

**LONG BEACH FIRE DEPARTMENT  
Marine Safety Division**

**TRAINING ACTION PLAN**

**C-Shift Obstacle Course Dive**



**Operational Period**

Date From: 02/13/2024  
Time From: 0900 Hours

Date To: 02/13/2024  
Time To: 1400 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: _____ Time From: _____	Date To: _____ 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.
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<b>7. Prepared by</b> (Medical Unit Leader): Name: _____ Signature: _____
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<b>8. Approved by</b> (Safety Officer): Name: _____ Signature: _____
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ICS 206	IAP Page _____	Date/Time: _____
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## Long Beach Fire Department Dive Team Dive Plan

**Date:** 02-13-2024

**Location:** Station 33/ Boat Ops

**Dive Supervisor:** Williams

<b>Depth:</b> 15'-20'	<b>Visibility:</b> 3-5 ft.	<b>Temp:</b> 54 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> Obstacle Course		
<b>Hazards:</b> <input checked="" type="checkbox"/> Entanglement <input checked="" type="checkbox"/> Overhead Environment <input type="checkbox"/> Pollution <input type="checkbox"/> Strong Current	<input type="checkbox"/> Other:	

**Dive 1 Time: 0930**

<b>Divers:</b> Williams, Mathison, Wawrzynski, Ty.		
<b>RIC:</b> McCall / Balsillie		
<b>Start P.G.:</b>	A	
<b>Depth:</b>	20 Ft.	
<b>Bottom Time:</b>	20 Min.	
<b>Safety Stop:</b>	N/A	
<b>End P.G.:</b>	B	
<b>Surface Interval:</b>		
<b>Coverage:</b>	RB3/RB1 LG-7	Bay/DTM Beach

**Dive 2 Time: 1030**

<b>Divers:</b> McCall, Balsillie		
<b>RIC:</b> Balsillie, McCall		
<b>Start P.G.:</b>	A	
<b>Depth:</b>	20 Ft.	
<b>Bottom Time:</b>	20 Min.	
<b>Safety Stop:</b>	N/A	
<b>End P.G.:</b>	B	
<b>Surface Interval:</b>		
<b>Coverage:</b>	RB3/ RB1 LG-7	DTM/Bay Beach

**Dive 3 Time: 1130**

<b>Divers:</b> Jimenez, Wetteland		
<b>RIC:</b> Balsillie, Jimenez		
<b>Start P.G.:</b>	A	
<b>Depth:</b>	20Ft.	
<b>Bottom Time:</b>	20 Min.	
<b>Safety Stop:</b>	N/A	
<b>End P.G.:</b>	B	
<b>Surface Interval:</b>		
<b>Coverage:</b>	RB3/RB1 LG6	DTM/Bay Beach

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

**Dive Description/Sketch:** Full Scuba Obstacle Course

Objectives:

- Don PPE and Full Scuba,
- Enter water from the rescue boat
- Descend down direction line to PLS
- Complete tasks at all 4 PLS stations
- Ascend when last task is completed
- Reset course

Coverage / Assignments:

0830 RB1 (Dixon, Wetteland) cover ocean front

0800 LG7 ( Jimenez) cover the beach

0900 RB3 (Wawrzynski Ty., Mathison), LG6 (McCall), RB2 (Williams, Balsillie) meet at Sta. 33.

1045 RB3 cover the ocean front. RB1 to Sta. 33

1100 LG6 cover the beach, LG7 to Sta. 33



# 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																00
	msw	fsw	MINUTES REQUIRED AT 20 fsw (6.1 msw)																00
12.2	40	12	20	27	36	44	53	63	73	84	95	108	121	135	151	163	180		
13.7	45	11	17	24	31	39	46	55	63	72	82	92	102	114	125	130	150		
15.2	50	9	15	21	28	34	41	48	56	63	71	80	89	92	100	110	130		
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	80			
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	70			
30.5	100	4	6	9	12	15	18	21	25	30	35	40	45	50	60	70			
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	20	25	30	35	40	45	50	60	70			

GROUP LETTER	fsw												
	40	45	50	55	60	70	80	90	100	110	120	130	msw
A	13	12	11	10	9	8	7	6	5	5	5	4	12.2
B	150	113	81	64	51	40	32	24	20	15	10	6	13.7
C	21	18	17	15	14	12	10	9	8	8	7	6	15.2
D	142	107	75	59	46	36	29	21	17	12	8	4	16.8
E	29	25	23	20	19	16	14	12	11	10	9	9	18.3
F	134	100	69	54	41	32	25	18	14	10	6	1	21.3
G	37	32	29	26	24	20	18	16	14	13	12	12	24.4
H	126	93	63	48	36	28	21	14	11	7	3	1	27.4
I	45	40	35	32	29	25	22	19	17	16	14	14	30.5
J	118	85	57	42	31	23	17	11	8	4	1	1	33.5
K	55	48	42	38	35	29	25	22	20	18	18	2	36.6
L	64	56	49	44	40	34	29	26	23	23	23	2	39.6
M	99	69	43	30	20	14	10	4	2	2	2	2	
N	74	64	57	51	46	39	33	29	1				
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											

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

### 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.





