

LONG BEACH FIRE DEPARTMENT
Marine Safety Division

TRAINING ACTION PLAN

A-Shift Overturned Vessel Dive



Operational Period

Date From: 08/06/2025
Time From: 0930 Hours

Date To: 08/06/2025
Time To: 1300 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: _____
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ICS 206	IAP Page _____	Date/Time: _____
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Long Beach Fire Department Dive Team Dive Plan

Date: 08-06-2025

Location: Station 33/ Boat Ops

Dive Supervisor: Wawrzynski

Depth: 15'-20'	Visibility: 3-5 ft.	Temp: 68 Deg
Equipment: <input type="checkbox"/> Wet	<input checked="" type="checkbox"/> Dry	<input type="checkbox"/> RDU
Dive Type: Overturned Vessel	<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: Reinheimer, Gonzales		
RIC:	Morrison	
Start P.G.:	A	
Depth:	20 Ft.	
Bottom Time:	20 Min.	
Safety Stop:	N/A	
End P.G.:	B	
Surface Interval:		
Coverage:	RB2/RB3 LG-8	DTM/ Bay Beach

Dive 2		Time: 1100
Divers: Williams, Mathison,		
RIC:	Morrison	
Start P.G.:	A	
Depth:	20 Ft.	
Bottom Time:	20 Min.	
Safety Stop:	N/A	
End P.G.:	B	
Surface Interval:		
Coverage:	RB1/ RB3 LG-6	DTM/Bay Beach

Dive 3		Time: 1200
Divers: Wawrzynski, Farnell		
RIC:	Morrison	
Start P.G.:	A	
Depth:	20 Ft.	
Bottom Time:	20 Min.	
Safety Stop:	N/A	
End P.G.:	B	
Surface Interval:		
Coverage:		

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

Dive Description/Sketch: Full Scuba/Drysuit Primary Search for Overturned Vessel

Objectives:

- Don Dry suit and Full Scuba,
- Enter water from the rescue boat
- Set marker buoy
- Search the overturned vessel, report findings
- Primary search around the marker buoy covering the bottom under and near the vessel
- Recover victim to the surface
- Reset the victim

Coverage Assignments:

0930 RB1(Reinheimer), LG6 (Gonzales) meet at Station 33; RB-3 cover bay, LG8 (Conforti) cover beach

1100 RB2, (Williams, Mathison,) LG7 (Farnell) meet at Station 33; RB1 cover DTM/ RB3 cover bay/ LG6 (Gonzales) cover beach



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	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	1	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	1	33.5
K	55	48	42	38	35	29	25	22	20	18	18	2	36.6
L	64	56	49	44	40	34	29	26	23	23	23	23	39.6
M	99	69	43	30	20	14	10	4	2	2	2	2	
N	74	64	57	51	46	39	33	29	1				
O	89	61	35	23	14	9	6	1					
P	85	73	65	58	52	44	38						
Q	78	52	27	16	8	4	1						
R	97	83	73	65	58								
S	66	42	19	9	2								
T	109	93	81	72									
U	54	32	11	2									
V	122	104	90										
W	41	21	2										
X	136	115											
Y	27	10											
Z	152	11											

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	
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	
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	
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	
G				:52	1:44	2:37	3:29	4:21	5:13	6:06	6:58	7:50	8:42	9:34	10:27	
H				:10	:53	1:45	2:38	3:30	4:22	5:14	6:07	6:59	7:51	8:43	9:35	
I					:52	1:44	2:37	3:29	4:21	5:13	6:06	6:58	7:50	8:42	9:34	
J					:10	:53	1:45	2:38	3:30	4:22	5:14	6:07	6:59	7:51	8:43	
K						:52	1:44	2:37	3:29	4:21	5:13	6:06	6:58	7:50	8:42	
L						:10	:53	1:45	2:38	3:30	4:22	5:14	6:07	6:59	7:51	
M							:52	1:44	2:37	3:29	4:21	5:13	6:06	6:58	7:50	
N							:10	:53	1:45	2:38	3:30	4:22	5:14	6:07	6:59	
O								:52	1:44	2:37	3:29	4:21	5:13	6:06	6:58	
Z								:10	:53	1:45	2:38	3:30	4:22	5:14	6:07	

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.

