

**LONG BEACH FIRE DEPARTMENT
Marine Safety Division**

TRAINING ACTION PLAN

**B-Shift Shark Navigator
Drill**



Operational Period

**Date From: 12/5/2024
Time From: 0900 Hours**

**Date To: 12/5/2024
Time To: 1200 Hours**

Approved By Incident Commander:

Rank, First Initial, Last Name

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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Long Beach Fire Department Dive Team Dive Plan

Date: 12-5-2024

Location: Boat Ops

Dive Supervisor: Morrison

Depth: 15'- 20'	Visibility: 0-5'	Temp: 62 deg
Equipment: <input checked="" type="checkbox"/> Wet	<input checked="" type="checkbox"/> Dry	<input type="checkbox"/> RDU
Dive Type: Shark Navigator	<input checked="" type="checkbox"/> SCUBA	<input checked="" type="checkbox"/> Surface Comms
Hazards: <input checked="" type="checkbox"/> Entanglement	<input checked="" type="checkbox"/> Overhead Environment	<input type="checkbox"/> Pollution
<input type="checkbox"/> Other:	<input type="checkbox"/> Strong Current	

Dive 1 Time: 0930

Divers:	Fletcher Beebe	
RIC:	Trinkle	
Start P.G.:	A	
Depth:	20 Ft.	
Bottom Time:	20 Min.	
Safety Stop:	N/A	
End P.G.:	B	
Surface Interval:		
Coverage:	RB-3	ABM
	LG-7	Beach

Dive 2 Time: 1100

Divers:	Morimoto Buso	
RIC:	Trinkle	
Start P.G.:	A	
Depth:	20 Ft.	
Bottom Time:	20 Min.	
Safety Stop:	N/A	
End P.G.:	B	
Surface Interval:	5 Min	
Coverage:	LG-6	Beach
	RB-1	DTM

Dive 3 Time: 1130

Divers:	Trinkle Buso	
RIC:	Morimoto	
Start P.G.:	B	
Depth:	20 Ft.	
Bottom Time:	20 Min.	
Safety Stop:	N/A	
End P.G.:	D	
Surface Interval:		
Coverage:	LG-6	Beach
	RB-2	ABM

Trin

Notifications: USCG (310) 521-3815

Catalina Hyperbaric Chamber (310) 510-4020

Dive Description/Sketch:

- Descend PLS
- Mark PLS on Navigator
- 360 Degree Scan
- Identify Bridge abutment Navigate to bridge abutment.
- Circumnavigate the bridge abutment, keeping it on your left shoulder
- Navigate back to the PLS.
- Controlled ascent to the surface.
- Switch rolls if applicable and repeat

0930 RB1, LG6 (Fletcher, Beebe) meet at station 33. LG7 cover beach, RB3 cover Bay

1100 RB2 (Morimoto), LG-7 (Buso) meet at station 33. RB1 cover DTM, RB3 cover Bay



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			

fsw	msw													GROUP LETTER
	12.2	13.7	15.2	16.8	18.3	21.3	24.4	27.4	30.5	33.5	36.6	39.6		
13	12	11	10	9	8	7	6	5	5	5	4	4	←A	
150	113	81	64	51	40	32	24	20	15	10	6	6	←B	
21	18	17	15	14	12	10	9	8	8	7	6	6	←C	
142	107	75	59	46	36	29	21	17	12	8	4	4	←D	
29	25	23	20	19	16	14	12	11	10	9	9	9	←E	
134	100	69	54	41	32	25	18	14	10	6	1	1	←F	
37	32	29	26	24	20	18	16	14	13	12	12	12	←G	
126	93	63	48	36	28	21	14	11	7	3	1	1	←H	
45	40	35	32	29	25	22	19	17	16	14	14	14	←I	
118	85	57	42	31	23	17	11	8	4	1	1	1	←J	
55	48	42	38	35	29	25	22	20	18	18	18	18	←K	
108	77	50	36	25	19	14	8	5	2	2	2	2	←L	
64	56	49	44	40	34	29	26	23	23	23	23	23	←M	
99	69	43	30	20	14	10	4	2	2	2	2	2	←N	
74	64	57	51	46	39	33	29	29	29	29	29	29	←O	
89	61	35	23	14	9	6	1	1	1	1	1	1	←P	
85	73	65	58	52	44	38	33	33	33	33	33	33	←Q	
78	52	27	16	8	4	1	1	1	1	1	1	1	←R	
97	83	73	65	58	52	44	38	33	33	33	33	33	←S	
66	42	19	9	2	2	2	2	2	2	2	2	2	←T	
109	93	81	72	2	2	2	2	2	2	2	2	2	←U	
54	32	11	2	2	2	2	2	2	2	2	2	2	←V	
122	104	90	2	2	2	2	2	2	2	2	2	2	←W	
41	21	2	2	2	2	2	2	2	2	2	2	2	←X	
136	115	2	2	2	2	2	2	2	2	2	2	2	←Y	
27	10	2	2	2	2	2	2	2	2	2	2	2	←Z	

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	Z
2:20 :10	3:36 :17	4:31 :21	5:23 :30	6:15 :36	7:08 :49	8:00 :54	8:52 :63	9:44 :72	10:36 :81	11:29 :91	12:21 :102	13:13 :105	14:05 :114	14:58 :123	15:50 :131
1:16 :10	2:11 :06	3:03 :14	3:55 :20	4:48 :26	5:40 :32	6:32 :38	7:24 :44	8:16 :50	9:09 :56	10:01 :02	10:53 :08	11:45 :14	12:37 :20	13:30 :26	14:22 :32
:55 :10	1:47 :03	2:39 :11	3:31 :17	4:23 :23	5:16 :29	6:08 :35	7:00 :41	7:52 :47	8:44 :53	9:37 :59	10:29 :05	11:21 :11	12:13 :17	13:05 :23	14:00 :30
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