

LONG BEACH FIRE DEPARTMENT
Marine Safety Division

TRAINING ACTION PLAN

A-Shift Deep Dive Drill



Operational Period

Date From: 09/30/2025
Time From: 0800 Hours

Date To: 09/30/2025
Time To: 1300 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:	3. Operational Period:	
	Date:	Date From:	Date To:
	Time:	Time From:	Time To:

[illegible]

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: 09-30-2025

Location: Catalina

Dive Supervisor: Wawrzynski

Depth: 100'	Visibility: 30+ FT.	Temp: 55 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: Deep Dive		
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:0930

Divers: Wawrzynski, Trinkle, Mathison		
RIC: Reinheimer,Gonzales		
Start P.G.:	A	
Depth:	100 Ft.	
Bottom Time:	18 Min.	
Safety Stop:	3 Min.	
End P.G.:	G	
Surface Interval:	5 Min.	
Coverage:	RB-1	ABM

Dive 2 Time:1015

Divers: Reinheimer,Gonzales,Farnell		
RIC: Morrison, RB3 MSO?		
Start P.G.:	A	
Depth:	100 Ft.	
Bottom Time:	18 Min.	
Safety Stop:	3 Min.	
End P.G.:	G	
Surface Interval:	5 Min	
Coverage:	RB1	ABM

Dive 3 Time: 0000

Divers:		
RIC:		
Start P.G.:	A	
Depth:	100 Ft.	
Bottom Time:	18 Min.	
Safety Stop:	3 Min.	
End P.G.:	G	
Surface Interval:		
Coverage:	RB1	ABM

Notifications: ☐ USCG (310) 521-3815

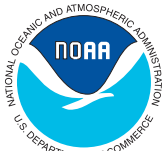
☒ Catalina Hyperbaric Chamber (310) 510-4020

Dive Description/Sketch:

- Controlled descent down the anchor line to 50'. Check in with topside, ensure airspaces are clear.
- Continue descent to 100'.
- Tie Bowline on Anchor Chain, at the 5 minute mark:
- Controlled ascent to 50' observe the area until the 18 minute mark.
- Controlled ascent up to 20', safety stop for 3 minutes.
- Controlled ascent to the surface.

Coverage:

- RB1 Cover the ABM



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							
msw	fsw	NO-STOP TIME																				00							
12.2	40	12	20	27	36	44	53	63	73	84	95	108	121	135	151	163	180	195	210	225	240	255	270	285	300	315	330	345	360
13.7	45	11	17	24	31	39	46	55	63	72	82	92	102	114	125	137	150	163	177	190	204	218	232	246	260	274	288	302	316
15.2	50	9	15	21	28	34	41	48	56	63	71	80	89	99	110	121	133	145	157	169	181	193	205	217	229	241	253	265	277
16.8	55	8	14	19	25	31	37	43	50	56	63	71	79	88	98	109	120	131	142	153	164	175	186	197	208	219	230	241	252
18.3	60	7	12	17	22	28	33	39	45	51	57	64	71	79	88	98	109	120	131	142	153	164	175	186	197	208	219	230	241
21.3	70	6	10	14	19	23	28	32	37	42	47	53	59	66	74	82	91	101	111	121	131	141	151	161	171	181	191	201	211
24.4	80	5	9	12	16	20	24	28	32	36	40	45	50	56	62	69	76	84	92	100	108	116	124	132	140	148	156	164	172
27.4	90	4	7	11	14	17	21	24	28	31	35	39	43	48	53	59	65	72	79	86	93	100	107	114	121	128	135	142	149
30.5	100	4	6	9	12	15	18	21	25	28	32	36	40	44	49	54	60	66	73	79	86	93	100	107	114	121	128	135	142
33.5	110	3	6	8	11	14	16	19	22	26	30	34	38	42	46	51	56	62	69	75	82	89	96	103	110	117	124	131	138
36.6	120	3	5	7	10	12	15	18	21	24	28	32	36	40	44	48	53	58	64	70	77	84	91	98	105	112	119	126	133
39.6	130	2	4	6	9	10	13	16	19	22	26	30	34	38	42	46	51	56	62	68	75	82	89	96	103	110	117	124	131

fsw		40	45	50	55	60	65	70	75	80	85	90	95	100	105	110	115	120	125	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	40	45	50	55	60	63	63	73
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	4	4	4	4	4	4	4	◀A
	150	113	81	64	51	40	32	24	20	15	10	6	6	6	6	6	6	6	6	6	◀B
	21	18	17	15	14	12	10	9	8	8	7	6	6	6	6	6	6	6	6	6	◀C
	142	107	75	59	46	36	29	21	17	12	8	4	4	4	4	4	4	4	4	4	◀D
	29	25	23	20	19	16	14	12	11	10	9	8	8	8	8	8	8	8	8	8	◀E
	134	100	69	54	41	32	25	18	14	10	6	1	1	1	1	1	1	1	1	1	◀F
	37	32	29	26	24	20	18	16	14	13	12	11	11	11	11	11	11	11	11	11	◀G
	126	93	63	48	36	28	21	14	11	7	3	3	3	3	3	3	3	3	3	3	◀H
	45	40	35	32	29	25	22	19	17	16	14	13	13	13	13	13	13	13	13	13	◀I
	118	85	57	42	31	23	17	11	8	4	1	1	1	1	1	1	1	1	1	1	◀J
	55	48	42	38	35	29	25	22	20	18	16	14	14	14	14	14	14	14	14	14	◀K
	108	77	50	36	25	19	14	8	5	2	2	2	2	2	2	2	2	2	2	2	◀L
	64	56	49	44	40	34	29	26	23	20	18	16	16	16	16	16	16	16	16	16	◀M
	99	69	43	30	20	14	10	4	2	2	2	2	2	2	2	2	2	2	2	2	◀N
	74	64	57	51	46	39	33	29	26	23	20	18	18	18	18	18	18	18	18	18	◀O
	89	61	35	23	14	9	6	1	1	1	1	1	1	1	1	1	1	1	1	1	◀P
	85	73	65	58	52	44	38	33	29	26	23	20	18	18	18	18	18	18	18	18	◀Q
	78	52	27	16	8	4	1	1	1	1	1	1	1	1	1	1	1	1	1	1	◀R
	97	83	73	65	58	52	44	38	33	29	26	23	20	18	18	18	18	18	18	18	◀S
	66	42	19	9	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	◀T
	109	93	81	72	64	56	49	44	40	34	29	26	23	20	18	18	18	18	18	18	◀U
	54	32	11	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	◀V
	122	104	90	81	72	64	56	49	44	40	34	29	26	23	20	18	18	18	18	18	◀W
	41	21	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	◀X
	136	115	100	90	81	72	64	56	49	44	40	34	29	26	23	20	18	18	18	18	◀Y
	27	10	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	◀Z
	152	11	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	◀Z

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: September 30, 2025

Location: Catalina

Dive Supervisor: Wawrzynski

Tables Used: Noaa

Dive Type: Drill

Dive Description: Deep Dive

[illegible]

[illegible]