

LONG BEACH FIRE DEPARTMENT
Marine Safety Division

TRAINING ACTION PLAN

C-Shift Deep Dive Drill



Operational Period

Date From: 09/18/2026
Time From: 0800 Hours

Date To: 09/18/2026
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: _____															

INCIDENT RADIO COMMUNICATIONS PLAN (ICS 205)

1. Incident Name:	2. Date/Time Prepared: Date: _____ Time: _____	3. Operational Period: Date From: _____ Date To: _____ Time From: _____ Time To: _____
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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: 09-18-2026

Location: Catalina

Dive Supervisor: Williams

Depth: 100'	Visibility: 30+ FT.	Temp: 62 deg
Equipment: ☐ Wet ☒ Dry ☐ RDU	☒ SCUBA	☒ Surface Comms
Dive Type: Deep Dive		
Hazards: ☐ Entanglement ☐ Overhead Environment ☐ Pollution ☐ Strong Current	☐ Other:	

Dive 1 Time: 1000

Divers: Williams/ Oca		
RIC: Trinkle/ Reid		
Start P.G.: A		
Depth: 100 Ft.		
Bottom Time: 18 Min.		
Safety Stop: 3 Min.		
End P.G.: G		
Surface Interval: 5 Min.		
Coverage:	RB-1	ABM

Dive 2 Time: 1030

Divers: McColl/ Jimenez		
RIC: Trinkle/ Reid		
Start P.G.: A		
Depth: 100 Ft.		
Bottom Time: 18 Min.		
Safety Stop: 3 Min.		
End P.G.: G		
Surface Interval: 5 Min		
Coverage:	RB1	ABM

Dive 3 Time: 1100

Divers: Balsillie/ Morrison		
RIC: Trinkle/ Reid		
Start P.G.: A		
Depth: 100 Ft.		
Bottom Time: 18 Min.		
Safety Stop: 3 Min.		
End P.G.: G		
Surface Interval: 5 Min.		
Coverage:	RB1	ABM

Notifications: ☐ USCG (310) 521-3815

☒ Catalina Hyperbaric Chamber (310) 510-4020

Dive Description/Sketch:

- Controlled descent down the anchor line to 50'. Check in with topside, ensure airspaces are clear.
- Continue descent to 100'.
- Tie Bowline on Anchor Chain, at the 5 minute mark:
- Controlled ascent to 50' observe the area until the 18 minute mark.
- Controlled ascent up to 20', safety stop for 3 minutes.
- Controlled ascent to the surface.

Coverage:

- RB1 Cover the ABM

[illegible]

PUBLIC SAFETY DIVE TEAM REPETITIVE DIVE LOG

Date: September 18, 2026

Location: Catalina

Dive Supervisor: Williams

Tables Used: Noaa

Dive Type: Drill

Dive Description: Deep Dive

[illegible]

[illegible]