

**LONG BEACH FIRE DEPARTMENT  
Marine Safety Division**

**TRAINING ACTION PLAN**

**C-Shift Full Scuba Vehicle In The Water**



**Operational Period**

Date From: 03/20/2026  
Time From: 0930 Hours

Date To: 03/20/2026  
Time To: 1300 Hours

**Approved By Incident Commander:**

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**Rank, First Initial, Last Name**





## MEDICAL PLAN (ICS 206)

<b>1. Incident Name:</b>	<b>2. Operational Period:</b> Date From: _____ Date To: _____ Time From: _____ Time To: _____
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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

<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.

<b>7. Prepared by (Medical Unit Leader):</b> Name: _____ Signature: _____
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<b>8. Approved by (Safety Officer):</b> Name: _____ Signature: _____
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ICS 206	IAP Page _____	Date/Time: _____
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## SAFETY MESSAGE/PLAN (ICS 208)

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



## Long Beach Fire Department Dive Team Dive Plan

**Date:** 03-20-2026

**Location:** Marine Park Dock

**Dive Supervisor:** Williams

<b>Depth:</b> 15'-20'	<b>Visibility:</b> 5-8ft	<b>Temp:</b> 58 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> Vehicle in the water		
<b>Hazards:</b> <input checked="" type="checkbox"/> Entanglement <input type="checkbox"/> Overhead Environment <input type="checkbox"/> Pollution <input type="checkbox"/> Strong Current	<input type="checkbox"/> Other:	

**Dive 1 Time: 0940**

<b>Divers:</b> Buso, McColl		
<b>RIC:</b> Mathison		
<b>Start P.G.:</b>	A	
<b>Depth:</b>	20 Ft.	
<b>Bottom Time:</b>	30 Min.	
<b>Safety Stop:</b>	N/A	
<b>End P.G.:</b>	B	
<b>Surface Interval:</b>		
<b>Coverage:</b>	RB2/ RB3 LG-7	DTM/ Bay Beach

**Dive 2 Time: 1100**

<b>Divers:</b> Balsillie, Gonzales		
<b>RIC:</b> Johnson		
<b>Start P.G.:</b>	A	
<b>Depth:</b>	20 Ft.	
<b>Bottom Time:</b>	30 Min.	
<b>Safety Stop:</b>	N/A	
<b>End P.G.:</b>	B	
<b>Surface Interval:</b>		
<b>Coverage:</b>	RB3/ RB1 LG-6	DTM/Bay Beach

**Dive 3 Time: 1200**

<b>Divers:</b> Williams, Johnson		
<b>RIC:</b> Gonzales		
<b>Start P.G.:</b>		
<b>Depth:</b>		
<b>Bottom Time:</b>		
<b>Safety Stop:</b>		
<b>End P.G.:</b>		
<b>Surface Interval:</b>		
<b>Coverage:</b>		

Notifications:  USCG (310) 521-3815  Catalina Hyperbaric Chamber (310) 510-4020

**Dive Description/Sketch:** Full Scuba Primary Search for Simulated Submerged Vehicle

**Objectives:**

- Don PPE and Full Scuba, Do a buddy check.
- Enter the water with your buddy from the rescue boat
- Set PLS marker buoy,
- Primary search around the PLS with your buddy ( one sits, one flies)
- Locate SWET Trainer and mark it with a pelican float
- Signal to your buddy that you located the vehicle. Buddy follow the line to the vehicle to assist.
- 360 search around SWET Trainer
- Simulate punching a window,
- Extricate victim and recover to the surface -Reset the victim and switch roles

**Coverage Assignments:**

0920 RB1 cover the Bay, RB1 (Williams, Dixon) RB3 (Mathison, Buso), and LG-6 (McColl) meet at Marine Park dock; LG-7 cover beach.

