

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: **30-MAR-2013** TIME: **1715** HOURS

2. OPERATOR: **McMoRan Oil & Gas LLC**
REPRESENTATIVE:
TELEPHONE:
CONTRACTOR:
REPRESENTATIVE:
TELEPHONE:

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

4. LEASE: **00572**
AREA: **EI** LATITUDE:
BLOCK: **193** LONGITUDE:

5. PLATFORM: **A**
RIG NAME:

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

7. TYPE:
 HISTORIC INJURY
 REQUIRED EVACUATION **1**
 LTA (1-3 days)
 LTA (>3 days)
 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

6. OPERATION:
 STRUCTURAL DAMAGE
 CRANE
 OTHER LIFTING DEVICE
 DAMAGED/DISABLED SAFETY SYS.
 INCIDENT >\$25K
 H2S/15MIN./20PPM
 REQUIRED MUSTER
 SHUTDOWN FROM GAS RELEASE
 OTHER

8. CAUSE:
 PRODUCTION
 DRILLING
 WORKOVER
 COMPLETION
 HELICOPTER
 MOTOR VESSEL
 PIPELINE SEGMENT NO. **10318**
 OTHER **Abandonment**

9. WATER DEPTH: **87** FT.

10. DISTANCE FROM SHORE: **40** MI.

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

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

13. SEA STATE: FT.

17. INVESTIGATION FINDINGS: -

On March 30, 2013 at approximately 1715 hours, a Construction Employee (CE) was injured while attempting cutting operations to remove a pipeline. The CE had 22 years' experience and 3 years and 9 months with the CE's present employer. The CE had attended a JSA (Job Safety Analysis) review prior to attempting to remove the pipeline that was located on the North East corner of the platform. The CE placed the JSA paperwork as well as the Hot Work Permit in his back pocket but no copies were made. The pipeline riser severing scope of work was a late addition to the overall scope of work for this phase of the project. The CE and his co-worker traveled to the unmanned facility utilizing a boat. No other personnel including the construction supervisor or the safety technician boarded the facility to address any potential hazards prior to conducting cutting operations on the pipeline.

As cutting operations were in progress, the CE had to reposition himself to complete the cut to the pipeline. As the CE relocated to the opposite side of the pipeline, he found an open hole that was barricaded on the Plus 10 due to a piece of missing grating. The field boat contained boards that could have been utilized to cover the open hole and eliminate the threat. Failing to stop work and reassess the potential hazard of the missing grating, the CE climbed through the barricade on to platform supports and resumed cutting operations. Due to tension on the pipeline from prior damage to the facility, the pipeline moved approximately 3 to 4 feet once the final cuts were made striking the CE. The CE was thrown off of the supports entering the Gulf through the open hole.

The co-worker and the boat immediately began rescue operations to retrieve the CE from the water. The CE was transported to a medical facility where he received treatment for a cracked rib, minor cut to the head and soreness in the arms and back due to the impact of the pipeline. The CE was released within 24 hours of being treated by the physician to full duty. Due to the JSA and the Hot work permit being placed in the CE's pocket, the items were ruined and unable to be retrieved.

The BSEE Lafayette District conducted an onsite investigation April 1, 2013.

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

The CE failed to stop work and reassess the work area for hazards before climbing over the barricades to enter the open hole area.

All parties involved in the pipeline removal failed to address the hazards prior to initiating work on the pipeline project. There were no meetings or review of the work area after the CE arrived on the plus 10 and detected the open hole hazard. Prior to starting the cutting operations, supervisors or safety technician failed to visit the work site to address the hazards with personnel.

The lack of mechanical bracing to both of the pipeline sections prior to cutting operations. -

Alternative equipment such as remotely operated cold (or flame based) cutting devices were not considered and were not available onsite.

Failure to initiate stop work as the open hole and possible tension on the pipeline were discovered.

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

20. LIST THE ADDITIONAL INFORMATION:

21. PROPERTY DAMAGED: NATURE OF DAMAGE:
None **NA**

ESTIMATED AMOUNT (TOTAL): \$

22. RECOMMENDATIONS TO PREVENT RECURRANCE NARRATIVE:

The BSEE Lafayette District office makes no recommendations to the Office of Safety Management (OSM).

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

24. SPECIFY VIOLATIONS DIRECTLY OR INDIRECTLY CONTRIBUTING. NARRATIVE:

INC G-110 is issued "After the Fact" to document that McMoRan Oil & Gas LLC failed to protect health, safety and the environment by not performing operations in a safe and workmanlike manner as follows: McMoRan Oil & Gas LLC failed to properly supervise construction operations after a contract welder crossed over a barricade protecting an open hole at the +10 level. Once the contract welder resumed cutting operations on a pipeline being decommissioned, the pipeline moved three to four feet coming in contact with the welder. The welder entered the Gulf of Mexico through the open hole and was rescued by coworkers as well as the boat crew. The contract welder suffered a cracked rib and minor injuries to his head and back.

25. DATE OF ONSITE INVESTIGATION:

01-APR-2013

26. ONSITE TEAM MEMBERS:

29. ACCIDENT INVESTIGATION
PANEL FORMED: **NO**

OCS REPORT:

30. DISTRICT SUPERVISOR:

Raymond Johnson / Wade Guillotte /
Gerald Gonzales /

Elliott S. Smith

APPROVED

DATE: 21-MAY-2013

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:

OPERATOR REPRESENTATIVE

INJURY

CONTRACTOR REPRESENTATIVE

FATALITY

OTHER _____

WITNESS

NAME:

HOME ADDRESS:

CITY:

STATE:

WORK PHONE:

TOTAL OFFSHORE EXPERIENCE:

YEARS

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BUSINESS ADDRESS:

CITY:

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INJURY/FATALITY/WITNESS ATTACHMENT

OPERATOR REPRESENTATIVE

INJURY

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