

**LONG BEACH FIRE DEPARTMENT  
Marine Safety Division**

**TRAINING ACTION PLAN**

**C-Shift Shark Navigator  
Drill**



**Operational Period**

**Date From: 03/03/2025  
Time From: 0900 Hours**

**Date To: 03/03/2025  
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.
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<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:** 03-03-2025

**Location:** Marine Park

**Dive Supervisor:** Williams

<b>Depth:</b> 15'- 20'	<b>Visibility:</b> 0-5'	<b>Temp:</b> 58 deg
<b>Equipment:</b> <input checked="" type="checkbox"/> Wet <input checked="" type="checkbox"/> Dry <input type="checkbox"/> RDU	<input checked="" type="checkbox"/> SCUBA	<input checked="" type="checkbox"/> Surface Comms
<b>Dive Type:</b> Shark Navigator		
<b>Hazards:</b> <input checked="" type="checkbox"/> Entanglement <input checked="" type="checkbox"/> Overhead Environment	<input type="checkbox"/> Pollution	<input type="checkbox"/> Strong Current
<input type="checkbox"/> Other:		

**Dive 1 Time: 0930**

<b>Divers:</b>	Williams, McColl	
<b>RIC:</b>	Trinkle	
<b>Start P.G.:</b>	A	
<b>Depth:</b>	20 Ft.	
<b>Bottom Time:</b>	20 Min.	
<b>Safety Stop:</b>	N/A	
<b>End P.G.:</b>	B	
<b>Surface Interval:</b>		
<b>Coverage:</b>	RB3/RB1	ABM/DTM
	LG-7	Beach

**Dive 2 Time: 1030**

<b>Divers:</b>	Balsillie, Trinkle	
<b>RIC:</b>	Wawrzynski, Ty.	
<b>Start P.G.:</b>	A	
<b>Depth:</b>	20 Ft.	
<b>Bottom Time:</b>	20 Min.	
<b>Safety Stop:</b>	N/A	
<b>End P.G.:</b>	B	
<b>Surface Interval:</b>	5 Min	
<b>Coverage:</b>	RB3/RB-1	ABM/DTM
	LG-7	Beach

**Dive 3 Time: 1130**

<b>Divers:</b>	Wawrzynski, Ty., Farnell	
<b>RIC:</b>	Balsillie	
<b>Start P.G.:</b>	A	
<b>Depth:</b>	20 Ft.	
<b>Bottom Time:</b>	20 Min.	
<b>Safety Stop:</b>	N/A	
<b>End P.G.:</b>	B	
<b>Surface Interval:</b>		
<b>Coverage:</b>	RB3/RB-1	ABM/DTM
	LG6	Beach

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

**Dive Description/Sketch:** Shark Navigator dive and Compass Box Stations.

Dirt Dive Shark Navigator

- Descend PLS
- Mark PLS on Navigator
- 360 Degree Scan
- Identify nearby targets, mark targets on Shark
- Navigate to marked targets
- Navigate back to the PLS.
- Controlled ascent to the surface.
- Switch rolls and repeat

Perform Compass Box Navigation from Marine Park Dock.

0830 RB3 Meet at Station 21, Wawrzynski, Tr. to RB1, Williams to RB3

0845 RB1 (Dixon, K., Wawrzynski, Tr.) Cover the Ocean Front (DTM)

0900 RB2 and LG6 meet at Marine Park.

0900 LG-7 Cover the beach



# 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		

fs w	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	
152	11	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 1:17	4:31 2:12	5:23 3:04	6:15 3:56	7:08 4:49	8:00 5:41	8:52 6:33	9:44 7:25	10:36 8:17	11:29 9:10	12:21 10:02	13:13 10:54	14:05 11:46	14:58 12:38	15:50 13:31
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