

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: **02-AUG-2013** TIME: **1430** HOURS

2. OPERATOR: **Northstar Offshore Group, LLC**
REPRESENTATIVE:
TELEPHONE:
CONTRACTOR: **ROWAN COMPANIES INC.**
REPRESENTATIVE:
TELEPHONE:

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

4. LEASE: **G33092**
AREA: **EI** LATITUDE:
BLOCK: **133** LONGITUDE:

5. PLATFORM:
RIG NAME: **ROWAN LOUISIANA**

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

7. TYPE:

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

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

9. WATER DEPTH: **64** FT.

10. DISTANCE FROM SHORE: **33** MI.

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

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

13. SEA STATE: FT.

17. INVESTIGATION FINDINGS:

At approximately 1430 hours on 02 August 2013, a Rowan Companies (Rowan) Floorman sustained an eye injury on board the Rowan Louisiana jack-up rig while conducting drilling operations for Northstar Offshore Group, LLC (Northstar) at the surface location of Eugene Island Block 133.

The incident occurred when the Rowan Floorhand (Injured Party) was tasked by the rig's Mud Engineer to add caustic soda beads to the drilling mud in Pit #2. Since the caustic hopper, normally used for adding caustic material to the mud pits was inoperable, the Injured Party (IP) dumped the caustic soda beads directly from the sack into the drilling mud. When the IP finished pouring the contents from the sack, he shook it to insure that the content was emptied out when his left eye was exposed caustic soda bead dust.

Another Rowan Floorhand observed that the IP was in distress from exposure to the caustic soda bead dust, so he assisted him to the nearest eye wash station where the IP's eyes was irrigated with water. After irrigation of the IP's eyes for several minutes, he was escorted to the rig floor and reported the incident to the Rowan Driller. The Driller sent the IP to Rig Medic and notified the Rowan Offshore Installation Manager (OIM).

The Rig Medic noted that the IP was wearing contact lenses, so he removed them and flushed his eyes out with water. The Rig Medic then examined the IP's eye and observed blisters on the upper and lower eye lids; however, no blistering was observed on the eye ball. It was determined that the IP required a medical evaluation from a Physician; therefore he was air transported to the Acadiana Orthopedic & Occupational Health Center (AOOHC) located in Lafayette, Louisiana.

On 2 August 2013, an AOOHC Physician examined the IP's eye and found no visual impairment. The IP's eye was flushed thoroughly with water again and the Physician observed the white portion of the eyeball known as the conjunctiva, (the mucous membrane investing the anterior surface of the eyeball and the posterior surface of the lids), to be very red and irritated. The AOOHC Physician administered prescribed eye drops and recommended the IP visit an Ophthalmologist.

On 5 August 2013, the IP met with an Ophthalmologist for a medical eye evaluation. The Ophthalmologist observed that the IP's eye was still irritated; however, no vision change was noted. The Ophthalmologist recommended that the IP continue using the prescribed eye drops and return in a week. On 12 August 2013, the IP re-visited the Ophthalmologist who observed improvement in the eye's condition with little visible red irritation, but still no vision loss.

Rowan reported that the IP was placed on "off scheduled time" after the eye injury; however he was eventually terminated from Rowan for not following company policy.

The Rowan investigation report stated that the probable cause of the accident was attributed to the injured Floorman not adhering to Rowan policies and procedures for mixing caustics.

According to the Rowan investigation report, the following were listed as the contributing causes to the accident: 1) breakdown in communication and poor job hand over; 2) a specific Job Risk Analysis for mixing caustic materials with drilling mud was not completed; 3) personnel did not review Rowan's Rig Specific Procedure 3.4.1 for Mixing Caustics before initiating job; 4) the IP failed to don the proper personal protective equipment when handling hazardous materials; 5) inadequate maintenance of the caustic hopper; 5) equipment checks were not performed prior to initiating the job; 6) management failed to follow up on report of inoperable equipment (caustic hopper); and 7) failure to exercise Stop Work Authority.

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

The Rowan investigation report stated that the probable cause of the accident was attributed to the injured Floorman not adhering to Rowan policies and procedures for mixing caustics.

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

According to the Rowan investigation report, the following were listed as the contributing causes to the accident: 1) breakdown in communication and poor job hand over; 2) a specific Job Risk Analysis for mixing caustic materials with drilling mud was not completed; 3) personnel did not review Rowan's Rig Specific Procedure 3.4.1 for Mixing Caustics before initiating job; 4) the IP failed to don the proper personal protective equipment when handling hazardous materials; 5) inadequate maintenance of the caustic hopper; 5) equipment checks were not performed prior to initiating the job; 6) management failed to follow up on report of inoperable equipment (caustic hopper); and 7) failure to exercise Stop Work Authority.

20. LIST THE ADDITIONAL INFORMATION:

21. PROPERTY DAMAGED:

None

NATURE OF DAMAGE:

None

ESTIMATED AMOUNT (TOTAL):

\$

22. RECOMMENDATIONS TO PREVENT RECURRENCE NARRATIVE:

The BSEE Lafayette District makes no recommendations to the Office of Safety Management.

23. POSSIBLE OCS VIOLATIONS RELATED TO ACCIDENT: **YES**

24. SPECIFY VIOLATIONS DIRECTLY OR INDIRECTLY CONTRIBUTING. NARRATIVE:

During a rig inspection on 22 August 2013 by BSEE inspectors, a G-110 Incident of Noncompliance (INC) and a G-132 INC was issued to Northstar to document its failure to protect health, safety and the environment by performing operations in an unsafe and unworkmanlike manner and its failure to immediately verbally notify the District Manager of an injury that required evacuation; respectively. The INCs were issued for well operations activities conducted on 2 August 2013 when Northstar failed to provide adequate supervision for adding caustic material to the mud pits that resulted in a Rowan Floorhand sustaining an injury to his left eye. In addition, on 2 August 2013 Northstar failed to verbally notify the BSEE Lafayette District Manager of this reportable injury immediately after the Rowan Floorhand was evacuated from the rig.

25. DATE OF ONSITE INVESTIGATION:

22-AUG-2013

26. ONSITE TEAM MEMBERS:

Troy Naquin / Ernest Carmouche /

29. ACCIDENT INVESTIGATION

PANEL FORMED: **NO**

OCS REPORT:

30. DISTRICT SUPERVISOR:

Elliott S. Smith

APPROVED

DATE: **03-OCT-2013**

INJURY/FATALITY/WITNESS ATTACHMENT

<input type="checkbox"/>	OPERATOR REPRESENTATIVE	<input checked="" type="checkbox"/>	INJURY
<input checked="" type="checkbox"/>	CONTRACTOR REPRESENTATIVE	<input type="checkbox"/>	FATALITY
<input type="checkbox"/>	OTHER _____	<input type="checkbox"/>	WITNESS

NAME:

HOME ADDRESS:

CITY:

STATE:

WORK PHONE:

TOTAL OFFSHORE EXPERIENCE:

YEARS

EMPLOYED BY:

BUSINESS ADDRESS:

INJURY/FATALITY/WITNESS ATTACHMENT

CITY:

STATE:

ZIP CODE:

OPERATOR REPRESENTATIVE

INJURY

CONTRACTOR REPRESENTATIVE

FATALITY

OTHER _____

WITNESS

NAME:

HOME ADDRESS:

CITY:

STATE:

WORK PHONE:

TOTAL OFFSHORE EXPERIENCE:

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