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

1. OCCURRED
   DATE: 11-SEP-2009  TIME: 1100  HOURS

2. OPERATOR: ATP Oil & Gas Corporation
   REPRESENTATIVE: Cleland, Betsy
   TELEPHONE: (713) 403-7017
   CONTRACTOR: Diamond Offshore
   REPRESENTATIVE: Scott Rodger
   TELEPHONE: (713) 422-4376

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

4. LEASE: G09789
   AREA: MC
   LATITUDE:
   BLOCK: 173
   LONGITUDE:

5. PLATFORM:
   RIG NAME: DIAMOND OCEAN CONFIDENCE

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

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

   POLLUTION
   FIRE
   EXPLOSION

   HISTORIC BLOWOUT
   UNDERGROUND SURFACE DEVERTER
   SURFACE EQUIPMENT FAILURE OR PROCEDURES

   COLLISION
   HISTORIC
   >$25K
   <=$25K

8. CAUSE:
   EQUIPMENT FAILURE
   HUMAN ERROR
   EXTERNAL DAMAGE
   SLIP/TRIP/FALL
   WEATHER RELATED
   LEAK
   UPSET H2O TREATING
   OVERBOARD DRILLING FLUID
   OTHER Improper Rigging

9. WATER DEPTH: 6387 FT.

10. DISTANCE FROM SHORE: 81 MI.

11. WIND DIRECTION: ESE
    SPEED: 15 M.P.H.

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

13. SEA STATE: 5 FT.
17. INVESTIGATION FINDINGS:

On 11 September 2008 at approximately 1100 hours, a contract employee was injured when a riser torque wrench that he was attempting to recover fell striking him on his right hand. It was determined that improper rigging procedures caused the incident. Due to the size and shape of the wrench and the tight clearance between the riser and diverter housing, the wrench was tied at an angle and left suspended. The angle of the suspended torque wrench caused the 1/2" lifting eye to be side loaded, thus decreasing the load rating of the eye bolt to 25% at 90 degrees or 30% at 45 degrees. Failure of the eye bolt resulted in the wrench falling and striking the Injured Person (IP). The IP suffered a 1 inch laceration in the webbing between the thumb and index finger. First Aid was administered on the rig prior to the IP being evacuated to shore for medical treatment. The IP had surgery on his hand and was released from the hospital on 15 September 2009.

Sequence of Events:
1) The crew loosened the termination joint bolts from the BOP stack.
2) An air hoist was used to retrieve the torque wrench through the diverter housing.
3) After the wrench entered the diverter housing, the rigging (eyebolt) failed allowing the wrench, weighing 275 lbs, to fall approximately 3 feet striking the IP on the right hand that was placed on the riser flange bolt to maintain his balance.

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

Improper rigging procedures from side loading of the torque wrench resulted in failure of the eye bolt and the wrench falling to strike the IP on the right hand. Failure of the eye bolt resulted from the load rating of the eye bolt being decreased to 25% at 90 degrees or 30% at 45 degrees.

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

1) Lack of control of the lifting operation since the Job Safety Analysis (JSA) did not detail how to recover the wrench from the Moonpool.
2) Hand placement of the IP.
3) Size and shape of the riser wrench resulting in a tight clearance through the diverter housing.

20. LIST THE ADDITIONAL INFORMATION:
21. PROPERTY DAMAGED: None
   NATURE OF DAMAGE: None

ESTIMATED AMOUNT (TOTAL): $

22. RECOMMENDATIONS TO PREVENT RECURRANCE NARRATIVE:
   The MMS New Orleans District makes no recommendations to the MMS Regional Office of
   Safety Management (OSM).

23. POSSIBLE OCS VIOLATIONS RELATED TO ACCIDENT: NO

24. SPECIFY VIOLATIONS DIRECTLY OR INDIRECTLY CONTRIBUTING. NARRATIVE:

25. DATE OF ONSITE INVESTIGATION:
   21-SEP-2009

26. ONSITE TEAM MEMBERS: Mike Hutchinson / Darryl P. Williams /

29. ACCIDENT INVESTIGATION
   PANEL FORMED: NO
   OCS REPORT:

30. DISTRICT SUPERVISOR:
   David J. Trocquet
   APPROVED
   DATE: 01-APR-2010
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: