

**LONG BEACH FIRE DEPARTMENT
Marine Safety Division**

TRAINING ACTION PLAN

C-Shift Deep Dive Drill



Operational Period

**Date From: 10/02/2024
Time From: 0800 Hours**

**Date To: 10/02/2024
Time To: 1300 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: 33%;">Other Attachments:</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	Other Attachments:	<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	Other Attachments:														
<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: _____														

INCIDENT RADIO COMMUNICATIONS PLAN (ICS 205)

1. Incident Name:	2. Date/Time Prepared: Date: _____ Time: _____	3. Operational Period: Date From: _____ Date To: _____ Time From: _____ Time To: _____
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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: _____
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ICS 205	IAP Page _____	Date/Time: _____
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MEDICAL PLAN (ICS 206)

1. Incident Name:	2. Operational Period: 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

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: _____
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ICS 206	IAP Page _____	Date/Time: _____
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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: 10-02-2024

Location: Catalina

Dive Supervisor: Williams

Depth: 100'	Visibility: 30+ FT.	Temp: 55 deg
Equipment: <input type="checkbox"/> Wet	<input checked="" type="checkbox"/> Dry	<input type="checkbox"/> RDU
Dive Type: Deep Dive	<input checked="" type="checkbox"/> SCUBA	<input checked="" type="checkbox"/> Surface Comms
Hazards: <input type="checkbox"/> Entanglement	<input type="checkbox"/> Overhead Environment	<input type="checkbox"/> Pollution
<input type="checkbox"/> Other:	<input type="checkbox"/> Strong Current	

Dive 1 **Time:**0930

Divers: Williams/ Balsillie		
RIC: Wetteland/ McColl		
Start P.G.:	A	
Depth:	100 Ft.	
Bottom Time:	18 Min.	
Safety Stop:	3 Min.	
End P.G.:	G	
Surface Interval:	5 Min.	
Coverage:	RB-1	ABM

Dive 2 **Time:**1015

Divers: Wetteland/ McColl		
RIC: Morrison/ Wawrzynski, Ty.		
Start P.G.:	A	
Depth:	100 Ft.	
Bottom Time:	18 Min.	
Safety Stop:	3 Min.	
End P.G.:	G	
Surface Interval:	5 Min.	
Coverage:	RB1	ABM

Dive 3 **Time:** 0000

Divers:		
RIC:		
Start P.G.:	A	
Depth:	100 Ft.	
Bottom Time:	18 Min.	
Safety Stop:	3 Min.	
End P.G.:	G	
Surface Interval:		
Coverage:	RB1	ABM

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

Dive Description/Sketch:

- Controlled descent down the anchor line to 50'. Check in with topside, ensure airspaces are clear.
- Continue descent to 100'.
- Tie Bowline on Anchor Chain, at the 5 minute mark:
- Controlled ascent to 50' observe the area until the 18 minute mark.
- Controlled ascent up to 20', safety stop for 3 minutes.
- Controlled ascent to the surface.

Coverage:

- RB1 Cover the ABM



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	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	14		
13.7	45	11	17	24	31	39	46	55	63	72	82	92	102	114	125	130	150	25		
15.2	50	9	15	21	28	34	41	48	56	63	71	80	89	92	100	110	130	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	74	80	90			
21.3	70	6	10	14	19	23	28	32	37	42	47	48	55	60	70	80	90			
24.4	80	5	9	12	16	20	24	28	32	36	39	45	50	55	60	70	80			
27.4	90	4	7	11	14	17	21	24	28	30	35	40	45	50	60	70	80			
30.5	100	4	6	9	12	15	18	21	25	30	35	40	45	50	60	70	80			
33.5	110	3	6	8	11	14	16	19	20	25	30	35	40	45	50	60	70			
36.6	120	3	5	7	10	12	15	18	20	25	30	35	40	45	50	60	70			
39.6	130	2	4	6	9	10	15	20	25	30	35	40	45	50	60	70	80			

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	13
B	150	113	81	64	51	40	32	24	20	15	10	6	107
C	21	18	17	15	14	12	10	9	8	8	7	6	107
D	29	25	23	20	19	16	14	12	11	10	9	9	100
E	37	32	29	26	24	20	18	16	14	13	12	12	100
F	45	40	35	32	29	25	22	19	17	16	14	14	100
G	55	48	42	38	35	29	25	22	20	18	18	18	100
H	64	56	49	44	40	34	29	26	23	23	23	23	100
I	74	64	57	51	46	39	33	29	29	29	29	29	100
J	85	73	65	58	52	44	38	33	33	33	33	33	100
K	97	83	73	65	58	52	44	38	33	33	33	33	100
L	109	93	81	72	65	58	52	44	38	33	33	33	100
M	122	104	90	81	72	65	58	52	44	38	33	33	100
N	136	115	100	90	81	72	65	58	52	44	38	33	100
O	152	11											11
Z													

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	1:16	2:11	3:03	3:55	4:48	5:40	6:32	7:24	8:16	9:09	10:01	10:53	11:45	12:37	13:30	14:22
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	13:05	13:57
D	: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	12:11	13:03	13:55
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	12:11	13:03	13:55
F	: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	12:11	13:03	13:55
G	: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	12:11	13:03	13:55
H	: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	12:11	13:03	13:55
I	: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	12:11	13:03	13:55
J	: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	12:11	13:03	13:55
K	: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	12:11	13:03	13:55
L	: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	12:11	13:03	13:55
M	: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	12:11	13:03	13:55
N	: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	12:11	13:03	13:55
O	: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	12:11	13:03	13:55
Z	: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	12:11	13:03	13:55

CHART 3 – REPETITIVE DIVE TIME

RED NUMBERS (TOP) ARE RESIDUAL NITROGEN TIMES (RNT)
 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.