1040 RB3 cover the ocean front, RB2 (Balsillie, Gonzales) to Marina Park dock.

1040 LG6 cover the beach, LG7 to Marine Park.



# 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	msw		DIVE TIME REQUIRING DECOMPRESSION STOP																NO-STOP TIME	
	msw	fsw	MINUTES REQUIRED AT 20 fsw (6.1 msw)																00	00
12.2	40	12	20	27	36	44	53	63	73	84	95	108	121	135	151	163	180	00	14	
13.7	45	11	17	24	31	39	46	55	63	72	82	92	102	114	125	130	150	00	25	
15.2	50	9	15	21	28	34	41	48	56	63	71	80	89	92	100	110	130	00	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	70	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	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	30	35	40	45	50	60					
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	18	20	25	30	35	40	45	50					
39.6	130	2	4	6	9	10	15	20	25	30	35	40	45	50	60					

fsw	msw													GROUP LETTER
	12.2	13.7	15.2	16.8	18.3	21.3	24.4	27.4	30.5	33.5	36.6	39.6		
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	14	1	◀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	1						◀P	
85	73	65	58	52	44	38							◀Q	
78	52	27	16	8	4	1							◀R	
97	83	73	65	58									◀S	
66	42	19	9	2									◀T	
109	93	81	72										◀U	
54	32	11	2										◀V	
122	104	90											◀W	
41	21	2											◀X	
136	115												◀Y	
27	10												◀Z	
152	11												◀AA	

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	Z
2:20 :10	3:36 1:17	4:31 2:12	5:23 3:04	6:15 3:56	7:08 4:49	8:00 5:41	8:52 6:33	9:44 7:25	10:36 8:17	11:29 9:10	12:21 10:02	13:13 10:54	14:05 11:46	14:58 12:38	15:50 13:31
	1:16 :10	2:11 :56	3:03 1:48	3:55 2:40	4:48 3:32	5:40 4:24	6:32 5:17	7:24 6:09	8:16 7:01	9:09 7:53	10:01 8:45	10:53 9:38	11:45 10:30	12:37 11:22	13:30 12:14
		:55 :10	1:47 :53	2:39 1:45	3:31 2:38	4:23 3:30	5:16 4:22	6:08 5:14	7:00 6:07	7:52 6:59	8:44 7:51	9:37 8:43	10:29 9:35	11:21 10:28	12:13 11:20
			:52 :10	1:44 :53	2:37 1:45	3:29 2:38	4:21 3:30	5:13 4:22	6:06 5:14	6:58 6:07	7:50 6:59	8:42 7:51	9:34 8:43	10:27 9:35	11:19 10:28
				:52 :10	1:44 :53	2:37 1:45	3:29 2:38	4:21 3:30	5:13 4:22	6:06 5:14	6:58 6:07	7:50 6:59	8:42 7:51	9:34 8:43	10:27 9:35
					:52 :10	1:44 :53	2:37 1:45	3:29 2:38	4:21 3:30	5:13 4:22	6:06 5:14	6:58 6:07	7:50 6:59	8:42 7:51	9:34 8:43
						:52 :10	1:44 :53	2:37 1:45	3:29 2:38	4:21 3:30	5:13 4:22	6:06 5:14	6:58 6:07	7:50 6:59	8:42 7:51
							:52 :10	1:44 :53	2:37 1:45	3:29 2:38	4:21 3:30	5:13 4:22	6:06 5:14	6:58 6:07	7:50 6:59
								:52 :10	1:44 :53	2:37 1:45	3:29 2:38	4:21 3:30	5:13 4:22	6:06 5:14	6:58 6:07
									:52 :10	1:44 :53	2:37 1:45	3:29 2:38	4:21 3:30	5:13 4:22	6:06 5:14
										:52 :10	1:44 :53	2:37 1:45	3:29 2:38	4:21 3:30	5:13 4:22
											:52 :10	1:44 :53	2:37 1:45	3:29 2:38	4:21 3:30
												:52 :10	1:44 :53	2:37 1:45	3:29 2:38
													:52 :10	1:44 :53	2:37 1:45
														: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.



