

**LONG BEACH FIRE DEPARTMENT
Marine Safety Division**

TRAINING ACTION PLAN

Dry Suit Open Water Skills



Operational Period

Date From: 02/06/2025
Time From: 1300 Hours

Date To: 02/06/2025
Time To: 1600 Hours

Approved By Incident Commander:

Rank, First Initial, Last Name

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: 02-06-2025

Location: Ocean Front

Dive Supervisor: Williams

Depth: 30 Ft.	Visibility: 2 to 6 ft.	Temp: 58 Deg.
Equipment: <input type="checkbox"/> Wet	<input checked="" type="checkbox"/> Dry <input type="checkbox"/> RDU	<input checked="" type="checkbox"/> SCUBA <input checked="" type="checkbox"/> Surface Comms
Dive Type: Dry Suit Training		
Hazards: <input type="checkbox"/> Entanglement	<input type="checkbox"/> Overhead Environment	<input type="checkbox"/> Pollution <input type="checkbox"/> Strong Current
<input type="checkbox"/> Other:		

Dive 1 **Time:** 1400

Divers: Jimenez Beebe, McColl	
RIC:	
Start P.G.:	F
Depth:	30 Ft.
Bottom Time:	40 Min.
Safety Stop:	N/A
End P.G.:	J
Surface Interval:	
Coverage:	RB-1 ABM

Dive 2 **Time:**

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

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: Dry Suit Open Water Skills

Objectives:

Open Water Dry Suit Training

- Suit Up
- Pre Dive Safety Check (Sea Bag)
- Giant Stride Entry
- Controlled Decent Adding Air to the Dry Suit as Needed
- Com Check
- Neutral Buoyancy Hover One Minute Dry Suit Inflation
- Neutral Buoyancy Compass Box
- Inverted Roll Out
- Controlled Ascent to 20 Feet for a Three Minute Safety Stop
- Controlled Ascent to the Surface
- Deep Water Exit

Schedule and Coverage:

Refer to Telestaff: RB1 cover the Bay, RB3 on the Ocean Front



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	80	90	00	00		
21.3	70	6	10	14	19	23	28	32	37	42	47	48	55	60	70	80	00	00		
24.4	80	5	9	12	16	20	24	28	32	36	39	45	50	55	60	70	00	00		
27.4	90	4	7	11	14	17	21	24	28	30	35	40	45	50	60	70	00	00		
30.5	100	4	6	9	12	15	18	21	25	30	35	40	45	50	60	70	00	00		
33.5	110	3	6	8	11	14	16	19	20	25	30	35	40	45	50	60	00	00		
36.6	120	3	5	7	10	12	15	18	20	25	30	35	40	45	50	60	00	00		
39.6	130	2	4	6	9	10	15	20	25	30	35	40	45	50	60	70	00	00		

fsw	msw													GROUP LETTER
	12.2	13.7	15.2	16.8	18.3	21.3	24.4	27.4	30.5	33.5	36.6	39.6		
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	12	12	◀G	
126	93	63	48	36	28	21	14	11	7	3	1	1	◀H	
45	40	35	32	29	25	22	19	17	16	14	14	14	◀I	
118	85	57	42	31	23	17	11	8	4	1	1	1	◀J	
55	48	42	38	35	29	25	22	20	18	18	18	18	◀K	
108	77	50	36	25	19	14	8	5	2	2	2	2	◀L	
64	56	49	44	40	34	29	26	23	23	23	23	23	◀M	
99	69	43	30	20	14	10	4	2	2	2	2	2	◀N	
74	64	57	51	46	39	33	29	29	29	29	29	29	◀O	
89	61	35	23	14	9	6	1	1	1	1	1	1	◀P	
85	73	65	58	52	44	38	33	33	33	33	33	33	◀Q	
78	52	27	16	8	4	1	1	1	1	1	1	1	◀R	
97	83	73	65	58	52	44	38	33	33	33	33	33	◀S	
66	42	19	9	2	1	1	1	1	1	1	1	1	◀T	
109	93	81	72	65	58	52	44	38	33	33	33	33	◀U	
54	32	11	2	1	1	1	1	1	1	1	1	1	◀V	
122	104	90	81	72	65	58	52	44	38	33	33	33	◀W	
41	21	2	1	1	1	1	1	1	1	1	1	1	◀X	
136	115	100	90	81	72	65	58	52	44	38	33	33	◀Y	
27	10	2	1	1	1	1	1	1	1	1	1	1	◀Z	
152	11	1	1	1	1	1	1	1	1	1	1	1	◀Z	

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	Z
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 :90	12:21 :102	13:13 :105	14:05 :114	14:58 :123	15:50 :131
1:16 :10	2:11 :06	3:03 :14	3:55 :20	4:48 :26	5:40 :32	6:32 :38	7:24 :45	8:16 :51	9:09 :57	10:01 :63	10:53 :69	11:45 :75	12:37 :81	13:30 :87	14:22 :93
:55 :10	1:47 :03	2:39 :11	3:31 :17	4:23 :23	5:16 :29	6:08 :35	7:00 :41	7:52 :47	8:44 :53	9:37 :59	10:29 :65	11:21 :71	12:13 :77	13:05 :83	14:00 :89
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