

LONG BEACH FIRE DEPARTMENT

Marine Safety Division

TRAINING ACTION PLAN

"C" Shift Night Dive



Operational Period

Date From: 01/20/2026
Time From: 1730 Hours

Date To: 01/20/2026
Time To: 1930 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: 01-20-2026

Location: LB Break Wall

Dive Supervisor: Williams

Depth: 50'	Visibility: 5-10ft	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: Break Wall Search		
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: 1745

Divers:	Williams, Balsillie, McColl, Johnson	
RIC:	Gonzales, Jimenez	
Start P.G.:	A	
Depth:	50 Ft.	
Bottom Time:	30 Min.	
Safety Stop:	N/A	
End P.G.:	E	
Surface Interval:		
Coverage:	RB-3	ABM
	RB-2	DTM

Dive 2 Time:

Divers:	Morrison, Gonzales, Jimenez	
RIC:	McColl, Johnson	
Start P.G.:	A	
Depth:	50 Ft.	
Bottom Time:	30 Min.	
Safety Stop:	N/A	
End P.G.:	E	
Surface Interval:		
Coverage:	RB-1	ABM
	RB-2	DTM

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:

Set 2 Marker buoys near the sand/rock interface of the breakwall, approximately 25 yds apart. Nearest to one marker buoy, descend to 10 feet deep on the wall, with partner at arms length, deeper, and facing the furthest marker buoy. Conduct a search pattern parallel to the breakwall, in between marker buoys, with topmost diver maintaining the 10 foot depth. Advance the pattern by moving the topmost diver below the bottom diver. Reverse direction and continue the parallel pattern between the buoys, with topmost diver maintaining the depth. Reverse direction and advance the pattern deeper in a similar fashion.

Coverage Assignments:

1700 LG-7 Cover the beach (Normal EOW)
1700 LG-6 (McColl) Off the beach at Sta. 21
1730 RB-1, RB-2, RB-3 meet at the East End

PUBLIC SAFETY DIVE TEAM REPETITIVE DIVE LOG

DATE: January 20, 2026

LOCATION: LB Breakwall

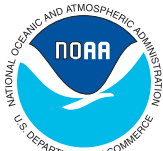
DIVE SUPERVISOR: Williams

DIVE TABLES USED: NOAA

DIVE TYPE: "C" Shift Night Dive

DIVE DESCRIPTION: Breakwall Search

[illegible]



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	63	63	73
12.2	40	12	20	27	36	44	53	63	73	84	95	108	121	135	151	163	180	194	210	227	244
13.7	45	11	17	24	31	39	46	55	63	72	82	92	102	114	125	130	150	165	180	200	215
15.2	50	9	15	21	28	34	41	48	56	63	71	80	89	92	100	110	130	145	160	180	200
16.8	55	8	14	19	25	31	37	43	50	56	63	71	74	80	90	100	110	120	130	140	150
18.3	60	7	12	17	22	28	33	39	45	51	57	60	65	70	80	90	100	110	120	130	140
21.3	70	6	10	14	19	23	28	32	37	42	47	48	55	60	70	80	90	100	110	120	130
24.4	80	5	9	12	16	20	24	28	32	36	39	45	50	55	60	70	80	90	100	110	120
27.4	90	4	7	11	14	17	21	24	28	30	35	40	45	50	60	70	80	90	100	110	120
30.5	100	4	6	9	12	15	18	21	25	28	33	38	43	48	55	65	75	85	95	105	115
33.5	110	3	6	8	11	14	16	19	20	25	30	35	40	45	55	65	75	85	95	105	115
36.6	120	3	5	7	10	12	15	18	20	25	30	35	40	45	55	65	75	85	95	105	115
39.6	130	2	4	6	9	10	15	18	20	25	30	35	40	45	55	65	75	85	95	105	115

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	12	12	◀G
	126	93	63	48	36	28	21	14	11	7	3	3	3	◀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	38	38	38	38	38	38	◀Q
	78	52	27	16	8	4	1	1	1	1	1	1	1	◀R
	97	83	73	65	58	52	44	38	38	38	38	38	38	◀S
	66	42	19	9	2	1	1	1	1	1	1	1	1	◀T
	109	93	81	72	65	58	52	44	38	38	38	38	38	◀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	38	38	38	◀W
	41	21	2	1	1	1	1	1	1	1	1	1	1	◀X
	136	115	104	90	81	72	65	58	52	44	38	38	38	◀Y
	27	10	2	1	1	1	1	1	1	1	1	1	1	◀Z
	152	11	2	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 :51	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 :56	3:03 :48	3:55 :40	4:48 :32	5:40 :24	6:32 :17	7:24 :10	8:16 :03	9:09 :53	10:01 :45	10:53 :38	11:45 :30	12:37 :23	13:30 :16	14:22 :09
		55 :10	1:47 :53	2:39 :45	3:31 :38	4:23 :30	5:16 :22	6:08 :15	7:00 :07	7:52 :00	8:44 :53	9:37 :45	10:29 :38	11:21 :30	12:13 :23
			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 :00	8:42 :53	9:34 :45	10:27 :38	11:19 :30
				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 :00	8:42 :53	9:34 :45	10:27 :38
					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 :00	8:42 :53	9:34 :45
						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 :00	8:42 :53
							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 :00
								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
															52 :10

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.

Type of Training / Drill "C" Shift Night Dive	Location: Long Beach Breakwall	Date: 01/20/2026
	Time: 1730 to 1930	
Coordinator: J. Williams		