LONG BEACH FIRE DEPARTMENT Marine Safety Division

TRAINING ACTION PLAN

A-Shift Shark Navigator Drill



Operational Period

Date From: 12/10/2025 Date To: 12/10/2025 Time From:0830 Hours Time To: 1200 Hours

Approved By Incident Commander:

Rank, First Initial, Last Name

INCIDENT OBJECTIVES (ICS 202)

1. Incident Name:		2. Operational Period		Date To:
			Time From:	Time To:
3. Objective(s):				
4. Operational Period	Command Emphasis	•		
4. Operational Feriou	Command Emphasis)•		
General Situational Aw	aranass			
General Situational Aw	areriess			
5. Site Safety Plan Re	quired? Yes□ No□	7		
<u> </u>	ty Plan(s) Located at			
			his Incident Action Plan):	
☐ ICS 203	☐ ICS 207		Other Attachments:	
☐ ICS 204	☐ ICS 208			
☐ ICS 205	Map/Chart			
☐ ICS 205A	☐ Weather Forecas	st/Tides/Currents		
☐ ICS 206				
7. Prepared by: Name): 	Position/Title:	Signatu	ıre:
8. Approved by Incide	ent Commander: Nan	ne:	Signature:	
ICS 202	IAP Page	Date/Time:		

INCIDENT RADIO COMMUNICATIONS PLAN (ICS 205)

1. Incident Name:			2. Date/Time Prepared:					3. Operational Period:			
Date:									Date From:		Date To:
				Time:					Time	From:	Time To:
4. Ba	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	TZ Tone/	X /NAC	Mode (A, D, or M)	Remarks
5. Sp	5. Special Instructions:										
6. Prepared by (Communications Unit Leader) Name:							Si	gnatu	re:		
ICS 205 IAP Page			Date/Time:								

MEDICAL PLAN (ICS 206)

1. Incident Name:			2. Operational Period:				eate To: Time To:		
3. Medical Aid S	tation	s:							
						ontact		medics	
Name			Location		Number(s	s)/Frequency	+	on Site?	
							☐ Yes	☐ Yes ☐ No	
							☐ Yes ☐ No		
							☐ Yes	S 🗌 No	
							☐ Yes	s □ No	
							☐ Yes	s □ No	
							☐ Yes	S 🗌 No	
4. Transportatio	n (indi	cate air or ground):			•		•		
						ontact			
Ambulance S	ervice		Location		Number(s	s)/Frequency		f Service	
							ALS	BLS	
							ALS	BLS	
							ALS	BLS	
							ALS	BLS	
5. Hospitals:									
		Address,	Contact	Tra	vel Time		_		
Hospital Name	Lat	itude & Longitude if Helipad	Number(s)/ Frequency	Air	Ground	Trauma Center	Burn Center	Helipad	
1103pital Name		ii i lelipad	rrequericy	All	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	☐ Yes ☐ No	☐ Yes ☐ No	
6. Special Medic	al Em	ergency Procedures	:		•		•		
☐ Check box if aviation assets are utilized for rescue. If assets are used, coordinate with Air Operations.									
7. Prepared by (Medica	al Unit Leader): Name):		Signa	ature:	-		
8. Approved by	(Safety	Officer): Name:	<u></u>		Signatu	·e:			
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	e:	Position/Title:	Signature:					
ICS 208	IAP Page	Date/Time:						







Date: 12-10-2025 Location: Boat Ops **Dive Supervisor:** Wawrzynski Depth: 15'- 20' Visibility: 0-5' Temp: 62 deg Equipment: ⊠ Wet ⊠ Dry RDU ⊠ SCUBA Surface Comms Dive Type: **Shark Navigator** Hazards: Overhead Environment Pollution Strong Current Other: Time: Dive 1 **Time**:0830 Dive 2 **Time**:1000 Dive 3 Divers: Divers: Gonzales Divers: Mathison Conforti Farnell, Johnson Morrison RIC: RIC: RIC: Morrison Α Start P.G.: Start P.G.: Α Start P.G.: Depth: 20 Ft. Depth: 20 Ft. Depth: 20 Ft. **Bottom** Bottom Time: 20 Min. 20 Min. Bottom Time: 20 Min. Time: Safety N/A Safety Stop: N/A Safety Stop: N/A Stop: End P.G.: В End P.G: В End P.G.: В Surface Surface Surface 5 Min Interval: Interval: Interval: LG-7 Beach RB-3 ABM LG-7 Beach Coverage: Coverage: Coverage: RB-1 ABM LG-6 Beach RB-3 DTM Notifications: USCG (310) 521-3815 Catalina Hyperbaric Chamber (310) 510-4020

