

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: 20-DEC-2012 TIME: 0420 HOURS

2. OPERATOR: Shell Offshore Inc.

REPRESENTATIVE:

TELEPHONE:

CONTRACTOR:

REPRESENTATIVE:

TELEPHONE:

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

4. LEASE: G08241

AREA: GB LATITUDE:

BLOCK: 426 LONGITUDE:

5. PLATFORM: A-Auger TLP

RIG NAME:

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

7. TYPE:

HISTORIC INJURY

- |                                     |                     |   |
|-------------------------------------|---------------------|---|
| <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 checked="" type="checkbox"/> | RW/JT (>3 days)     | 1 |
| <input type="checkbox"/>            | 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 **Finger Injury**

6. OPERATION:

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

8. CAUSE:

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

9. WATER DEPTH: 2860 FT.

10. DISTANCE FROM SHORE: 136 MI.

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

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

13. SEA STATE: FT.

17. INVESTIGATION FINDINGS:

On 20 December 2012, at approximately 0420 hours, a construction employee (CE) severely injured his index and ring finger on his right hand. Prior to the construction operations taking place, a Job Safety Analysis was completed as well as a Hand Safety Analysis. Each of these forms discussed proper hand placement.

A section of 4 inch pipe, approximately 15 to 20 feet long, was being elevated for installation. A nylon strap was being utilized on each side of the pipe. Attached to one end of the pipe was a come-a-long and the other side contained a chain fall. As the pipe was being lifted into position by utilizing the come-a-long, the CE attempted to lift the pipe by hand. It was stated that as the CE attempted to lift the pipe, an employee advised the CE to allow the come-a-long to guide the pipe and not use his hands. Disregarding the other employee's recommendation, the CE attempted to lift the pipe. As the CE lifted, the pipe slipped severing the tips of the right middle and ring finger. The fingers had been struck between an existing flange and the pipe the CE was lifting.

The CE received immediate attention at the facility and was flown in to Bourgeois Medical Clinic where a hand specialist was waiting. Due to the severity of the injuries, the CE underwent surgery. The CE was released to light duty.

The BSEE Lafayette District conducted an onsite investigation December 21, 2012.

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

1. The CE placed his hands in an unsafe area failing to adhere to the proper hand placement.
2. The CE also failed to follow the recommendations of his coworker to not use his hands.

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 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:

**21-DEC-2012**

26. ONSITE TEAM MEMBERS:

**Wade Guillotte / Tony Woods /  
Gerald Gonzales /**

29. ACCIDENT INVESTIGATION

PANEL FORMED: **NO**

OCS REPORT:

30. DISTRICT SUPERVISOR:

**Elliott S. Smith**

APPROVED

DATE: **30-JAN-2013**

# INJURY/FATALITY/WITNESS ATTACHMENT

OPERATOR REPRESENTATIVE

CONTRACTOR REPRESENTATIVE

OTHER \_\_\_\_\_

INJURY

FATALITY

WITNESS

NAME :

HOME ADDRESS :

CITY :

STATE :

WORK PHONE :

TOTAL OFFSHORE EXPERIENCE :

YEARS

EMPLOYED BY :

BUSINESS ADDRESS :

CITY :

STATE :

ZIP CODE :

OPERATOR REPRESENTATIVE

CONTRACTOR REPRESENTATIVE

OTHER \_\_\_\_\_

INJURY

FATALITY

WITNESS

NAME :

HOME ADDRESS :

CITY :

STATE :

WORK PHONE :

TOTAL OFFSHORE EXPERIENCE :

YEARS

EMPLOYED BY :

BUSINESS ADDRESS :

CITY :

STATE :

ZIP CODE :

# 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 :

