

UNITED STATES DEPARTMENT OF THE INTERIOR
MINERALS MANAGEMENT SERVICE
GULF OF MEXICO REGION

ACCIDENT INVESTIGATION REPORT

1. OCCURRED

DATE: 08-MAR-2008 TIME: 0815 HOURS

2. OPERATOR: Energy Resource Technology GOM, I
REPRESENTATIVE: Scottie Moree
TELEPHONE: (281) 971-6958
CONTRACTOR:
REPRESENTATIVE:
TELEPHONE:

- STRUCTURAL DAMAGE
- CRANE
- OTHER LIFTING DEVICE
- DAMAGED/DISABLED SAFETY SYS.
- INCIDENT >\$25K
- H2S/15MIN./20PPM
- REQUIRED MUSTER
- SHUTDOWN FROM GAS RELEASE
- OTHER

3. OPERATOR/CONTRACTOR REPRESENTATIVE/SUPERVISOR
ON SITE AT TIME OF INCIDENT:

6. OPERATION:

4. LEASE: G02130
AREA: SM LATITUDE:
BLOCK: 107 LONGITUDE:

- PRODUCTION
- DRILLING
- WORKOVER
- COMPLETION
- HELICOPTER
- MOTOR VESSEL
- PIPELINE SEGMENT NO.
- OTHER

5. PLATFORM: A-PRD
RIG NAME:

6. ACTIVITY: EXPLORATION (POE)
 DEVELOPMENT/PRODUCTION
(DOCD/POD)

8. CAUSE:

7. TYPE:
 HISTORIC INJURY
 REQUIRED EVACUATION
 LTA (1-3 days)
 LTA (>3 days)
 RW/JT (1-3 days)
 RW/JT (>3 days)
 Other Injury

- EQUIPMENT FAILURE
- HUMAN ERROR
- EXTERNAL DAMAGE
- SLIP/TRIP/FALL
- WEATHER RELATED
- LEAK
- UPSET H2O TREATING
- OVERBOARD DRILLING FLUID
- OTHER _____

- FATALITY
- POLLUTION
- FIRE
- EXPLOSION

9. WATER DEPTH: 190 FT.

LWC HISTORIC BLOWOUT
 UNDERGROUND
 SURFACE
 DEVERTER
 SURFACE EQUIPMENT FAILURE OR PROCEDURES

10. DISTANCE FROM SHORE: 73 MI.

11. WIND DIRECTION: E
SPEED: 12 M.P.H.

12. CURRENT DIRECTION: E
SPEED: 12 M.P.H.

COLLISION HISTORIC >\$25K <=\$25K 13. SEA STATE: 2 FT.

17. INVESTIGATION FINDINGS:

On 8 March 2008 at approximately 0815 hours, while off loading a 8'x 8'x 8' construction toolbox from the platform to the Motor Vessel (M/V) "Larry Moore", the load started to drop suddenly. The Crane Operator (CO) stopped the load from dropping using the hoist brake, when the boom began to drop suddenly causing the load to hit the water on high impact. The M/V was not under the load at the time the load impacted the water. The CO engaged the boom pawl, powered up on the winch and immediately discovered the load had been lost overboard due to the impact. He secured the boom back in the cradle and immediately placed the crane out of service for repair. A JSA and crane pre-use inspection was performed prior to using the crane.

18. LIST THE PROBABLE CAUSE(S) OF ACCIDENT:

A loss of hydraulic system pressure due to mechanical failure of a relief valve on the main hoist, caused the undesired sequence of events. A drastic change in chemical composition and/or temperature of the hydraulic fluid caused the relief valve to crack and malfunction on the main hoist.

19. LIST THE CONTRIBUTING CAUSE(S) OF ACCIDENT:

Corrosion on the internals of the hydraulic relief valve failed, causing a loss of hydraulic pressure allowing the load attached to the main hoist to drop.

20. LIST THE ADDITIONAL INFORMATION:

21. PROPERTY DAMAGED:

1-Construction gang box
2-Contents inside construction gang box, consisted of tools, supplies, etc.
SEE ATTACHMENT #9

NATURE OF DAMAGE:

1-Lost overboard
2-Lost overboard

ESTIMATED AMOUNT (TOTAL): \$21,000

22. RECOMMENDATIONS TO PREVENT RECURRANCE NARRATIVE:

The Lafayette District has no recommendations to the Regional Office of Safety Management (OSM).

23. POSSIBLE OCS VIOLATIONS RELATED TO ACCIDENT: **NO**

24. SPECIFY VIOLATIONS DIRECTLY OR INDIRECTLY CONTRIBUTING. NARRATIVE:

No violations were observed during onsite investigation or during records review process.

25. DATE OF ONSITE INVESTIGATION:

10-MAR-2008

26. ONSITE TEAM MEMBERS:

**Jason A. Abshire / Douglas Frerich
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29. ACCIDENT INVESTIGATION
PANEL FORMED: **NO**

OCS REPORT:

30. DISTRICT SUPERVISOR:

Elliott S. Smith

APPROVED

DATE: **29-MAY-2008**

INJURY/FATALITY/WITNESS ATTACHMENT

OPERATOR REPRESENTATIVE

CONTRACTOR REPRESENTATIVE

OTHER _____

INJURY

FATALITY

WITNESS

NAME:

HOME ADDRESS:

CITY:

STATE:

WORK PHONE:

TOTAL OFFSHORE EXPERIENCE:

YEARS

EMPLOYED BY:

BUSINESS ADDRESS:

CITY:

STATE:

ZIP CODE:

OPERATOR REPRESENTATIVE

CONTRACTOR REPRESENTATIVE

OTHER _____

INJURY

FATALITY

WITNESS

NAME:

HOME ADDRESS:

CITY:

STATE:

WORK PHONE:

TOTAL OFFSHORE EXPERIENCE:

YEARS

EMPLOYED BY:

BUSINESS ADDRESS:

CITY:

STATE:

ZIP CODE:

Crane/Other Material-Handling Equipment Attachment

Equipment Information

Installation date: 01-JAN-1978

Manufacturer: LINKBELT

Manufacture date: 01-JAN-1978

Make/Model: 108 B / 108 B

Any modifications since manufactured? Describe and include date(s).

What was the maximum lifting capacity at the time of the lift?

Static: Dynamic:

Was a tag line utilized during the lift? N

Were there any known documented deficiencies prior to conducting the lift? If yes, what were the deficiencies?

List specific type of failure that occurred during this incident. (e.g. cable parted, sticking control valve, etc.)

If sling/loose gear failure occurred does operator have a sling/loose gear inspection program in place?

Type of lift:

For crane only:

Type of crane: HYDRAULIC

Boom angle at time of incident: Degrees: 77 Radius: 30

What was load limit at that angle? 31700

Crane equipped with: L

Which line was in use at time of incident? L

If load line involved, what configuration is the load block: 3 part.

Load Information

What was being lifted?

Description of what was being lifted (e.g. 10 joints of 2 3/8-inch pipe, ten 500-lb. sacks of sand, 2 employees, etc.)

Approximate weight of load being lifted:

Was crane/lifting device equipped with an operable weight indicator? **N**

Was the load identified with the correct or approximate weight? **N**

Where was the lift started, where was it destined to finish, and at what point in the lift did the incident occur? Give specific details (e.g. pipe rack, riser cart, drill floor, etc.)

If personnel was being lifted at the time of this incident, give specific details of lifting device and riding apparatus in use (e.g. 1) crane-personnel basket, 2) air hoist-boatswain chair, other)

Were personnel wearing a safety harness?

Was a lifeline available and utilized?

List property lost overboard.

Rigger/Operator Information

Has rigger had rigger training?

If yes, date of last training:

How many years of rigger experience did rigger have?

How many hours was the operator on duty prior to the incident?

Was operator on medication when incident occurred? **N**

How many hours was the rigger on duty prior to the incident?

How much sleep did rigger have in the 24 hours preceding this incident?

Was rigger on medication when incident occurred?

Were all personnel involved in the lift drug tested immediately following this incident?

Operator: **N** Rigger: Other:

While conducting the lift, was line of sight between operator and load maintained?

N

Does operator wear glasses or contact lenses? **N**

If so, were glasses or contacts in use at time of the incident? **N**

Does operator wear a hearing aid? **N**

If so, was operator using hearing aid at time of the incident? **N**

What type of communication system was being utilized between operator and rigger at time of this incident?

For crane only:

What crane training institution did crane operator attend?

PLATFORM CRANE SERVICES

Where was institution located? **SLIDELL, LA**

Was operator qualified on this type of crane? **Y**

How much actual operational time did operator have on this particular crane involved in this incident?

Years: 1

Months: 6

List recent crane operator training dates.

8/10/2007

For other material-handling equipment only:

Has operator been trained to operate the lifting device involved in the incident? **N**

How many years of experience did operator have operating the specific type of lifting device involved in the incident?

Inspection/Maintenance Information

For crane only:

Is the crane involved classified as Heavy, Moderate or Infrequent use.

M

Was pre-use inspection conducted? **N**

For the annual/quarterly/monthly crane inspections, please fill out the following information:

What was the date of the last inspection? **18-SEP-2007**

Who performed the last inspection? **ROBERT SALDUA III**

Was inspection conducted in-house or by a 3rd party? **TP**

Who qualified the inspector? **MARINE AND MAINLAND CRANE SERVICES COMPANY**

Does operators' policy require load or pull test prior to heavy lift? **N**

Which type of test was conducted prior to heavy lift? **L**

Date of last pull test: **02-DEC-2007** Load test: **01-JAN-1978**

Results: **P**

If fail explain why:

Test Parameters: Boom angle: **65** Radius: **45**

What was the date of most recent crane maintenance performed? **02-DEC-2007**

Who performed crane maintenance? (Please clarify persons name or company name.)

ROBERT SALDUA III

Was crane maintenance performed in-house or by a third party? **TP**

What type of maintenance was performed?

replace boom break

For other material-handling equipment only:

Was equipment visually inspected before the lift took place?

What is the manufacture's recommendation for performing periodic inspection on the equipment involved in this incident?

Safety Management Systems

Does the company have a safety management program in place?

Does the company's safety management program address crane/other material-handling equipment operations?

Provide any remarks you may have that applies to the company's safety management program and this incident?

Did operator have an operational or safety meeting prior to job being performed?

Did operator fill out a Job Safety Analysis (JSA) prior to job being performed?

What precautions were taken by operator before conducting lift resulting in incident?

Procedures in place for crane/other material-handling equipment activities:

Did operator have procedures written?

Did procedures cover the circumstances of this incident?

Was a copy available for review prior to incident?

Were procedures available to MMS upon request?

Is it documented that operator's representative reviewed procedures before conducting lift?

Additional observations or concerns: