UNITED STATES DEPARTMENT OF THE INTERIOR -BUREAU OF SAFETY AND ENVIRONMENTAL ENFORCEMENT -

GULF OF MEXICO REGION -

ACCIDENT INVESTIGATION REPORT

For Public Release

	OCCURRED DATE: 21-OCT-2014 TIME: 1805 HOURS OPERATOR: Shell Offshore Inc. REPRESENTATIVE: TELEPHONE: CONTRACTOR: NOBLE DRILLING (U.S.) INC 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:
	LEASE: G07957 AREA: MC LATITUDE: BLOCK: 762 LONGITUDE:- PLATFORM:	PRODUCTION DRILLING WORKOVER COMPLETION HELICOPTER MOTOR VESSEL PIPELINE SEGMENT NO.
	RIG NAME: NOBLE BULLY I	OTHER
6.	ACTIVITY: X EXPLORATION (POE) DEVELOPMENT/PRODUCTION (DOCD/POD)	8. CAUSE: EQUIPMENT FAILURE
7.	TYPE: HISTORIC INJURY- X REQUIRED EVACUATION 1- LTA (1-3 days) X LTA (>3 days 1 RW/JT (1-3 days) RW/JT (>3 days)	EXTERNAL DAMAGE - SLIP/TRIP/FALL - WEATHER RELATED LEAK UPSET H20 TREATING OVERBOARD DRILLING FLUID OTHER
	Other Injury- FATALITY POLLUTION	9. WATER DEPTH: 3140 FT.
	FIRE EXPLOSION	10. DISTANCE FROM SHORE: 45 MI.
	LWC - HISTORIC BLOWOUT UNDERGROUND	11. WIND DIRECTION: NE - SPEED: 16 M.P.H.
	SURFACE DEVERTER SURFACE EQUIPMENT FAILURE OR PROCEDURES	12. CURRENT DIRECTION: W SPEED: 3 M.P.H.
	COLLISION HISTORIC >\$25K <- \$25K	13. SEA STATE: 0 FT.

EV2010R

The casing crew (third party employees) had just completed running the 16" casing string into the hole and were preparing to install the 1,250 ton Rotary Mounted Slips (RMS) into the rotary. This component is utilized for running the casing string into the wellbore on drill pipe aka landing string. While attempting to install the RMS the main body pin was pulled from the RMS. This procedure allows the slips the ability to open and go around the drill pipe in the rotary table. During this time there were two air hoists attached to the RMS. While picking-up the RMS with the two air hoists, the RMS began to rotate. At this time the Injured Person (IP) attempted to stop the RMS from rotating and placed his hand into the hinged section of the component which subsequently opened causing the hinged side to rapidly close with significant force and crushing the IP's index, middle and ring finger on his left hand.

The BSEE investigation determined that poor hand placement in a known pinch point was the cause of the incident. The JSA (Job Safety Analysis) identified the potential hazards associated with awareness of surroundings and hand and feet placement during the operation. The investigation also identified the following contributing factors of the incident: witness statements suggest the IP was attempting to stop the rotation of the RMS, Fitness to Work standard was not followed, there were no hazardous markings at the pinch point of the RMS and no type of safety guarding around the pinch point and the load was hoisted unevenly causing the RMS to spin.

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

Human Error

Poor hand placement. The (IP) placed his hand in a known pinch point. The JSA clearly states that all personnel involved in this operation should be aware of their surroundings and where the crew places their hands and feet.

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

Witness statements suggest the (IP) was attempting to stop the rotation of the (RMS).-IP used improper hand placement.-Fitness to Work standard was not followed. IP had worked 18 hrs the previous day and had aleady worked 12 hrs at the time of the accident.-There were no hazardous markings at the pinch point of the (RMS) and no type of safetyguarding around the pinch point.-Load was hoisted unevenly causing the (RMS) to spin.-

20. LIST THE ADDITIONAL INFORMATION:

Some additional information involving the operators Fitness to Work standard that is noted above in (section 19) states there in no policy or procedure in place for tracking hours worked by third party personnel. In addition, the contractor (Noble Drilling) does not track or monitor how many hours third party personnel work without proper rest.

