

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

ACCIDENT INVESTIGATION REPORT

1. OCCURRED

DATE: 27-APR-2008 TIME: 0300 HOURS

2. OPERATOR:

Shell Offshore Inc.
REPRESENTATIVE: DiCarlo, Theresa
TELEPHONE: (504) 728-6237
CONTRACTOR: Helmerich & Payne, Inc.
REPRESENTATIVE: Tom Freeny
TELEPHONE: (601) 939-1589

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

4. LEASE:

G07995
AREA: GC LATITUDE:
BLOCK: 158 LONGITUDE:

5. PLATFORM:

A-Brutus TLP
RIG NAME:

6. ACTIVITY:

EXPLORATION (POE)
 DEVELOPMENT/PRODUCTION
(DOCD/POD)

7. TYPE:

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

FATALITY
 POLLUTION
 FIRE
 EXPLOSION

LWC HISTORIC BLOWOUT
 UNDERGROUND
 SURFACE
 DEVERTER
 SURFACE EQUIPMENT FAILURE OR PROCEDURES

COLLISION HISTORIC >\$25K <=\$25K

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

6. OPERATION:

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

8. CAUSE:

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

9. WATER DEPTH: 3300 FT.

10. DISTANCE FROM SHORE: 92 MI.

11. WIND DIRECTION: SE
SPEED: 21 M.P.H.

12. CURRENT DIRECTION: ENE
SPEED: 1 M.P.H.

13. SEA STATE: 4 FT.

17. INVESTIGATION FINDINGS:

On 27 April 2008 at 0300 hours, a crane incident occurred while making a platform lift over the deck with the auxiliary line, when the load line was inadvertently pulled into the anti two-block. The anti two-block failed, allowing the two-part load line block to be pulled into the sheaves, with the sheave fracturing and the pieces falling to the deck below. The load line did not have a lift attached at the time of the incident. No injuries occurred as a result of the falling debris.

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

There were two main causes of the incident. First, insufficient slack was maintained on the loadline throughout the lifting operations. Second, the anti two-block failed allowing the block to hit the sheaves.

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

A contributing cause of this incident was poor visibility due to night time operations.

20. LIST THE ADDITIONAL INFORMATION:

N/A

21. PROPERTY DAMAGED:

The sheaves, sheave guard, and anti two-block were damaged.

NATURE OF DAMAGE:

The sheaves were shattered and the sheave guard and anti two-block had to be repaired.

ESTIMATED AMOUNT (TOTAL): \$25,000

22. RECOMMENDATIONS TO PREVENT RECURRANCE NARRATIVE:

Due to the specific nature of this incident, the Houma District has no recommendations to report to the Regional Office.

23. POSSIBLE OCS VIOLATIONS RELATED TO ACCIDENT: NO

24. SPECIFY VIOLATIONS DIRECTLY OR INDIRECTLY CONTRIBUTING. NARRATIVE:

25. DATE OF ONSITE INVESTIGATION:

26. ONSITE TEAM MEMBERS:

29. ACCIDENT INVESTIGATION

PANEL FORMED: NO

OCS REPORT:

Amy Wilson /

30. DISTRICT SUPERVISOR:

Bryan A. Domangue

APPROVED

DATE: 01-JUL-2008

INJURY/FATALITY/WITNESS ATTACHMENT

OPERATOR REPRESENTATIVE

INJURY

CONTRACTOR REPRESENTATIVE

FATALITY

OTHER _____

WITNESS

NAME:

HOME ADDRESS:

CITY:

STATE:

WORK PHONE:

TOTAL OFFSHORE EXPERIENCE:

YEARS

EMPLOYED BY:

BUSINESS ADDRESS:

CITY:

STATE:

ZIP CODE:

OPERATOR REPRESENTATIVE

INJURY

CONTRACTOR REPRESENTATIVE

FATALITY

OTHER _____

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-APR-2001

Manufacturer: AMERICAN AERO SERIAL #99943

Manufacture date: 01-FEB-2001

Make/Model: AMERICAN AERO / OM2200

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

None

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

Static:20000 Dynamic: 20000

Was a tag line utilized during the lift? **Y**

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

None.

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

While using the fast line, the load line was 2-blocked into the boom damaging sheaves and sheave guard.

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

Type of lift: **DD**

For crane only:

Type of crane: **HYDRAULIC**

Boom angle at time of incident: Degrees: **71** Radius: **65**

What was load limit at that angle? **20000**

Crane equipped with: **B**

Which line was in use at time of incident? **B**

If load line involved, what configuration is the load block: **2** part.

Load Information

What was being lifted? **PIPE**

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.)

Pallet supply box.

Approximate weight of load being lifted: **3600**

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

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

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.)

Box was being lifted from pipe rack to riser rack.

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)

n/a

Were personnel wearing a safety harness? **NA**

Was a lifeline available and utilized? **NA**

List property lost overboard.

NONE

Rigger/Operator Information

Has rigger had rigger training? **Y**

If yes, date of last training: **03-JUL-2007**

How many years of rigger experience did rigger have? **3**

How many hours was the operator on duty prior to the incident? **9**

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

How many hours was the rigger on duty prior to the incident? **9**

How much sleep did rigger have in the 24 hours preceding this incident? **8**

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

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

Operator: **N** Rigger: **N** Other:

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

Y

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?

RADIO/VHF

For crane only:

What crane training institution did crane operator attend?

ENERGY CRANES

Where was institution located? **SHELL ROBERT TRAINING CENTER**

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: 0

Months: 4

List recent crane operator training dates.

DECEMBER 14, 2005

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.

H

Was pre-use inspeciton conducted? **Y**

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

What was the date of the last inspection? **26-APR-2008**

Who performed the last inspection? **CRANE MECHANIC**

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

Who qualified the inspector? **SHELL**

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

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

Date of last pull test: **21-MAY-2006** Load test: **21-MAY-2006**

Results: **P**

If fail explain why:

Test Parameters: Boom angle: **79** Radius: **40**

What was the date of most recent crane maintenance performed? **23-APR-2008**

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

DAVID RUSSELL

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

What type of maintenance was performed?

Replaced hydraulic oil gauge.

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? **N**

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

Y

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

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

Y

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

Y

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? **Y**

Did procedures cover the circumstances of this incident? **Y**

Was a copy available for review prior to incident? **Y**

Were procedures available to MMS upon request? **Y**

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

Y

Additional observations or concerns: