

**LONG BEACH FIRE DEPARTMENT
Marine Safety Division**

TRAINING ACTION PLAN

**C-Shift & LACO Shark Navigator
Drill**



Operational Period

Date From: 03/12/2025
Time From: 0830 Hours

Date To: 03/12/2025
Time To: 1200 Hours

Approved By Incident Commander:

Rank, First Initial, Last Name

INCIDENT OBJECTIVES (ICS 202)

1. Incident Name:	2. Operational Period: Date From: Time From:	Date To: 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 border="0" style="width: 100%;"><tr><td><input type="checkbox"/> ICS 203</td><td><input type="checkbox"/> ICS 207</td><td rowspan="6"><u>Other Attachments:</u> <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____</td></tr><tr><td><input type="checkbox"/> ICS 204</td><td><input type="checkbox"/> ICS 208</td></tr><tr><td><input type="checkbox"/> ICS 205</td><td><input type="checkbox"/> Map/Chart</td></tr><tr><td><input type="checkbox"/> ICS 205A</td><td><input type="checkbox"/> Weather Forecast/Tides/Currents</td></tr><tr><td><input type="checkbox"/> ICS 206</td><td></td></tr><tr><td></td><td></td></tr></table>			<input type="checkbox"/> ICS 203	<input type="checkbox"/> ICS 207	<u>Other Attachments:</u> <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> ICS 204	<input type="checkbox"/> ICS 208	<input type="checkbox"/> ICS 205	<input type="checkbox"/> Map/Chart	<input type="checkbox"/> ICS 205A	<input type="checkbox"/> Weather Forecast/Tides/Currents	<input type="checkbox"/> ICS 206			
<input type="checkbox"/> ICS 203	<input type="checkbox"/> ICS 207	<u>Other Attachments:</u> <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____													
<input type="checkbox"/> ICS 204	<input type="checkbox"/> ICS 208														
<input type="checkbox"/> ICS 205	<input type="checkbox"/> Map/Chart														
<input type="checkbox"/> ICS 205A	<input type="checkbox"/> Weather Forecast/Tides/Currents														
<input type="checkbox"/> ICS 206															
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: _____ 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: _____

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: _____	
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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: _____
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Long Beach Fire Department Dive Team Dive Plan

Date: 03-12-2025

Location: Marine Park

Dive Supervisor: Williams

Depth: 15'- 20'	Visibility: 0-5'	Temp: 58 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:	Williams, LACO	
RIC:	Buso	
Start P.G.:	A	
Depth:	20 Ft.	
Bottom Time:	20 Min.	
Safety Stop:	N/A	
End P.G.:	B	
Surface Interval:		
Coverage:	RB3/RB1	ABM/DTM
	LG7	Beach

Dive 2 Time: 1000

Divers:	Balsillie, LACO	
RIC:	Buso	
Start P.G.:	A	
Depth:	20 Ft.	
Bottom Time:	20 Min.	
Safety Stop:	N/A	
End P.G.:	B	
Surface Interval:	5 Min	
Coverage:	RB3/RB1	ABM/DTM
	LG7	Beach

Dive 3 Time: 1100

Divers:	McColl, LACO	
RIC:	Buso	
Start P.G.:	A	
Depth:	20 Ft.	
Bottom Time:	20 Min.	
Safety Stop:	N/A	
End P.G.:	B	
Surface Interval:		
Coverage:	RB3/RB1	ABM/DTM
	LG7	Beach

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

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

Dirt Dive Shark Navigator (Lecture)

- 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 Navigation from Marine Park Dock.

0800 RB2 & RB1 Meet at Ballast point dock, Wawrzynski, Ty. to RB1, Williams to RB2

0830 RB1 (Dixon, K., Wawrzynski, Ty.) Cover the Ocean Front (DTM)

0830 RB2, RB3, and LG6 meet at Marine Park.

0830 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	14	
13.7	45	11	17	24	31	39	46	55	63	72	82	92	102	114	125	130	150	00	25	
15.2	50	9	15	21	28	34	41	48	56	63	71	80	89	92	100	110	130	00	34	
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	100			
21.3	70	6	10	14	19	23	28	32	37	42	47	48	55	60	70	80	90			
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					
30.5	100	4	6	9	12	15	18	21	25	30	35	40	45	50	60					
33.5	110	3	6	8	11	14	16	19	20	25	30	35	40	45	50					
36.6	120	3	5	7	10	12	15	18	20	25	30	35	40	45	50					
39.6	130	2	4	6	9	10	15	20	25	30	35	40	45	50	60					

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	13
B	150	113	81	64	51	40	32	24	20	15	10	6	107
C	21	18	17	15	14	12	10	9	8	8	7	6	18
D	142	107	75	59	46	36	29	21	17	12	8	4	107
E	29	25	23	20	19	16	14	12	11	10	9	9	25
F	134	100	69	54	41	32	25	18	14	10	6	1	100
G	37	32	29	26	24	20	18	16	14	13	12		32
H	126	93	63	48	36	28	21	14	11	7	3		93
I	45	40	35	32	29	25	22	19	17	16	14		40
J	118	85	57	42	31	23	17	11	8	4	1		85
K	55	48	42	38	35	29	25	22	20	18			48
L	64	56	49	44	40	34	29	26	23				56
M	99	69	43	30	20	14	10	4	2				69
N	74	64	57	51	46	39	33	29					64
O	89	61	35	23	14	9	6	1					61
P	85	73	65	58	52	44	38						73
Q	78	52	27	16	8	4	1						52
R	97	83	73	65	58								83
S	66	42	19	9	2								42
T	109	93	81	72									93
U	54	32	11	2									32
V	122	104	90										104
W	41	21	2										21
X	136	115											115
Y	27	10											10
Z	152	11											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		:10	1:16	2:11	3:03	3:55	4:48	5:40	6:32	7:24	8:16	9:09	10:01	10:53	11:45	12:37
D			:10	:56	1:48	2:40	3:32	4:24	5:17	6:09	7:01	7:53	8:45	9:38	10:30	11:22
E				:10	:55	1:47	2:39	3:31	4:23	5:16	6:08	7:00	7:52	8:44	9:37	10:29
F					:10	:53	1:45	2:38	3:30	4:22	5:14	6:07	6:59	7:51	8:43	9:35
G						:10	:52	1:44	2:37	3:29	4:21	5:13	6:06	6:58	7:50	8:42
H							:10	:53	1:45	2:38	3:30	4:22	5:14	6:07	6:59	7:51
I								:10	:52	1:44	2:37	3:29	4:21	5:13	6:06	6:58
J									:10	:53	1:45	2:38	3:30	4:22	5:14	6:07
K										:10	:52	1:44	2:37	3:29	4:21	5:13
L											:10	:53	1:45	2:38	3:30	4:22
M												:10	:52	1:44	2:37	3:29
N													:10	:53	1:45	2:38
O														:10	:52	1:44
Z															:10	:53

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.

