ACCIDENT INVESTIGATION REPORT

For Public Release

1. OCCURRED
DATE: 24-JAN-2013  TIME: 1415  HOURS

2. OPERATOR: Anadarko Petroleum Corporation
REPRESENTATIVE:
TELEPHONE:
CONTRACTOR: Nabors Drilling Inc.
REPRESENTATIVE:
TELEPHONE:

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

4. LEASE: G22987
AREA: GC
LATITUDE:
BLOCK: 680
LONGITUDE:

5. PLATFORM: A (Constitution
RIG NAME: NABORS MODS RIG 150

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) 1
□ Other Injury

□ FATALITY
□ POLLUTION
□ FIRE
□ EXPLOSION

□ HISTORIC BLOWOUT
□ UNDERGROUND
□ SURFACE
□ DEVERTER
□ SURFACE EQUIPMENT FAILURE OR PROCEDURES
□ COLLISION □ HISTORIC □ >$25K □ <=$25K

8. CAUSE:
□ EQUIPMENT FAILURE
□ HUMAN ERROR
□ EXTERNAL DAMAGE
□ SLIP/TRIP/FALL
□ WEATHER RELATED
□ LEAK
□ UPSET H2O TREATING
□ OVERBOARD DRILLING FLUID
□ OTHER

9. WATER DEPTH: 504 FT.

10. DISTANCE FROM SHORE: 134 MI.

11. WIND DIRECTION:
□ SPEED: M.P.H.

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

13. SEA STATE: FT.
On January 24, 2013, a Roustabout working on the Nabors MODS 150 drilling rig had a part of his left pinky finger severed while in the process of installing a pollution pan around the Blowout Preventer (BOP) stack.

On the day of the accident, the Nabors MODS 150 was working for Anadarko Petroleum Corporation. The rig was installed on Anadarko’s Green Canyon 680, OCS-G22987, Platform A, "Constitution". The injured person (IP), a new Roustabout, was assisting with the installation of pollution pans around the BOP stack. The pollution pans were made of aluminum and weighed a total of 800 pounds. The pollution pans were on the grating of the platform and were going to be slid into place under the BOP stack. This required the IP to crawl under a beam to position himself to slide the pollution pan into place. While moving to the other side of the beam, IP had his hand on the grating to assist him in moving to the other side. He had bad body placement in regards to the risks around him. The IP failed to communicate with the other crew members that he was repositioning himself while they continued to move the pollution pan. The pollution pans were pushed from the other side, catching and severing the end of his left pinky finger. The job lacked supervision while it was being performed and there is no documentation that the IP took part in the Job Safety Analysis (JSA). IP immediately saw the Medic who administered Tylenol, and cleaned and dressed the wound. The accident was reported, and an ERA helicopter picked up IP at approximately 17:00 and transported him to Terrebonne General Hospital in Houma, LA.

The probable cause of this incident was bad body placement. The employee was unaware of the dangers around him as well as the risk of keeping his hands on the grating.

A contributing cause to this incident was the IP did not participate in JSA. The JSA correctly outlined all the risks associated with completing the task.

A contributing cause to this incident was a lack of communication, the pollution pans were pushed while IP was repositioning and had his hand on the grating. The other crew members did not communicate that a personnel movement was occurring simultaneously with the movement of the pollution pans.

A contributing cause to this incident was a lack of supervision; both supervisors were doing work elsewhere and overseeing a job.

Inexperience may have played a part in the accident. The IP had been a Roustabout for only 2 months at the time of the accident.
22. RECOMMENDATIONS TO PREVENT RECURRANCE NARRATIVE:
The Houma District has no recommendations at this time.

23. POSSIBLE OCS VIOLATIONS RELATED TO ACCIDENT: NO

24. SPECIFY VIOLATIONS DIRECTLY OR INDIRECTLY CONTRIBUTING. NARRATIVE:

25. DATE OF ONSITE INVESTIGATION:
08-APR-2013

26. ONSITE TEAM MEMBERS:
James Benetatos / James Richard / Clinton Campo /

29. ACCIDENT INVESTIGATION
PANEL FORMED: NO

OCS REPORT:

30. DISTRICT SUPERVISOR:
Bryan A. Domangue

APPROVED
DATE: 06-AUG-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: