

LONG BEACH FIRE DEPARTMENT
Marine Safety Division

TRAINING ACTION PLAN

**B-Shift Shark Navigator
Drill**



Operational Period

Date From: 02/26/2025
Time From: 0830 Hours

Date To: 02/26/2025
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: _____ 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: 02-26-2025

Location: Marine Park

Dive Supervisor: Morrison/Wawrzynski

Depth: 15'- 20'	Visibility: 0-5'	Temp: 62 deg
Equipment: ☒ Wet ☒ Dry ☐ RDU	☒ SCUBA	☒ Surface Comms
Dive Type: Shark Navigator		
Hazards: ☒ Entanglement ☒ Overhead Environment ☐ Pollution ☐ Strong Current	☐ Other:	

Dive 1 Time: 0830

Divers:	Fletcher, McColl, LACO
RIC:	TBA
Start P.G.:	A
Depth:	20 Ft.
Bottom Time:	20 Min.
Safety Stop:	N/A
End P.G.:	B
Surface Interval:	
Coverage:	RB-3 / RB-1 ABM/DTM LG-7 Beach

Dive 2 Time: 1000

Divers:	Morimoto Buso, LACO
RIC:	TBA
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-7 Beach RB-1 DTM

Dive 3 Time:

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

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 if applicable and repeat

Perform Compass Box Navigation from Marine Park Dock.

0800 RB-1/RB-1 Swap Crew, Fletcher to RB-2, Wawrzynski to RB-1

0830 RB2, LG6 (Fletcher, Morimoto, McColl) meet at Marine Park.

0830 RB-1 Cover DTM, LG-7 Cover the beach

[illegible]

PUBLIC SAFETY DIVE TEAM REPETITIVE DIVE LOG

Date: February 26 2025

Location: Marine Park

Dive Supervisor: Morrison

Tables Used: Noaa

Dive Type: Drill

Dive Description: Shark Navigator

[illegible]

[illegible]