

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: **28-AUG-2013** TIME: **0700** HOURS

2. OPERATOR: **Nexen Petroleum U.S.A. Inc.**
REPRESENTATIVE:
TELEPHONE:
CONTRACTOR:
REPRESENTATIVE:
TELEPHONE:

- STRUCTURAL DAMAGE
- CRANE
- OTHER LIFTING DEVICE
- 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:

6. OPERATION:

4. LEASE: **G01959**
AREA: **EI** LATITUDE:
BLOCK: **258** 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)

8. CAUSE:

7. TYPE:

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

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

- FATALITY
- POLLUTION
- FIRE
- EXPLOSION

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

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

9. WATER DEPTH: **158** FT.

10. DISTANCE FROM SHORE: **48** MI.

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

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

13. SEA STATE: FT.

17. INVESTIGATION FINDINGS:

On 28 August 2013 at approximately 0700 hours, a report was received that a Galley hand (GH) injured his left leg, lower left abdomen, and lower back on left side and neck while attempting to dispose of a 30 to 35 lb. bag of trash into a trash compactor.

The GH had departed the stairway of the living quarters and swung the bag of trash over his right shoulder. The GH stated as he was walking toward the trash compactor he was observing an employee getting water from a cooler and as he did so, he stepped on a drain cover that slipped out from under him causing him to slip and fall on the deck. When personnel on the facility became aware that the GH had fallen they approached the scene to provide assistance. The GH stated he had pain in his leg, lower abdomen, and lower back on left side of neck. As the employees attempted to administer first aid the GH stated he did not want to be touched. A medic was transported from EI 258-C by motor vessel to EI 258-A to assist in the first aid treatment of the GH but the GH refused to allow the medic to touch or examine him. It was decided by the Lessee to transport the GH to a hospital by helicopter. The field pilot informed the Lessee that his aircraft was not equipped to carry a spine board. It was then decided to utilize Air-Med due to pain and discomfort being stated by the GH.

The GH was transported to a hospital in Lafayette, La. where he was met by management from the Lessee and his company. Hospital personnel examined, took X-rays, and CT scans of the GH's injuries but could find no abnormalities. An MRI was ordered but the GH refused to cooperate stating he wanted to see his own personal physician. The GH was released to full duty by the hospital physician. The GH left the hospital with someone without assistance.

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

The bolts holding the cover in place were missing at the time of the incident. Although the bolts were missing, attempts to move the drain cover by stepping on it and trying to slide it out were unsuccessful.

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

The GH stated as he was walking toward the trash compactor, he was observing an employee getting water which could have caused a lack of concentration that may have contributed to this incident.

20. LIST THE ADDITIONAL INFORMATION:

21. PROPERTY DAMAGED:

None

NATURE OF DAMAGE:

N/A

ESTIMATED AMOUNT (TOTAL):

\$

22. RECOMMENDATIONS TO PREVENT RECURRENCE NARRATIVE:

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

23. POSSIBLE OCS VIOLATIONS RELATED TO ACCIDENT: NO

24. SPECIFY VIOLATIONS DIRECTLY OR INDIRECTLY CONTRIBUTING. NARRATIVE:

None

25. DATE OF ONSITE INVESTIGATION:

28-AUG-2013

26. ONSITE TEAM MEMBERS:

Wade Guillotte / Seth Duhon / Andre Mounon / Gerald Gonzales /

29. ACCIDENT INVESTIGATION

PANEL FORMED: NO

OCS REPORT:

30. DISTRICT SUPERVISOR:

Elliott S. Smith

APPROVED

DATE:

30-OCT-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:

INJURY/FATALITY/WITNESS ATTACHMENT

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

EMPLOYED BY:

BUSINESS ADDRESS:

CITY:

STATE:

ZIP CODE: