

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

1. OCCURRED

DATE: **02-NOV-2008** TIME: **1105** HOURS

2. OPERATOR: **Stone Energy Corporation**

REPRESENTATIVE: **Almon Loos**

TELEPHONE: **(713) 422-4986**

CONTRACTOR: **ROWAN DRILLING**

REPRESENTATIVE: **Dean Calcote**

TELEPHONE: **(337) 462-3774**

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

4. LEASE: **G04254**

AREA: **EW** LATITUDE:

BLOCK: **305** LONGITUDE:

5. PLATFORM: **A**

RIG NAME: **ROWAN ALASKA**

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 **1 First Aid**

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 Open Hole

9. WATER DEPTH: **270** FT.

10. DISTANCE FROM SHORE: **27** MI.

11. WIND DIRECTION: **E**  
SPEED: **5** M.P.H.

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

13. SEA STATE: **0** FT.

17. DESCRIBE IN SEQUENCE HOW ACCIDENT HAPPENED:

On November 2, 2008, at 1105 hours on the Rowan Alaska drilling rig located on Stone Energy Corporation's Lease OCS-G 4254, Ewing Bank Block 305 Platform A, a contract employee received minor injuries to his rib cage when he fell through a 16" x 24" unattended and non-barricaded open hole in the grating. The Injured Person (IP) was assisted from the hole to receive medical first aid.

Sequence of Events:

Three contract employees were in the process of cleaning the shaker pits. One employee was in shaker pit #1, another employee was in shaker pit #2, while the IP operated a pressure washer above the pits. The employee in pit #1 exited the pit to retrieve a water hose to begin cleaning the pit, leaving the open hole in the grating unattended with no barricade. The IP entered the area of pit #1 operating the pressure washer while walking backwards, and fell backwards through the open hole. Although the employee caught himself as his leg went through the opening, he struck his lower left rib cage area on the grating's edge.

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

Human Error:

- 1) Open hole in the deck.
- 2) Open hole was left unattended without a barricade.
- 3) Employee operating a pressure washer while walking backwards.

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

- 1) Poor Job Safety Analysis (JSA) detail of potential hazards and associated risks.
- 2) Previous JSA's have the same wording, with no mention of an open hole as a potential hazard.
- 3) JSA at the time of the incident was not reviewed or signed by a company representative/supervisor to ensure company policy was followed.

20. LIST THE ADDITIONAL INFORMATION:

- 1) No JSA discussion was conducted between company and third party personnel, only third party.
- 2) No confined space entry permit was completed/discussed for this job.

21. PROPERTY DAMAGED:

**None**

NATURE OF DAMAGE:

**None**

ESTIMATED AMOUNT (TOTAL):

**\$**

22. RECOMMENDATIONS TO PREVENT RECURRENCE 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: **YES**

24. SPECIFY VIOLATIONS DIRECTLY OR INDIRECTLY CONTRIBUTING. NARRATIVE:

**INC G-112 is issued to document that Stone Energy Corporation failed to provide for the safety of all personnel, and that other safety equipment, such as open hole barricade equipment, was not provided to prevent an employee from injury due to falling into an unattended and non-barricaded open hole.**

25. DATE OF ONSITE INVESTIGATION:

**04-NOV-2007**

26. ONSITE TEAM MEMBERS:

**Justin Josey /**

29. ACCIDENT INVESTIGATION

PANEL FORMED: **NO**

OCS REPORT:

30. DISTRICT SUPERVISOR:

**David J. Trocquet**

APPROVED

DATE: **27-FEB-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 :