

**LONG BEACH FIRE DEPARTMENT
Marine Safety Division**

TRAINING ACTION PLAN

Watermanship pool skills



Operational Period

Date From: 01/07/2025
Time From: 0800 Hours

Date To: 01/07/2025
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: _____

ICS 205	IAP Page _____	Date/Time: _____
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MEDICAL PLAN (ICS 206)

1. Incident Name:	2. Operational Period: 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

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: 1-07-2025

Location: Silverado Pool

Dive Supervisor: Williams

Depth: 14'	Visibility: 80ft	Temp: 75 to 80 deg
Equipment: <input type="checkbox"/> Wet <input checked="" type="checkbox"/> Dry <input type="checkbox"/> RDU	<input checked="" type="checkbox"/> SCUBA	<input checked="" type="checkbox"/> Surface Comms
Dive Type: Watermanship Pool Skills		
Hazards: <input type="checkbox"/> Entanglement <input type="checkbox"/> Overhead Environment <input type="checkbox"/> Pollution <input type="checkbox"/> Strong Current		
<input type="checkbox"/> Other:		

Dive 1	Time: 0900				
Divers: Wawrzynski, Ty. Reiheimer,					
RIC: Mathison, Jimenez					
Start P.G.:	A				
Depth:	14 Ft.				
Bottom Time:	60 Min.				
Safety Stop:	N/A				
End P.G.:	G				
Surface Interval:					
Coverage:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">RB-1</td> <td style="width: 50%;">ABM</td> </tr> <tr> <td>LG-7</td> <td>Beach</td> </tr> </table>	RB-1	ABM	LG-7	Beach
RB-1	ABM				
LG-7	Beach				

Dive 2	Time: 0900				
Divers: Williams, Bradley, Gonzales, Beebe,					
RIC: Buso					
Start P.G.:	A				
Depth:	14 Ft.				
Bottom Time:	60 Min.				
Safety Stop:	N/A				
End P.G.:	G				
Surface Interval:					
Coverage:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">RB-1</td> <td style="width: 50%;">ABM</td> </tr> <tr> <td>LG-7</td> <td>Beach</td> </tr> </table>	RB-1	ABM	LG-7	Beach
RB-1	ABM				
LG-7	Beach				

Dive 3	Time:				
Divers:					
RIC:					
Start P.G.:					
Depth:					
Bottom Time:					
Safety Stop:					
End P.G.:					
Surface Interval:					
Coverage:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> <tr> <td></td> <td></td> </tr> </table>				

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

Dive Description/Sketch: Watermanship Pool Skills

Objectives:

- Watermanship skills:
 - 500 M Swim Under 10 Min.
 - 14 Ft. Breath Hold Object Retrieval
 - 800 M Snorkel Swim/Kick under 15 Min.
 - Treading Water 15 Min./ Last 2 Min. Hands Out
- Timed Equipment Assembly & Donning (Dry Suit)
- Bail Out
- Bottom Checks
- Dry-suit Skills
- ESA
- Guardian Safety Drill
- Deep Water Exit

Schedule and Coverage:
 Refer to Telestaff. RB1 cover the Bay, LG7 cover the beach
 0800 at Silverado Pool
 BDU's



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	00	
13.7	45	11	17	24	31	39	46	55	63	72	82	92	102	114	125	130	150	00	00	
15.2	50	9	15	21	28	34	41	48	56	63	71	80	89	92	100	110	130	00	00	
16.8	55	8	14	19	25	31	37	43	50	56	63	71	74	80	90	100	00	00		
18.3	60	7	12	17	22	28	33	39	45	51	57	60	65	70	80	90	00	00		
21.3	70	6	10	14	19	23	28	32	37	42	47	48	55	60	70	80	00	00		
24.4	80	5	9	12	16	20	24	28	32	36	39	45	50	55	60	70	00	00		
27.4	90	4	7	11	14	17	21	24	28	30	35	40	45	50	60	70	00	00		
30.5	100	4	6	9	12	15	18	21	25	30	35	40	45	50	60	70	00	00		
33.5	110	3	6	8	11	14	16	19	20	25	30	35	40	45	50	60	00	00		
36.6	120	3	5	7	10	12	15	18	20	25	30	35	40	45	50	60	00	00		
39.6	130	2	4	6	9	10	15	20	25	30	35	40	45	50	60	70	00	00		

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	0	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	0	33.5
K	55	48	42	38	35	29	25	22	20	18	2	2	36.6
L	64	56	49	44	40	34	29	26	23	23	0	0	39.6
M	99	69	43	30	20	14	10	4	2	0	0	0	
N	74	64	57	51	46	39	33	29	0	0	0	0	
O	89	61	35	23	14	9	6	1	0	0	0	0	
P	85	73	65	58	52	44	38	0	0	0	0	0	
Q	78	52	27	16	8	4	1	0	0	0	0	0	
R	97	83	73	65	58	0	0	0	0	0	0	0	
S	66	42	19	9	2	0	0	0	0	0	0	0	
T	109	93	81	72	0	0	0	0	0	0	0	0	
U	54	32	11	2	0	0	0	0	0	0	0	0	
V	122	104	90	0	0	0	0	0	0	0	0	0	
W	41	21	2	0	0	0	0	0	0	0	0	0	
X	136	115	0	0	0	0	0	0	0	0	0	0	
Y	27	10	0	0	0	0	0	0	0	0	0	0	
Z	152	11	0	0	0	0	0	0	0	0	0	0	

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

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.