Dive Description/Sketch:

Descend PLS
Mark PLS on Navigator
360 Degree Scan
Identify Bridge abutment Navigate to bridge abutment.
Circumnavigate the bridge abutment, keeping it on your left shoulder
Navigate back to the PLS.
Controlled ascent to the surface.
Switch rolls if applicable and repeat

0830- RB1, LG7 (Mathison, Farnell, Johnson) meet at station 33. LG6 cover beach, RB3 cover Bay

1000- LG6, (Gonzales), LG8 (Conforti) meet at station 33. RB1 cover ABM, LG7 cover beach



NOAA NO-DECOMPRESSION TABLE MULTIPLE AIR DIVES

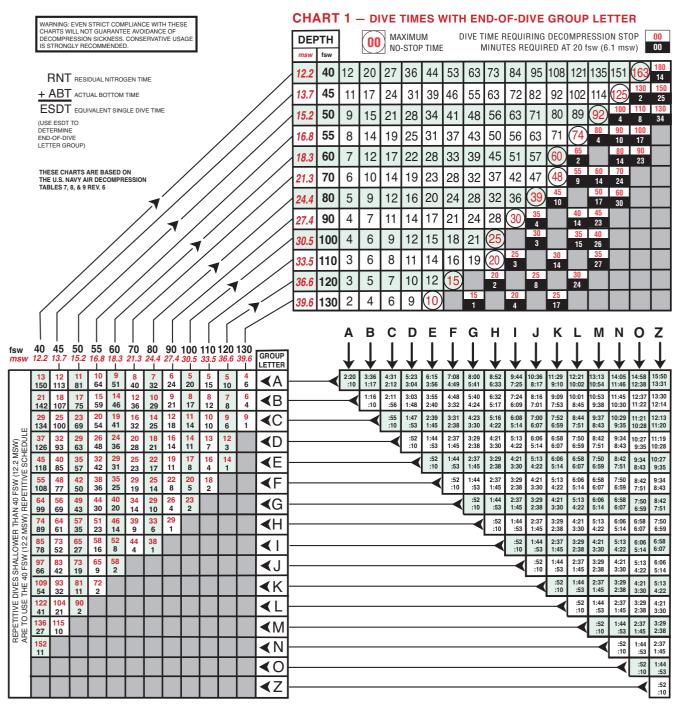


CHART 3 — REPETITIVE DIVE TIME

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.

PUBLIC SAFETY DIVE TEAM REPETITIVE DIVE LOG

Date: December 10, 2025 Location: Boat Ops Dive Supervisor: Wawrzynski

Tables Used: Noaa Dive Type: Drill Dive Description: Shark Navigator

DIVER/SAFETY	SI	BEG. PG	STARTING PSI	TIME DOWN	MAX. DEPTH	TIME UP	SAFETY STOP	ENDING PSI	RES. NIT. TIME	TOTAL TIME	END PG
Morrison											
Mathison											
Johnson											
Conforti											
Gonzales											
Farnell											



LONG BEACH FIRE DEPARTMENT TRAINING DIVISION

ROSTER / SIGN-IN SHEET

Type of Training / Drill	Location:	Boat Ops	Date:	
A-Shift Shark Navigator	Time:	0830 - 1200		12-10-2025
Coordinator: Wawrzynski				

#	Print Last Name, First Name	Agency	Station / Shift	Signature/Phone #
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