

# LONG BEACH FIRE DEPARTMENT

## Marine Safety Division

### TRAINING ACTION PLAN

#### "C" Shift Night Dive



#### Operational Period

Date From: 01/20/2026

Date To: 01/20/2026

Time From: 1730 Hours

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: Time From:	Date To: Time To:
3. Objective(s):		
4. Operational Period Command Emphasis:		
General Situational Awareness		
<b>5. Site Safety Plan Required?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>Approved Site Safety Plan(s) Located at:</b>		
<b>6. Incident Action Plan</b> (the items checked below are included in this Incident Action Plan):		
<input type="checkbox"/> ICS 203 <input type="checkbox"/> ICS 207 <input type="checkbox"/> ICS 204 <input type="checkbox"/> ICS 208 <input type="checkbox"/> ICS 205 <input type="checkbox"/> Map/Chart <input type="checkbox"/> ICS 205A <input type="checkbox"/> Weather Forecast/Tides/Currents <input type="checkbox"/> ICS 206		<u>Other Attachments:</u> <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
<b>7. Prepared by:</b> Name: _____ Position/TITLE: _____ Signature: _____		
<b>8. Approved by Incident Commander:</b> Name: _____ Signature: _____		
ICS 202	IAP Page _____	Date/Time: _____

## INCIDENT RADIO COMMUNICATIONS PLAN (ICS 205)

<b>1. Incident Name:</b>			<b>2. Date/Time Prepared:</b> Date: Time:				<b>3. Operational Period:</b> Date From: Time From: Date To: Time To:			
<b>4. Basic Radio Channel Use:</b>										
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
<b>5. Special Instructions:</b>										
<b>6. Prepared by</b> (Communications Unit Leader) Name: _____ Signature: _____										
ICS 205	IAP Page _____	Date/Time: _____								

## MEDICAL PLAN (ICS 206)

1. Incident Name:		2. Operational Period: Date From: _____		Date To: _____			
				Time From: _____			
<b>3. Medical Aid Stations:</b>							
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		
<b>4. Transportation (indicate air or ground):</b>							
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		
<b>5. Hospitals:</b>							
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
<b>6. Special Medical Emergency Procedures:</b>							
<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

<b>Depth:</b> 50'	<b>Visibility:</b> 5-10ft	<b>Temp:</b> 55 deg
<b>Equipment:</b>	<input type="checkbox"/> Wet <input checked="" type="checkbox"/> Dry <input type="checkbox"/> RDU <input checked="" type="checkbox"/> SCUBA <input checked="" type="checkbox"/> Surface Comms	
<b>Dive Type:</b>	Break Wall Search	
<b>Hazards:</b>	<input type="checkbox"/> Entanglement <input type="checkbox"/> Overhead Environment <input type="checkbox"/> Pollution <input type="checkbox"/> Strong Current	
	<input type="checkbox"/> Other:	

<b>Dive 1</b>	<b>Time:</b> 1745	
<b>Divers:</b>	Williams, Balsillie, McColl, Johnson	
<b>RIC:</b>	Gonzales, Jimenez	
<b>Start P.G.:</b>	A	
<b>Depth:</b>	50 Ft.	
<b>Bottom</b>		
<b>Time:</b>	30 Min.	
<b>Safety</b>		
<b>Stop:</b>	N/A	
<b>End P.G.:</b>	E	
<b>Surface</b>		
<b>Interval:</b>		
<b>Coverage:</b>	RB-3 RB-2	ABM 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 RB-2
	ABM 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



# 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	00	MAXIMUM DIVE TIME REQUIRING DECOMPRESSION STOP														00	
		msw	fsw	12	20	27	36	44	53	63	73	84	95	108	121	135	151
12.2	40	12		20	27	36	44	53	63	73	84	95	108	121	135	151	163
13.7	45	11		17	24	31	39	46	55	63	72	82	92	102	114	125	130
15.2	50	9		15	21	28	34	41	48	56	63	71	80	89	92	100	110
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	72	80	90
21.3	70	6		10	14	19	23	28	32	37	42	47	48	55	60	70	
24.4	80	5		9	12	16	20	24	28	32	36	39	45	50	58	60	
27.4	90	4		7	11	14	17	21	24	28	30	35	40	45	50	55	
30.5	100	4		6	9	12	15	18	21	25	30	35	40	45	50	55	
33.5	110	3		6	8	11	14	16	19	20	25	30	35	40	45	50	
36.6	120	3		5	7	10	12	15	20	25	30	35	40	45	50	55	
39.6	130	2		4	6	9	10	15	18	20	25	30	35	40	45	50	

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	6	4	5	6	7
150	121	81	64	51	40	32	24	20	15	10	8	6	4	5	6	7
142	107	75	59	46	36	29	21	17	12	8	7	6	4	5	6	7
134	100	69	54	41	32	25	18	14	10	6	5	4	3	4	5	6
126	93	63	48	36	28	21	14	11	7	3						
118	85	57	42	31	23	17	11	8	4	1						
108	77	50	36	25	19	14	8	5	2							
99	64	49	44	40	34	29	26	23								
99	69	43	30	20	14	10	4	2								
89	61	35	23	14	9	6	1									
85	73	65	58	52	44	38										
78	52	27	16	8	4	1										
97	83	73	65	58												
66	42	19	9	2												
109	93	81	72													
54	32	11	2													
122	104	90														
41	21	2														
136	115															
27	11															
152																
11																

## 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.



# LONG BEACH FIRE DEPARTMENT TRAINING DIVISION

## **ROSTER / SIGN-IN SHEET**

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