

LONG BEACH FIRE DEPARTMENT
Marine Safety Division

TRAINING ACTION PLAN

"B" Shift Night Dive



Operational Period

Date From: 01/13/2026
Time From: 1700 Hours

Date To: 01/13/2026
Time To: 1900 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: 01-13-2026

Location: Island Grissom

Dive Supervisor: Morrison

| | | |
|--|---|---|
| Depth: 30' | 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: 1730

| | | |
|--|------|-----|
| Divers: Fletcher, Conforti, Johnson | | |
| RIC: Jimenez, Reid | | |
| Start P.G.: A | | |
| Depth: 30 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: 1800

| | | |
|-----------------------------|------|-----|
| Divers: Beebe, Reid | | |
| RIC: Jimenez | | |
| Start P.G.: A | | |
| Depth: 30 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:

Start at the SW point of IS. Grissom. descend to 10 feet deep on the wall, with partner at arms length, deeper, and facing East. Conduct a search pattern parallel to the rocks 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, back to the point, with topmost diver maintaining the depth. Reverse direction and advance the pattern deeper in a similar fashion.

Coverage Assignments:

1700 LG-6 Beebe, LG-7 Reid - Meet at St. 35, LG-2 Cover the beach.

1700 RB-3 Morrison, Jimenez, Johnson - Meet at St. 35

1700 RB-1 / RB-2 Switch RBC. RB1 (Wawrzynski on board) Cover the city.

PUBLIC SAFETY DIVE TEAM REPETITIVE DIVE LOG

DATE: January 13, 2026

Location - Is. Grissom

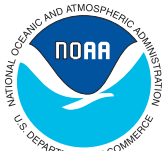
DIVE SUPERVISOR: Morrison

DIVE TABLES USED: NOAA

Dive Type: "B" 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 | |
| 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 |
| 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 | | |
| 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 | 55 | 60 | 70 | | | |
| 27.4 | 90 | 4 | 7 | 11 | 14 | 17 | 21 | 24 | 28 | 30 | 35 | 40 | 45 | 50 | 60 | | | | |
| 30.5 | 100 | 4 | 6 | 9 | 12 | 15 | 18 | 21 | 25 | 28 | 33 | 38 | 43 | 48 | 55 | 60 | | | |
| 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 | 18 | 20 | 25 | 30 | 35 | 40 | 45 | 50 | 60 | | | |

| 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 :09 | 12:21 :02 | 13:13 :05 | 14:05 :11 | 14:58 :23 | 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 :09 | 8:16 :01 | 9:09 :53 | 10:01 :45 | 10:53 :38 | 11:45 :30 | 12:37 :22 | 13:30 :14 | 14:22 :06 |
| | | 55 :10 | 1:47 :53 | 2:39 :45 | 3:31 :37 | 4:23 :29 | 5:16 :21 | 6:08 :13 | 7:00 :05 | 7:52 :57 | 8:44 :49 | 9:37 :41 | 10:29 :33 | 11:21 :25 | 12:13 :17 |
| | | | 52 :10 | 1:44 :53 | 2:37 :45 | 3:29 :37 | 4:21 :29 | 5:13 :21 | 6:06 :13 | 6:58 :05 | 7:50 :57 | 8:42 :49 | 9:34 :41 | 10:27 :33 | 11:19 :25 |
| | | | | 52 :10 | 1:44 :53 | 2:37 :45 | 3:29 :37 | 4:21 :29 | 5:13 :21 | 6:06 :13 | 6:58 :05 | 7:50 :57 | 8:42 :49 | 9:34 :41 | 10:27 :33 |
| | | | | | 52 :10 | 1:44 :53 | 2:37 :45 | 3:29 :37 | 4:21 :29 | 5:13 :21 | 6:06 :13 | 6:58 :05 | 7:50 :57 | 8:42 :49 | 9:34 :41 |
| | | | | | | 52 :10 | 1:44 :53 | 2:37 :45 | 3:29 :37 | 4:21 :29 | 5:13 :21 | 6:06 :13 | 6:58 :05 | 7:50 :57 | 8:42 :49 |
| | | | | | | | 52 :10 | 1:44 :53 | 2:37 :45 | 3:29 :37 | 4:21 :29 | 5:13 :21 | 6:06 :13 | 6:58 :05 | 7:50 :57 |
| | | | | | | | | 52 :10 | 1:44 :53 | 2:37 :45 | 3:29 :37 | 4:21 :29 | 5:13 :21 | 6:06 :13 | 6:58 :05 |
| | | | | | | | | | 52 :10 | 1:44 :53 | 2:37 :45 | 3:29 :37 | 4:21 :29 | 5:13 :21 | 6:06 :13 |
| | | | | | | | | | | 52 :10 | 1:44 :53 | 2:37 :45 | 3:29 :37 | 4:21 :29 | 5:13 :21 |
| | | | | | | | | | | | 52 :10 | 1:44 :53 | 2:37 :45 | 3:29 :37 | 4:21 :29 |
| | | | | | | | | | | | | 52 :10 | 1:44 :53 | 2:37 :45 | 3:29 :37 |
| | | | | | | | | | | | | | 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.

[illegible]