

**LONG BEACH FIRE DEPARTMENT  
Marine Safety Division**

**TRAINING ACTION PLAN**

**C-Shift Deep Dive Drill**



**Operational Period**

**Date From: 11/04/2024  
Time From: 0800 Hours**

**Date To: 11/04/2024  
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: _____ 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.

<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: _____	
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**3. Safety Message/Expanded Safety Message, Safety Plan, Site Safety Plan:**

<b>4. Site Safety Plan Required?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>Approved Site Safety Plan(s) Located At:</b>
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<b>5. Prepared by:</b> Name: _____ Position/Title: _____ Signature: _____
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ICS 208	IAP Page _____	Date/Time: _____
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## Long Beach Fire Department Dive Team Dive Plan

**Date:** 11-04-2024

**Location:** Catalina

**Dive Supervisor:** Williams

<b>Depth:</b> 100'	<b>Visibility:</b> 30+ FT.	<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> Deep Dive	<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:**0930

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

**Dive 2** **Time:**1015

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

**Dive 3** **Time:** 0000

<b>Divers:</b>		
<b>RIC:</b>		
<b>Start P.G.:</b>	A	
<b>Depth:</b>	100 Ft.	
<b>Bottom Time:</b>	18 Min.	
<b>Safety Stop:</b>	3 Min.	
<b>End P.G.:</b>	G	
<b>Surface Interval:</b>		
<b>Coverage:</b>	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.

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.





