

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

ACCIDENT INVESTIGATION REPORT

1. OCCURRED

DATE: 04-OCT-2009 TIME: 1515 HOURS

2. OPERATOR: Chevron U.S.A. Inc.
REPRESENTATIVE: Matthews, Justin
TELEPHONE: (337) 989-3435
CONTRACTOR:
REPRESENTATIVE: Manuel, Johnny
TELEPHONE: (337) 547-9283

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

4. LEASE: G00982
AREA: EI LATITUDE:
BLOCK: 238 LONGITUDE:

5. PLATFORM: H
RIG NAME:

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

7. TYPE:

HISTORIC INJURY
 REQUIRED EVACUATION 3
 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

8. CAUSE:

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

9. WATER DEPTH: 145 FT.

10. DISTANCE FROM SHORE: 42 MI.

11. WIND DIRECTION:
SPEED: 20 M.P.H.

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

13. SEA STATE: FT.

17. INVESTIGATION FINDINGS:

On 4 October 2009 personnel were being offloaded from a crew boat using the crane and personnel basket. Three contract employees were lifted while the crew boat distanced itself from the personnel basket. When the personnel basket was lifted to an elevation even with the height of the top deck, the crane started to swing due to a 20 mph wind. (As per API 2C 4.5.1 the maximum wind velocity for an in-service crane is 40 mph.) During the lift, the shaft on the swing gear sheared causing the Crane Operator (CO) to loose usage of the swing controls resulting in the personnel basket striking the platform catwalk. One of the employees on the personnel basket fell 60 ft. before hitting the water. The other two employees were able to hold onto the personnel basket while striking the catwalk piping. All employees were flown to the hospital for an examination. There were no lost time injuries due to this incident. In addition, there was no pollution or property damages resulting from this incident.

Prior to the offloading operations being performed, the CO conducted the Pre-use inspection for the crane. Due to the crane usage being over ten hours but less than fifty hours, API R2D 4.1.1.2 categorizes this crane as Moderate Usage. The cranes under the Moderate Usage category are subject to Pre-use, Quarterly and Annual inspections. All inspections were completed as per API R2D.

Subsequent to the incident the Lessee conducted another crane inspection to determine that the shaft on the swing gear was sheared.

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

The sheared swing gear shaft resulted in loss of the swing controls by the CO.

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

The wind speeds (of up to 20 mph) contributed to the loss of the crane's swing control once the swing gear shaft had sheared.

20. LIST THE ADDITIONAL INFORMATION:

21. PROPERTY DAMAGED:

NATURE OF DAMAGE:

N/A

N/A

ESTIMATED AMOUNT (TOTAL): \$

22. RECOMMENDATIONS TO PREVENT RECURRENCE NARRATIVE:

MMS, Lafayette District has no recommendations.

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

24. SPECIFY VIOLATIONS DIRECTLY OR INDIRECTLY CONTRIBUTING. NARRATIVE:

None

25. DATE OF ONSITE INVESTIGATION:

05-OCT-2009

26. ONSITE TEAM MEMBERS:

**Wade Guillotte / Tom Basey / Pat
Sarsfield / Leo Dartez /**

29. ACCIDENT INVESTIGATION

PANEL FORMED: **NO**

OCS REPORT:

30. DISTRICT SUPERVISOR:

Elliott S. Smith

APPROVED

DATE: **10-NOV-2009**

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:

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: