

LONG BEACH FIRE DEPARTMENT

Marine Safety Division

TRAINING ACTION PLAN

"B" Shift Night Dive



Operational Period

Date From: 01/13/2026

Date To: 01/13/2026

Time From: 1700 Hours

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: Time From:	Date To: Time To:															
3. Objective(s):																	
4. Operational Period Command Emphasis:																	
General Situational Awareness																	
<p>5. Site Safety Plan Required? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Approved Site Safety Plan(s) Located at:</p>																	
<p>6. Incident Action Plan (the items checked below are included in this Incident Action Plan):</p> <table> <tbody> <tr> <td><input type="checkbox"/> ICS 203</td> <td><input type="checkbox"/> ICS 207</td> <td><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> </tbody> </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"/> _____															
<p>7. Prepared by: Name: _____ Position/TITLE: _____ Signature: _____</p> <p>8. Approved by Incident Commander: Name: _____ Signature: _____</p>																	
ICS 202	IAP Page _____	Date/Time: _____															

INCIDENT RADIO COMMUNICATIONS PLAN (ICS 205)

1. Incident Name:			2. Date/Time Prepared: Date: Time:				3. Operational Period: Date From: Time From: Date To: 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: _____ Time From: _____	Date To: _____ Time To: _____
3. Safety Message/Expanded Safety Message, Safety Plan, Site Safety Plan:		
<p>4. Site Safety Plan Required? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Approved Site Safety Plan(s) Located At: _____</p> <p>5. Prepared by: Name: _____ Position/Title: _____ Signature: _____</p> <p>ICS 208 IAP Page _____ Date/Time: _____</p>		



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
Dive Type: Break Wall Search		<input checked="" type="checkbox"/> SCUBA <input checked="" type="checkbox"/> Surface Comms
Hazards: <input type="checkbox"/> Entanglement <input type="checkbox"/> Other:	<input type="checkbox"/> Overhead Environment	<input type="checkbox"/> Pollution <input type="checkbox"/> Strong Current

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:	<table border="1"><tr><td>RB-3</td><td>ABM</td></tr><tr><td>RB-2</td><td>DTM</td></tr></table>	RB-3	ABM	RB-2	DTM
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:	<table border="1"><tr><td>RB-1</td><td>ABM</td></tr><tr><td>RB-2</td><td>DTM</td></tr></table>	RB-1	ABM	RB-2	DTM
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



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
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	

A B C D E F G H I J K L M N O Z

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	6	4	5	6	7	8
142	107	75	59	46	36	29	21	17	12	8	4	5	6	7	8	9
134	100	69	54	41	32	25	18	14	10	6	1	2	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	66	43	30	20	14	10	4	2								
89	61	35	23	14	9	6	1									
78	52	27	16	8	4	1										
66	42	19	9	2												
54	32	11	2													
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

Type of Training / Drill "B" Shift Night Dive	Location: Is. Grissom	Date: 01/13/2026
	Time: 1700 - 1900	
Coordinator: P. Morrison		