

**LONG BEACH FIRE DEPARTMENT  
Marine Safety Division**

**TRAINING ACTION PLAN**

**A-Shift Night Dive**



**Operational Period**

**Date From: 11/19/2024  
Time From: 1730 Hours**

**Date To: 11/19/2024  
Time To: 1930 Hours**

**Approved By Incident Commander:**

\_\_\_\_\_  
**Rank, First Initial, Last Name**



## INCIDENT RADIO COMMUNICATIONS PLAN (ICS 205)

<b>1. Incident Name:</b> 	<b>2. Date/Time Prepared:</b> Date: Time:	<b>3. Operational Period:</b> Date From:                      Date To: Time From:                      Time To:
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<b>4. Basic Radio Channel Use:</b>										
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: _____
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## 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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<b>3. Medical Aid Stations:</b>			
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

<b>4. Transportation (indicate air or ground):</b>			
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

<b>5. Hospitals:</b>							
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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## Long Beach Fire Department Dive Team Dive Plan

**Date:** 11-19-2024

**Location:** LB Break Wall

**Dive Supervisor:** Wawrzynski

<b>Depth:</b> 50'	<b>Visibility:</b> 5-10ft	<b>Temp:</b> 55 deg
<b>Equipment:</b> <input type="checkbox"/> Wet	<input checked="" type="checkbox"/> Dry	<input type="checkbox"/> RDU
<b>Dive Type:</b> Break Wall Search	<input checked="" type="checkbox"/> SCUBA	<input checked="" type="checkbox"/> Surface Comms
<b>Hazards:</b> <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:**1745

<b>Divers:</b>	Reinheimer	
	Gonzales	
<b>RIC:</b>	Farnell	
	Jimenez	
<b>Start P.G.:</b>	A	
<b>Depth:</b>	50 Ft.	
<b>Bottom Time:</b>	30 Min.	
<b>Safety Stop:</b>	N/A	
<b>End P.G.:</b>	E	
<b>Surface Interval:</b>		
<b>Coverage:</b>	RB-3	ABM
	RB-2	DTM

**Dive 2** **Time:**1815

<b>Divers:</b>	Bradley	
	Jimenez, Farnell	
<b>RIC:</b>	Reinheimer	
	Gonzales	
<b>Start P.G.:</b>	D	
<b>Depth:</b>	50 Ft.	
<b>Bottom Time:</b>	30 Min.	
<b>Safety Stop:</b>	N/A	
<b>End P.G.:</b>	JI	
<b>Surface Interval:</b>		
<b>Coverage:</b>	RB-1	ABM
	RB-1	DTM

**Dive 3** **Time:**

<b>Divers:</b>		
<b>RIC:</b>		
<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:**

Set 2 Marker buoys near the sand/rock interface of the breakwall, approximately 25 yds apart. Nearest to one marker buoy, descend to 10 feet deep on the wall, with partner at arms length, deeper, and facing the furthest marker buoy. Conduct a search pattern parallel to the breakwall, in between marker buoys, 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 between the buoys, with topmost diver maintaining the depth. Reverse direction and advance the pattern deeper in a similar fashion.

**Coverage Assignments:**

1700 LG-7 (Farnell) Off the beach to Sta. 35  
 1700 LG-6 (Gonzales) Off the beach to Sta. 21  
 1730 RB-1, RB-2, RB-3 meet at the East End

LG3 cover the beach from 1700 to 1800



# 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	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	11	100
F	45	40	35	32	29	25	22	19	17	16	14	14	93
G	55	48	42	38	35	29	25	22	20	18	18	2	85
H	64	56	49	44	40	34	29	26	23	23	2	2	78
I	74	64	57	51	46	39	33	29	1	1	1	1	68
J	85	73	65	58	52	44	38	3	3	3	3	3	61
K	97	83	73	65	58	5	5	5	5	5	5	5	54
L	109	93	81	72	2	2	2	2	2	2	2	2	47
M	122	104	90	2	2	2	2	2	2	2	2	2	41
N	136	115	2	2	2	2	2	2	2	2	2	2	37
O	152	11	2	2	2	2	2	2	2	2	2	2	33
Z	11	2	2	2	2	2	2	2	2	2	2	2	29

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

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.