MMS - FORM 2010

21. PROPERTY DAMAGED:	NATURE OF DAMAGE:	For Public Release
None	None	For Public Release
ESTIMATED AMOUNT (TOTAL):	\$	
22. RECOMMENDATIONS TO PREVENT RECUR	RANCE NARRATIVE:	
The BSEE New Orleans District ma	kes no recommendations to the Ager	ncy.
23. POSSIBLE OCS VIOLATIONS RELATED	IO ACCIDENT: NO	
24. SPECIFY VIOLATIONS DIRECTLY OR IN	NDIRECTLY CONTRIBUTING. NARRATIVE:	:
25. DATE OF ONSITE INVESTIGATION:		
31-OCT-2014		
26. ONSITE TEAM MEMBERS:	29. ACCIDENT INVESTIGATION	
Lorenzo Buckley / Earl Roy /	PANEL FORMED: NO	
	OCS REPORT:	
	30. DISTRICT SUPERVISOR:	
	David Trocquet	
	APPROVED DATE: 31-JUL-2015	
	DATE: 01 COL LOLD	
INJURY/FATALITY	/WITNESS ATTACHMENT	
OPERATOR REPRESENTATIVE		
X - CONTRACTOR REPRESENTATIVE		
OTHER	X WITNESS	

NAME :	: -
HOME	ADDRESS: -
CITY	: -
WORK	PHONE: -

	STATE:	-	
TOTAL	OFFSHORE	EXPERIENCE:	YEARS -

EMPLOYED BY: -

BUSINESS ADDRESS:		
CITY:	STATE:	
ZIP CODE:		
OPERATOR REPRESENTATIVE	INJURY	
X CONTRACTOR REPRESENTATIVE	FATALITY	
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 N 7 M 71		
NAME: HOME ADDRESS:		
CITY:	STATE:	
WORK PHONE:	TOTAL OFFSHORE EXPERIENCE:	YE.
EMPLOYED BY:		
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<pre>OPERATOR REPRESENTATIVE CONTRACTOR REPRESENTATIVE OTHER</pre>	INJURY FATALITY X WITNESS	
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HOME ADDRESS:		
CITY:	STATE:	
WORK PHONE:	TOTAL OFFSHORE EXPERIENCE:	YE
EMPLOYED BY:		
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OPERATOR REPRESENTATIVE	INJURY	
<pre>OPERATOR REPRESENTATIVE X CONTRACTOR REPRESENTATIVE OTHER</pre>	FATALITY	
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 OPERATOR REPRESENTATIVE CONTRACTOR REPRESENTATIVE OTHER	INJURY FATALITY WITNESS	
NAME: HOME ADDRESS: CITY:	STATE:	
WORK PHONE:	TOTAL OFFSHORE EXPERIENCE:	YEA
EMPLOYED BY: BUSINESS ADDRESS: CITY: ZIP CODE:	STATE:	
OPERATOR REPRESENTATIVE CONTRACTOR REPRESENTATIVE OTHER	INJURY FATALITY X WITNESS	
NAME: HOME ADDRESS: CITY: WORK PHONE:	STATE: TOTAL OFFSHORE EXPERIENCE:	YEA
EMPLOYED BY: BUSINESS ADDRESS:		- <u></u>
CITY: ZIP CODE:	STATE:	

X CONTRACTOR REPRESENTATIVE	INJURY FATALITY X WITNESS	
NAME :		
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OTHER NAME: HOME ADDRESS: CITY: WORK PHONE: EMPLOYED BY:	X WITNESS STATE:	YF

<pre>OPERATOR REPRESENTATIVE CONTRACTOR REPRESENTATIVE OTHER</pre>	INJURY FATALITY X WITNESS	
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EMPLOYED BY:		
BUSINESS ADDRESS:		
CITY:	STATE:	
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OPERATOR REPRESENTATIVE	FATALITY	
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OPERATOR REPRESENTATIVE CONTRACTOR REPRESENTATIVE OTHER NAME:	FATALITY	
<pre>OPERATOR REPRESENTATIVE X CONTRACTOR REPRESENTATIVE OTHER NAME: HOME ADDRESS:</pre>	FATALITY X WITNESS	YEA
<pre>OPERATOR REPRESENTATIVE X CONTRACTOR REPRESENTATIVE OTHER NAME: HOME ADDRESS: CITY:</pre>	FATALITY X WITNESS STATE:	YEA
<pre>OPERATOR REPRESENTATIVE CONTRACTOR REPRESENTATIVE OTHER NAME: HOME ADDRESS: CITY: WORK PHONE:</pre>	FATALITY X WITNESS STATE:	YEA
<pre>OPERATOR REPRESENTATIVE CONTRACTOR REPRESENTATIVE OTHER NAME: HOME ADDRESS: CITY: WORK PHONE: EMPLOYED BY:</pre>	FATALITY X WITNESS STATE:	YEA