

LONG BEACH FIRE DEPARTMENT
Marine Safety Division

TRAINING ACTION PLAN

Dry Suit Pool Skills



Operational Period

Date From: 02/06/2025
Time From: 0800 Hours

Date To: 02/06/2025
Time To: 1200 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: _____															

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

MEDICAL PLAN (ICS 206)

1. Incident Name:		2. Operational Period: Date From: _____ Time From: _____		Date To: _____ Time To: _____			
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: _____			

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: 02-06-2025

Location: Silverado Pool

Dive Supervisor: Williams

Depth: 14'	Visibility: 80ft	Temp: 75 to 80 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: 0900

Divers:	Jimenez Beebe, McColl
RIC:	
Start P.G.:	A
Depth:	14 Ft.
Bottom Time:	60 Min.
Safety Stop:	N/A
End P.G.:	G
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

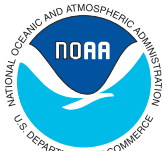
Dive Description/Sketch: Dry Suit Pool Skills

Objectives:

- Confined Water Dry Suit Training
- Dry Suit Operation Lecture
- Dry Suit Fit
- Install Dry Suit Inflation Hose on Regulator
- Don Gear/ Pre-Dive Safety Check
- Giant Stride Entry (move to the shallow end)
- Review Inflation and Deflation
- Descend to the Deep End adding air to the Dry Suit as Needed
- Com Check with Topsy
- Add Air / Dump Air
- Fin Pivot Using Dry Suit Inflation
- Dry Suit hose Remove & Replace
- Neutral Buoyancy Hover 1 Minute Dry Suit Inflation
- Neutral Buoyancy Swim
- Dry Suit Inverted Float with Emergency Roll-Out
- Neutral Buoyancy Hover with Inflation & Deflation Valves Actuated Simultaneously
- Controlled Ascent
- Deep Water Exit

Schedule and Coverage:

Refer to Telestaff: RB1 cover the Bay, RB3 0800 at Silverado Pool (BDU'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.

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			14	23
24.4	80	5	9	12	16	20	24	28	32	36	39	45	48	50	60			17	30
27.4	90	4	7	11	14	17	21	24	28	30	35	40	45	48				14	23
30.5	100	4	6	9	12	15	18	21	25	28	33	38	43	48	55	60		15	26
33.5	110	3	6	8	11	14	16	19	20	25	30	35	40	45	50	55		14	24
36.6	120	3	5	7	10	12	15	18	20	25	30	35	40	45	50	55		14	24
39.6	130	2	4	6	9	10	15	18	20	25	30	35	40	45	50	55		14	24

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							◀P

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	Z
2:20 :10	3:36 :17	4:31 :12	5:23 :04	6:15 :36	7:08 :49	8:00 :51	8:52 :33	9:44 :25	10:36 :17	11:29 :10	12:21 :02	13:13 :54	14:05 :46	14:58 :38	15:50 :31
1:16 :10	2:11 :56	3:03 :48	3:55 :40	4:48 :32	5:40 :24	6:32 :17	7:24 :10	8:16 :03	9:09 :55	10:01 :47	10:53 :39	11:45 :31	12:37 :23	13:30 :15	14:22 :07
		55 :10	1:47 :53	2:39 :45	3:31 :37	4:23 :30	5:16 :22	6:08 :15	7:00 :07	7:52 :59	8:44 :51	9:37 :43	10:29 :35	11:21 :27	12:13 :19
			52 :10	1:44 :53	2:37 :45	3:29 :38	4:21 :30	5:13 :22	6:06 :15	6:58 :07	7:50 :59	8:42 :51	9:34 :43	10:27 :35	11:19 :27
				52 :10	1:44 :53	2:37 :45	3:29 :38	4:21 :30	5:13 :22	6:06 :15	6:58 :07	7:50 :59	8:42 :51	9:34 :43	10:27 :35
					52 :10	1:44 :53	2:37 :45	3:29 :38	4:21 :30	5:13 :22	6:06 :15	6:58 :07	7:50 :59	8:42 :51	9:34 :43
						52 :10	1:44 :53	2:37 :45	3:29 :38	4:21 :30	5:13 :22	6:06 :15	6:58 :07	7:50 :59	8:42 :51
							52 :10	1:44 :53	2:37 :45	3:29 :38	4:21 :30	5:13 :22	6:06 :15	6:58 :07	7:50 :59
								52 :10	1:44 :53	2:37 :45	3:29 :38	4:21 :30	5:13 :22	6:06 :15	6:58 :07
									52 :10	1:44 :53	2:37 :45	3:29 :38	4:21 :30	5:13 :22	6:06 :15
										52 :10	1:44 :53	2:37 :45	3:29 :38	4:21 :30	5:13 :22
											52 :10	1:44 :53	2:37 :45	3:29 :38	4:21 :30
												52 :10	1:44 :53	2:37 :45	3:29 :38
													52 :10	1:44 :53	2:37 :45
														52 :10	1:44 :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: February 6, 2025

LOCATION: Silverado Pool

DIVE SUPERVISOR: Williams

DIVE TABLES USED: NOAA

DIVE TYPE: Training

DIVE DESCRIPTION: Dry Suit

[illegible]

[illegible]