

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

ACCIDENT INVESTIGATION REPORT

For Public Release

1. OCCURRED

DATE: **27-AUG-2021** TIME: **1400** HOURS

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

REPRESENTATIVE:
 TELEPHONE:
 CONTRACTOR:
 REPRESENTATIVE:
 TELEPHONE:

- STRUCTURAL DAMAGE
- CRANE
- OTHER LIFTING
- 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:

8. OPERATION:

4. LEASE: **G07963**

AREA: **MC** LATITUDE:
 BLOCK: **807** LONGITUDE:

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

5. PLATFORM: **B (Olympus)**
 RIG NAME:

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

9. CAUSE:

7. TYPE:

INJURIES:

- | | | |
|---------------------------------------------------------|----------|------------|
| <input type="checkbox"/> HISTORIC INJURY | OPERATOR | CONTRACTOR |
| <input checked="" type="checkbox"/> REQUIRED EVACUATION | 1 | |
| <input type="checkbox"/> LTA (1-3 days) | | |
| <input type="checkbox"/> LTA (>3 days) | | |
| <input type="checkbox"/> RW/JT (1-3 days) | | |
| <input type="checkbox"/> RW/JT (>3 days) | | |
| <input type="checkbox"/> FATALITY | | |
| <input checked="" type="checkbox"/> Other Injury | 1 | |

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

Medical Treatment

- POLLUTION
- FIRE
- EXPLOSION

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

- 10. WATER DEPTH: **2950** FT.
- 11. DISTANCE FROM SHORE: **72** MI.
- 12. WIND DIRECTION:
SPEED: M.P.H.
- 13. CURRENT DIRECTION:
SPEED: M.P.H.
- 14. SEA STATE: FT.
- 15. PICTURES TAKEN:
- 16. STATEMENT TAKEN:

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

INCIDENT SUMMARY:

On 27 August 2021 at approximately 1400 hours, an injury occurred on Mississippi Canyon (MC) 807 B (Olympus), owned, and operated by Shell Offshore Inc. (Shell). The Injured Person (IP) was conducting hurricane evacuation procedures when a laceration to the left thumb occurred while cutting off a section of rope. The IP reported to the platform's onboard medic where it was determined that treatment beyond first aid was needed. IP was flown in the same day where treatment beyond first aid was given at an onshore medical facility.

SEQUENCE OF EVENTS:

On 27 August 2021, platform personnel were conducting hurricane evacuation operations in preparations for Hurricane Ida. The IP was cutting a section of rope when a laceration to the IP's left thumb occurred. Immediately following the incident, the IP reported to the platform's onboard medic for treatment. The medic determined that the IP needed to be seen at an onshore medical facility for treatment beyond first aid. IP was flown in on the same day where treatment was given at the medical facility. Following treatment, the IP was released back to full work duty.

On 9 September 2021, after Hurricane Ida had past and it was safe for staff to return to the platform, the IP returned to work without any limitations and fully recovered from the injury.

BSEE INVESTIGATION:

On 14 September 2021, Bureau of Safety and Environmental Enforcement (BSEE) Accident Investigator (AI) received an email summary of an injury that occurred at MC 807 B. More documents and information were then requested by the AI.

On 23 September 2021, the AI received and reviewed all submitted documents and information regarding the incident.

It was determined that the IP was wearing gloves at the time of the incident; however, the IP's gloves were not cut resistant gloves.

The IP was using an approved alternative cutting device and followed Shell's policy for the use of cutting devices when the injury occurred.

CONCLUSIONS:

The IP's gloves did not provide adequate protection from sharp objects or the approved cutting device used, which resulted in a laceration to the IP's thumb.

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

Work Environment - No or improper PPE: IP was not wearing cut resistant work gloves while using a cutting device.

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

N/A

20. LIST THE ADDITIONAL INFORMATION:

21. PROPERTY DAMAGED:

NATURE OF DAMAGE:

ESTIMATED AMOUNT (TOTAL):

\$

22. RECOMMENDATIONS TO PREVENT RECURRANCE NARRATIVE:

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

24. SPECIFY VIOLATIONS DIRECTLY OR INDIRECTLY CONTRIBUTING. NARRATIVE:

25. DATE OF ONSITE INVESTIGATION:

28. ACCIDENT CLASSIFICATION:

29. ACCIDENT INVESTIGATION

PANEL FORMED: **NO**

26. INVESTIGATION TEAM MEMBERS:

OCS REPORT:

Nathan Bradley /

30. DISTRICT SUPERVISOR:

27. OPERATOR REPORT ON FILE:

David Trocquet

APPROVED

DATE:

09-JAN-2022