

LONG BEACH FIRE DEPARTMENT
Marine Safety Division

TRAINING ACTION PLAN

A-Shift Missing Diver



Operational Period

Date From: 09/11/2024
Time From: 0900 Hours

Date To: 09/11/2024
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 ☐ No ☐ 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%;">☐ ICS 203</td><td style="width: 33%;">☐ ICS 207</td><td style="width: 34%;"><u>Other Attachments:</u></td></tr><tr><td>☐ ICS 204</td><td>☐ ICS 208</td><td>☐ _____</td></tr><tr><td>☐ ICS 205</td><td>☐ Map/Chart</td><td>☐ _____</td></tr><tr><td>☐ ICS 205A</td><td>☐ Weather Forecast/Tides/Currents</td><td>☐ _____</td></tr><tr><td>☐ ICS 206</td><td></td><td>☐ _____</td></tr></table>			☐ ICS 203	☐ ICS 207	<u>Other Attachments:</u>	☐ ICS 204	☐ ICS 208	☐ _____	☐ ICS 205	☐ Map/Chart	☐ _____	☐ ICS 205A	☐ Weather Forecast/Tides/Currents	☐ _____	☐ ICS 206		☐ _____
☐ ICS 203	☐ ICS 207	<u>Other Attachments:</u>															
☐ ICS 204	☐ ICS 208	☐ _____															
☐ ICS 205	☐ Map/Chart	☐ _____															
☐ ICS 205A	☐ Weather Forecast/Tides/Currents	☐ _____															
☐ ICS 206		☐ _____															
7. Prepared by: Name: _____ Position/Title: _____ Signature: _____																	
8. Approved by Incident Commander: Name: _____ Signature: _____																	
ICS 202	IAP Page _____	Date/Time: _____															

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	
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?				
			☐ Yes ☐ No				
			☐ Yes ☐ No				
			☐ Yes ☐ No				
			☐ Yes ☐ No				
			☐ Yes ☐ No				
			☐ Yes ☐ No				
4. Transportation (indicate air or ground):							
Ambulance Service	Location	Contact Number(s)/Frequency	Level of Service				
			☐ ALS ☐ BLS				
			☐ ALS ☐ BLS				
			☐ ALS ☐ BLS				
			☐ ALS ☐ BLS				
5. Hospitals:							
Hospital Name	Address, Latitude & Longitude if Helipad	Contact Number(s)/Frequency	Travel Time		Trauma Center	Burn Center	Helipad
			Air	Ground			
					☐ Yes Level: _____	☐ Yes ☐ No	☐ Yes ☐ No
					☐ Yes Level: _____	☐ Yes ☐ No	☐ Yes ☐ No
					☐ Yes Level: _____	☐ Yes ☐ No	☐ Yes ☐ No
					☐ Yes Level: _____	☐ Yes ☐ No	☐ Yes ☐ No
					☐ Yes Level: _____	☐ Yes ☐ No	☐ Yes ☐ No
6. Special Medical Emergency Procedures:							
☐ 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: _____			

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 ☐ No ☐ 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: 09-11-2024

Location: Platform Elly

Dive Supervisor: Wawrzynski

Depth: 100'	Visibility: 20+' ☐ Wet ☒ Dry	Temp: 60 Deg ☐ RDU ☒ SCUBA	☒ Surface Comms
Equipment:	☐ Wet ☒ Dry	☐ RDU ☒ SCUBA	☒ Surface Comms
Dive Type: Deep Dive			
Hazards:	☒ Entanglement ☐ Other:	☒ Overhead Environment ☐ Pollution	☒ Strong Current

Dive 1 Time: 1000

Divers: Reinheimer, Gonzales, Wawrzynski		
RIC: Bradley, Mathison, Buso		
Start P.G.:	A	
Depth:	40 Ft.	
Bottom Time:	15 Min.	
Safety Stop:		
End P.G.:	B	
Surface Interval:		
Coverage:	RB-1	Bay
		Beach

Dive 2 Time: 1100

Divers: Bradley, Mathison, Wawrzynski		
RIC: Reinheimer, Gonzales, Buso		
Start P.G.:	A	
Depth:	40 Ft.	
Bottom Time:	15 Min.	
Safety Stop:		
End P.G.:	B	
Surface Interval:		
Coverage:	RB-1	Bay
		Beach

Dive 3 Time:

Divers:		
RIC:		
Start P.G.:		
Depth:		
Bottom Time:		
Safety Stop:		
End P.G.:		
Surface Interval:		
Coverage:		DTM/Bay
		Beach

Notifications: ☐ USCG (310) 521-3815

☐ Catalina Hyperbaric Chamber (310) 510-4020

Dive Description/Sketch: Missing Diver at Platform Elly

Objectives:

- Controlled decent to 40' structural frame
- Communicate with top-side on visibility and depth
- Conduct search around perimeter of structure
- Conduct search in and around pilings
- When diver is located, communicate findings to top-side
- Complete a controlled ascent to the surface with prop

Coverage Assignments:

0900 RB-1 cover the bay

[illegible]

PUBLIC SAFETY DIVE TEAM REPETITIVE DIVE LOG

Date: Sept.11 2024

Location: Platform Elly

Dive Supervisor: Wawrzynski

Tables Used: Noaa

Type: Dive Drill

Dive Description: Missing Diver

[illegible]

[illegible]