

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: **08-MAY-2021** TIME: **1100** HOURS

2. OPERATOR: **W & T Offshore, Inc.**

REPRESENTATIVE:

TELEPHONE:

CONTRACTOR: **Pelstar Machinal Services**

REPRESENTATIVE:

TELEPHONE:

- STRUCTURAL DAMAGE
- CRANE
- OTHER LIFTING **manual hand dolly**
- 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: **G13662**

AREA: **MP** LATITUDE:

BLOCK: **283** LONGITUDE:

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

5. PLATFORM: **A**

RIG NAME:

6. ACTIVITY:

- EXPLORATION (POE)
- DEVELOPMENT/PRODUCTION (DOCD/POD)

9. CAUSE:

7. TYPE:

INJURIES:

HISTORIC INJURY

REQUIRED EVACUATION

LTA (1-3 days)

LTA (>3 days)

RW/JT (1-3 days)

RW/JT (>3 days)

FATALITY

Other Injury

OPERATOR

CONTRACTOR

0

1

0

1

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

POLLUTION

FIRE

EXPLOSION

LWC HISTORIC BLOWOUT

UNDERGROUND

SURFACE

DEVERTER

SURFACE EQUIPMENT FAILURE OR PROCEDURES

10. WATER DEPTH: **300** FT.

11. DISTANCE FROM SHORE: **46** 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 8 May 2021, at 1100 hours at Main Pass (MP) 283 A, Lease OCS-G 13662, a lifting incident with injury occurred. A crate slid off a dolly and the dolly's handle landed on the injured person's (IP's) right foot just behind the steel toe. The injury resulted in a contusion to the right foot and restricted work greater than 3 days. MP 283 A is a manned production facility, and the operator on record is W&T Offshore. Inc.

SEQUENCE OF EVENTS:

On 8 May 2021, two personnel, the mechanic and the electrician were attempting to move 100-pound crate 30 feet across the deck grating with a hand dolly to load it into a cargo box. Due to its rectangular shape and size, the crate could not be balanced equally on the hand dolly. The team decided to place the dolly under one end of the crate while the other end of the crate would be supported and guided by the second person. As personnel pulled the crate across the deck, they encountered a 4 inch step-up, 2 feet from the opening of the cargo box. As one person pulled, and the other person pushed, the crate slid off the dolly and the IP (mechanic) lost his grip on the dolly's handle and the handle impacted the IP's right foot. The IP removed his boot and observed swelling. A cold pack was applied to reduce the swelling. A few minutes later, the IP went upstairs to the quarters to elevate his foot. The IP requested to go onshore and have the injury evaluated. The IP was evacuated onshore by helicopter for medical evaluation and treatment. The physician determined that the IP did not have any broken bones but did have a contusion and was placed on light duty for greater than 3 days.

BSEE INVESTIGATION:

The BSEE Accident Investigator (AI) collected the Personnel On Board List (POB) of 5, 2 witness statements, photos, and a Medical Release. The AI found a JSA was not utilized to identify potential hazards associated with the job task and the hand dolly was not equipped with a securing strap.

CONCLUSIONS:

BSEE found the probable cause of this incident to be a lack of proper equipment for the job. The hand dolly was not equipped with a securing strap which could have been used to secure the load during transport. BSEE also found a contributing cause to be that personnel did not document a risk assessment for the task as no JSA was performed.

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

Equipment Failure: Inadequate/improper tools or equipment used. The hand dolly was not equipped with a securing strap which could have been used to secure the load during transport.

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

Human Performance Error: Not following proper procedure. Personnel did not document a risk assessment for the task as no JSA was performed.

20. LIST THE ADDITIONAL INFORMATION:

NA

21. PROPERTY DAMAGED:

NATURE OF DAMAGE:

NA

NA

ESTIMATED AMOUNT (TOTAL):

22. RECOMMENDATIONS TO PREVENT RECURRENCE NARRATIVE:

The BSEE New Orleans District has no recommendations for the Office of Incident Investigations at this time.

23. POSSIBLE OCS VIOLATIONS RELATED TO ACCIDENT: NO

24. SPECIFY VIOLATIONS DIRECTLY OR INDIRECTLY CONTRIBUTING. NARRATIVE:

NA

25. DATE OF ONSITE INVESTIGATION:

28. ACCIDENT CLASSIFICATION:

11-MAY-2021

29. ACCIDENT INVESTIGATION

PANEL FORMED: NO

26. INVESTIGATION TEAM MEMBERS:

OCS REPORT:

Gerald Taylor - Accident Investigator /

30. DISTRICT SUPERVISOR:

David Trocquet

27. OPERATOR REPORT ON FILE:

APPROVED

DATE:

14-SEP-2021