

**LONG BEACH FIRE DEPARTMENT
Marine Safety Division**

TRAINING ACTION PLAN

C-Shift Obstacle Course Dive



Operational Period

Date From: 02/26/2026

Date To: 02/26/2026

Time From: 0830 Hours

Time To: 1300 Hours

Approved By Incident Commander:

Rank, First Initial, Last Name

MEDICAL PLAN (ICS 206)

1. Incident Name:	2. Operational Period: Date From: _____ Date To: _____ Time From: _____ 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: _____
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ICS 206	IAP Page _____	Date/Time: _____
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Long Beach Fire Department Dive Team Dive Plan

Date: 02-26-2026

Location: Station 33/ Boat Ops

Dive Supervisor: Williams

Depth: 15'-20'	Visibility: 3-5 ft.	Temp: 54 Deg
Equipment: <input type="checkbox"/> Wet <input checked="" type="checkbox"/> Dry <input type="checkbox"/> RDU	<input checked="" type="checkbox"/> SCUBA	<input checked="" type="checkbox"/> Surface Comms
Dive Type: Obstacle Course		
Hazards: <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: 0900				
Divers: Buso, Williams, McCall					
RIC: McCall / Buso					
Start P.G.:	A				
Depth:	20 Ft.				
Bottom Time:	20 Min.				
Safety Stop:	N/A				
End P.G.:	B				
Surface Interval:					
Coverage:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">RB3/RB2</td> <td style="width: 33%;">Bay/DTM</td> </tr> <tr> <td>LG-7</td> <td>Beach</td> </tr> </table>	RB3/RB2	Bay/DTM	LG-7	Beach
RB3/RB2	Bay/DTM				
LG-7	Beach				

Dive 2	Time: 1030				
Divers: Johnson, Balsillie, Gonzales					
RIC: Gonzales, Johnson					
Start P.G.:	A				
Depth:	20 Ft.				
Bottom Time:	20 Min.				
Safety Stop:	N/A				
End P.G.:	B				
Surface Interval:					
Coverage:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">RB3/ RB1</td> <td style="width: 33%;">DTM/Bay</td> </tr> <tr> <td>LG-6</td> <td>Beach</td> </tr> </table>	RB3/ RB1	DTM/Bay	LG-6	Beach
RB3/ RB1	DTM/Bay				
LG-6	Beach				

Dive 3	Time:				
Divers:					
RIC:					
Start P.G.:					
Depth:					
Bottom Time:					
Safety Stop:					
End P.G.:					
Surface Interval:					
Coverage:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;"></td> <td style="width: 33%;"></td> </tr> <tr> <td></td> <td></td> </tr> </table>				

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

Dive Description/Sketch: Full Scuba Obstacle Course

Objectives:

- Don PPE and Full Scuba,
- Enter water from the rescue boat
- Descend down direction line to PLS
- Complete tasks at all PLS stations
- Ascend when last task is completed
- Reset course

Coverage / Assignments:

0800 LG7 (Johnson) cover the beach

0830 RB3 (RBC?, Buso), LG6 (McCall), RB1 (Williams, Dixon) meet at Sta. 33.

1030 RB3 cover the ocean front. RB2 (Balsillie, Gonzales) to Sta. 33

1030 LG6 cover the beach, LG7 to Sta. 33

