

LONG BEACH FIRE DEPARTMENT
Marine Safety Division

TRAINING ACTION PLAN

**B-Shift Shark Navigator
Drill**



Operational Period

Date From: 9/1/2026
Time From: 1100 Hours

Date To: 9/1/2026
Time To: 1400 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:	3. Operational Period:	
	Date:	Date From:	Date To:
	Time:	Time From:	Time To:

4. Basic Radio Channel Use:

[illegible]

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: 9/1/2026

Location: Island White

Dive Supervisor: Morrison

Depth: 30'-40'	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: Debris Field	

Dive 1 Time: 1115

Divers:	Morimoto Oca						
RIC:	Mathison						
Start P.G.:	A						
Depth:	40 Ft.						
Bottom Time:	20 Min.						
Safety Stop:	N/A						
End P.G.:	F						
Surface Interval:							
Coverage:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">RB-1/RB-3</td> <td style="width: 33%;">ABM/DTM</td> <td style="width: 33%;">LG-8</td> </tr> <tr> <td>LG-8</td> <td>Beach</td> <td></td> </tr> </table>	RB-1/RB-3	ABM/DTM	LG-8	LG-8	Beach	
RB-1/RB-3	ABM/DTM	LG-8					
LG-8	Beach						

Dive 2 Time: 1135

Divers:	Mathison Oca						
RIC:	Morimoto						
Start P.G.:	D						
Depth:	40 Ft.						
Bottom Time:	20 Min.						
Safety Stop:	N/A						
End P.G.:	H						
Surface Interval:	5 Min						
Coverage:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">LG-8</td> <td style="width: 33%;">Beach</td> <td style="width: 33%;">RB-1/RB-3</td> </tr> <tr> <td>RB-1/RB-3</td> <td>ABM/DTM</td> <td></td> </tr> </table>	LG-8	Beach	RB-1/RB-3	RB-1/RB-3	ABM/DTM	
LG-8	Beach	RB-1/RB-3					
RB-1/RB-3	ABM/DTM						

Dive 3 Time: 1215

Divers:	Fletcher Beebe						
RIC:	Mathison						
Start P.G.:	D						
Depth:	40 Ft						
Bottom Time:	30 Min						
Safety Stop:							
End P.G.:	H						
Surface Interval:							
Coverage:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">LG-8</td> <td style="width: 33%;">Beach</td> <td style="width: 33%;">RB-2/RB-3</td> </tr> <tr> <td>RB-2/RB-3</td> <td>ABM/DTM</td> <td></td> </tr> </table>	LG-8	Beach	RB-2/RB-3	RB-2/RB-3	ABM/DTM	
LG-8	Beach	RB-2/RB-3					
RB-2/RB-3	ABM/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 and mark Submerged Vessel
 Navigate to the submerged vessel
 Circumnavigate the submerged vessel
 Take photos of Name/CF, or any other identifying marks on the vessel.
 Navigate back to the PLS
 Controlled ascent to the surface
 Switch Roles

0900 - RB-3 IN Service, RB-1 to TB test

1000 RB-3 cover DTM, RB-2 to TB Test

1100 LG-7 Meet at A dock for Pickup.

1115 RB-3/RB-2 Meet at IS White for Drill

1200 RB-2 Cover ABM, RB-1/LG-6 Meet at Is White

[illegible]

PUBLIC SAFETY DIVE TEAM REPETITIVE DIVE LOG

Date: September 1, 2026

Location: Is White

Dive Supervisor: Morrison

Tables Used: Noaa

Dive Type: Drill

Dive Description: Shark Navigator

[illegible]

[illegible]