

**LONG BEACH FIRE DEPARTMENT
Marine Safety Division**

TRAINING ACTION PLAN

**B-Shift Shark Navigator
Drill**



Operational Period

**Date From: 1/22/2025
Time From: 0900 Hours**

**Date To: 1/22/2025
Time To: 1200 Hours**

Approved By Incident Commander:

Rank, First Initial, Last Name

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: |
|------------------------------|---|---|

| 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 |
| | | | | | | | | | | |
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5. Special Instructions:

6. Prepared by (Communications Unit Leader) Name: _____ **Signature:** _____

| | | |
|---------|----------------|------------------|
| ICS 205 | IAP Page _____ | Date/Time: _____ |
|---------|----------------|------------------|

MEDICAL PLAN (ICS 206)

| | | |
|--------------------------|--|----------------------------------|
| 1. Incident Name: | 2. Operational Period: Date From: _____ Time From: _____ | Date To: _____ Time To: _____ |
|--------------------------|--|----------------------------------|

| 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 |

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|--|
| 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. |

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|---|
| 7. Prepared by (Medical Unit Leader): Name: _____ Signature: _____ |
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| 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)

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|--------------------------|--|
| 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: 1/22/2025

Location: Appian Way Bridge

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: 0900

| | | |
|--------------------------|-------------------|-------|
| Divers: | Fletcher Beebe | |
| RIC: | Buso | |
| 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: | Farnell | |
| 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: | Morimoto Farnell | |
| RIC: | Buso | |
| 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 and mark Bridge abutments

Identify and mark any targets in the scan field.
Navigate to and identify all targets.
Navigate back to the PLS.
Controlled ascent to the surface.
Switch rolls if applicable and repeat

0900 RB1, LG6 (Fletcher, Beebe) meet at Marine Park. LG7 cover beach, RB3 cover Bay

1100 RB2 (Morimoto), LG-7 (Farnell) meet at Marine Park. 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 | 4 | 4 | 4 | 4 | ←A |
| 150 | 113 | 81 | 64 | 51 | 40 | 32 | 24 | 20 | 15 | 10 | 6 | 6 | 6 | 6 | 6 | 6 | ←B |
| 21 | 18 | 17 | 15 | 14 | 12 | 10 | 9 | 8 | 8 | 7 | 6 | 6 | 6 | 6 | 6 | 6 | ←C |
| 142 | 107 | 75 | 59 | 46 | 36 | 29 | 21 | 17 | 12 | 8 | 4 | 4 | 4 | 4 | 4 | 4 | ←D |
| 29 | 25 | 23 | 20 | 19 | 16 | 14 | 12 | 11 | 10 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | ←E |
| 134 | 100 | 69 | 54 | 41 | 32 | 25 | 18 | 14 | 10 | 6 | 1 | 1 | 1 | 1 | 1 | 1 | ←F |
| 37 | 32 | 29 | 26 | 24 | 20 | 18 | 16 | 14 | 13 | 12 | 12 | 12 | 12 | 12 | 12 | 12 | ←G |
| 126 | 93 | 63 | 48 | 36 | 28 | 21 | 14 | 11 | 7 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | ←H |
| 45 | 40 | 35 | 32 | 29 | 25 | 22 | 19 | 17 | 16 | 14 | 14 | 14 | 14 | 14 | 14 | 14 | ←I |
| 118 | 85 | 57 | 42 | 31 | 23 | 17 | 11 | 8 | 4 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | ←J |
| 55 | 48 | 42 | 38 | 35 | 29 | 25 | 22 | 20 | 18 | 18 | 18 | 18 | 18 | 18 | 18 | 18 | ←K |
| 108 | 77 | 50 | 36 | 25 | 19 | 14 | 8 | 5 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | ←L |
| 64 | 56 | 49 | 44 | 40 | 34 | 29 | 26 | 23 | 23 | 23 | 23 | 23 | 23 | 23 | 23 | 23 | ←M |
| 99 | 69 | 43 | 30 | 20 | 14 | 10 | 4 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | ←N |
| 74 | 64 | 57 | 51 | 46 | 39 | 33 | 29 | 29 | 29 | 29 | 29 | 29 | 29 | 29 | 29 | 29 | ←O |
| 89 | 61 | 35 | 23 | 14 | 9 | 6 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | ←P |
| 85 | 73 | 65 | 58 | 52 | 44 | 38 | 33 | 33 | 33 | 33 | 33 | 33 | 33 | 33 | 33 | 33 | ←Q |
| 78 | 52 | 27 | 16 | 8 | 4 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | ←R |
| 97 | 83 | 73 | 65 | 58 | 52 | 44 | 38 | 33 | 33 | 33 | 33 | 33 | 33 | 33 | 33 | 33 | ←S |
| 66 | 42 | 19 | 9 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | ←T |
| 109 | 93 | 81 | 72 | 65 | 58 | 52 | 44 | 38 | 33 | 33 | 33 | 33 | 33 | 33 | 33 | 33 | ←U |
| 54 | 32 | 11 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | ←V |
| 122 | 104 | 90 | 72 | 65 | 58 | 52 | 44 | 38 | 33 | 33 | 33 | 33 | 33 | 33 | 33 | 33 | ←W |
| 41 | 21 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | ←X |
| 136 | 115 | 100 | 82 | 72 | 65 | 58 | 52 | 44 | 38 | 33 | 33 | 33 | 33 | 33 | 33 | 33 | ←Y |
| 27 | 10 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | ←Z |
| 152 | 11 | 2 | 2 | 2 | 2 | 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 :22 | 5:23 :30 | 6:15 :36 | 7:08 :49 | 8:00 :54 | 8:52 :63 | 9:44 :75 | 10:36 :87 | 11:29 :99 | 12:21 :102 | 13:13 :105 | 14:05 :108 | 14:58 :111 | 15:50 :114 |
| 1:16 :10 | 2:11 :16 | 3:03 :24 | 3:55 :32 | 4:48 :40 | 5:40 :48 | 6:32 :56 | 7:24 :64 | 8:16 :72 | 9:09 :80 | 10:01 :88 | 10:53 :96 | 11:45 :104 | 12:37 :112 | 13:30 :120 | 14:22 :128 |
| :55 :10 | 1:47 :16 | 2:39 :24 | 3:31 :32 | 4:23 :40 | 5:16 :48 | 6:08 :56 | 7:00 :64 | 7:52 :72 | 8:44 :80 | 9:37 :88 | 10:29 :96 | 11:21 :104 | 12:13 :112 | 13:05 :120 | 13:57 :128 |
| :52 :10 | 1:44 :16 | 2:37 :24 | 3:29 :32 | 4:21 :40 | 5:13 :48 | 6:06 :56 | 6:58 :64 | 7:50 :72 | 8:42 :80 | 9:34 :88 | 10:27 :96 | 11:19 :104 | 12:11 :112 | 13:03 :120 | 13:55 :128 |
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