8	4	1	0	0	0	0	0	
S	97	83	73	65	58	52	44	38	33	33	33	33	
T	66	42	19	9	2	0	0	0	0	0	0	0	
U	109	93	81	72	65	58	52	44	38	33	33	33	
V	54	32	11	2	0	0	0	0	0	0	0	0	
W	122	104	90	72	65	58	52	44	38	33	33	33	
X	41	21	2	0	0	0	0	0	0	0	0	0	
Y	136	115	100	81	72	65	58	52	44	38	33	33	
Z	27	10	0	0	0	0	0	0	0	0	0	0	
AA	152	11	0	0	0	0	0	0	0	0	0	0	

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	1:16	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		: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	13:05
D		: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	12:12
E			: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	12:11
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

RED NUMBERS (TOP) ARE RESIDUAL NITROGEN TIMES (RNT)  
 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.





