UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF SAFETY AND ENVIRONMENTAL ENFORCEMENT
GULF OF MEXICO REGION

ACCIDENT INVESTIGATION REPORT

1. OCCURRED
   DATE: 20-DEC-2012   TIME: 0420   HOURS

2. OPERATOR: Shell Offshore Inc.
   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)
   [X] DEVELOPMENT/PRODUCTION (DOCD/POD)

7. TYPE:
   [ ] HISTORIC INJURY
   [ ] REQUIRED EVACUATION 1
   [ ] LTA (1-3 days)
   [ ] LTA (>3 days)
   [ ] RW/JT (1-3 days)
   [X] RW/JT (>3 days) 1
   [X] OTHER Injury
   [ ] FATALITY
   [ ] POLLUTION
   [ ] FIRE
   [ ] EXPLOSION

8. CAUSE:
   [X] EQUIPMENT FAILURE
   [X] 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:
22. RECOMMENDATIONS TO PREVENT RECURRANCE 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

27. OCS REPORT:

30. DISTRICT SUPERVISOR:

Elliott S. Smith

APPROVED DATE: 30-JAN-2013
OPERATOR REPRESENTATIVE

CONTRACTOR REPRESENTATIVE

OTHER

OPERATOR REPRESENTATIVE

CONTRACTOR REPRESENTATIVE

OTHER

NAME:

HOME ADDRESS:

CITY: STATE:

WORK PHONE: TOTAL OFFSHORE EXPERIENCE: YEARS

EMPLOYED BY:

BUSINESS ADDRESS:

CITY: STATE:

ZIP CODE:

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: