

UNITED STATES DEPARTMENT OF THE INTERIOR  
 BUREAU OF SAFETY AND ENVIRONMENTAL ENFORCEMENT  
 GULF OF MEXICO REGION

## ACCIDENT INVESTIGATION REPORT

1. OCCURRED

DATE: **20-DEC-2012** TIME: **0420** HOURS

2. OPERATOR: **Shell Offshore Inc.**

REPRESENTATIVE:

TELEPHONE:

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 **Finger Injury**

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

6. OPERATION:

4. LEASE: **G08241**

AREA: **GB** LATITUDE:

BLOCK: **426** LONGITUDE:

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

5. PLATFORM: **A-Auger TLP**

RIG NAME:

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

8. CAUSE:

7. TYPE:

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

- LWC  HISTORIC BLOWOUT
- UNDERGROUND
  - SURFACE
  - DEVERTER
  - SURFACE EQUIPMENT FAILURE OR PROCEDURES

9. WATER DEPTH: **2860** FT.
10. DISTANCE FROM SHORE: **136** MI.
11. WIND DIRECTION:  
SPEED: M.P.H.
12. CURRENT DIRECTION:  
SPEED: M.P.H.
13. SEA STATE: FT.

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

17. INVESTIGATION FINDINGS:

On 20 December 2012, at approximately 0420 hours, a construction employee (CE) severely injured his index and ring finger on his right hand. Prior to the construction operations taking place, a Job Safety Analysis was completed as well as a Hand Safety Analysis. Each of these forms discussed proper hand placement.

A section of 4 inch pipe, approximately 15 to 20 feet long, was being elevated for installation. A nylon strap was being utilized on each side of the pipe. Attached to one end of the pipe was a come-a-long and the other side contained a chain fall. As the pipe was being lifted into position by utilizing the come-a-long, the CE attempted to lift the pipe by hand. It was stated that as the CE attempted to lift the pipe, an employee advised the CE to allow the come-a-long to guide the pipe and not use his hands. Disregarding the other employee's recommendation, the CE attempted to lift the pipe. As the CE lifted, the pipe slipped severing the tips of the right middle and ring finger. The fingers had been struck between an existing flange and the pipe the CE was lifting.

The CE received immediate attention at the facility and was flown in to Bourgeois Medical Clinic where a hand specialist was waiting. Due to the severity of the injuries, the CE underwent surgery. The CE was released to light duty.

The BSEE Lafayette District conducted an onsite investigation December 21, 2012.

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

1. The CE placed his hands in an unsafe area failing to adhere to the proper hand placement.
2. The CE also failed to follow the recommendations of his coworker to not use his hands.

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

20. LIST THE ADDITIONAL INFORMATION:

21. PROPERTY DAMAGED:

NATURE OF DAMAGE:

None

NA

ESTIMATED AMOUNT (TOTAL): \$

22. RECOMMENDATIONS TO PREVENT RECURRENCE NARRATIVE:

**The BSEE Lafayette District office makes 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:

**None**

25. DATE OF ONSITE INVESTIGATION:

**21-DEC-2012**

26. ONSITE TEAM MEMBERS:

**Wade Guillotte / Tony Woods /  
Gerald Gonzales /**

29. ACCIDENT INVESTIGATION

PANEL FORMED: **NO**

OCS REPORT:

30. DISTRICT SUPERVISOR:

**Elliott S. Smith**

APPROVED

DATE: **30-JAN-2013**

# 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

INJURY

CONTRACTOR REPRESENTATIVE

FATALITY

OTHER \_\_\_\_\_

WITNESS

NAME :

HOME ADDRESS :

CITY :

STATE :

WORK PHONE :

TOTAL OFFSHORE EXPERIENCE :

YEARS

EMPLOYED BY :

BUSINESS ADDRESS :

CITY :

STATE :

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