

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: **12-JUN-2015** TIME: **2000** HOURS

2. OPERATOR: **McMoRan Oil & Gas LLC**

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: **G02698**

AREA: **HI** LATITUDE:

BLOCK: **A 537** LONGITUDE:

- PRODUCTION
- DRILLING
- WORKOVER
- COMPLETION
- HELICOPTER
- MOTOR VESSEL
- PIPELINE SEGMENT NO.
- OTHER **P&A Operations**

5. PLATFORM: **B**

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) 1
 - RW/JT (1-3 days)
 - 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

9. WATER DEPTH: **200** FT.
10. DISTANCE FROM SHORE: **80** MI.
11. WIND DIRECTION: **S**
SPEED: **33** M.P.H.
12. CURRENT DIRECTION: **S**
SPEED: **6** M.P.H.
13. SEA STATE: **6** FT.

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

On June 12, 2015 at 20:00 hours, at HI A 537 B, after operations had been shut down and personnel were evacuating the platform due to an approaching tropical storm, the Crane Operator picked up the Billy Pugh personnel basket carrying four personnel and began swinging the crane to the right raising the basket up and over the helideck and glycol contact tower. Once the basket was clear of the platform, the Crane Operator continued to swing the crane to the right from a South to North direction and simultaneously lowering the basket with the auxiliary line. When the basket was almost half way down to the boat, the Crane Operator attempted to stop the swing of the boom with the swing brake. With gusty wind speeds and the crane engine at 75 percent power, the crane boom continued to swing North. The Crane Operator brought the engine to full power and was attempting to raise the basket in order to place the personnel back on the deck; the basket struck the crane boom cradle and became entangled. One of the four personnel on the basket fell from the basket approximately 10-12 feet to an Marine Portable Tank (MPT) below landing on his face and stomach where he laid unconscious for several minutes. A second person on the basket fell on the boom cradle. The two remaining personnel stayed on the basket until they could climb down to the deck below utilizing the boom cradle. The Injured Person (IP) was removed from the tank in a stokes basket by platform personnel and rendered first aid until a Medivac helicopter arrived. The IP was transported to UTMB Hospital in Galveston Texas for further evaluation and treatment. The second person sustained minor injuries to his left arm and shoulder and was transported by boat to shore for further evaluation and treatment.

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

Crane operations were not being conducted according to design of this model of crane. Crane was designed to operate at full throttle. At the time of the incident, the crane was operating at 3/4 throttle. This did not allow the crane enough hydraulic pressure to overcome the force generated by the wind.

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

Winds were marginal coming from the south. Crane Operator swung the boom and personnel basket with the wind instead of against the wind to make personnel lift down to the boat.

There were no written procedures in place for this specific task.

There were no hazards identified prior to the crane operations.

Approaching tropical storm created a sense of urgency.

20. LIST THE ADDITIONAL INFORMATION:

None

21. PROPERTY DAMAGED:

NATURE OF DAMAGE:

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ESTIMATED AMOUNT (TOTAL): \$5,000

22. RECOMMENDATIONS TO PREVENT RECURRENCE NARRATIVE:

The Lake Jackson District has no recommendations to the Regional Office at this time.

23. POSSIBLE OCS VIOLATIONS RELATED TO ACCIDENT: YES

24. SPECIFY VIOLATIONS DIRECTLY OR INDIRECTLY CONTRIBUTING. NARRATIVE:

Lessee failed to utilize Stop Work Authority (SWA) during high gusty winds of 25-30 mph which created a threat of personal injury while being lifted by personnel basket from the platform to the boat.

Failed to operate the crane engine according to manufacturer's specifications.

Failed to document the date the crane was Locked Out/ Tagged Out on the Energy Isolation Work Permit.

25. DATE OF ONSITE INVESTIGATION:

22-JUN-2015

26. ONSITE TEAM MEMBERS:

James Holmes / Mike Hankamer /

29. ACCIDENT INVESTIGATION

PANEL FORMED: NO

OCS REPORT:

30. DISTRICT SUPERVISOR:

John McCarroll

APPROVED

DATE: 29-SEP-2015

Crane/Other Material-Handling Equipment Attachment

Equipment Information

Installation date: 01-MAY-1977

Manufacturer: HOUSTON SYSTEMS

Manufacture date: 01-JAN-1977

Make/Model: HSMC / 370

Any modifications since manufactured? Describe and include date(s).

Roto-versa model 411 replaced with PM50 GB

What was the maximum lifting capacity at the time of the lift?

Static: **34000** Dynamic: **31000**

Was a tag line utilized during the lift? **N**

Were there any known documented deficiencies prior to conducting the lift? If yes, what were the deficiencies?

List specific type of failure that occurred during this incident. (e.g. cable parted, sticking control valve, etc.)

If sling/loose gear failure occurred does operator have a sling/loose gear inspection program in place?

Type of lift: **DM**

For crane only:

Type of crane: **HYDRAULIC**

Boom angle at time of incident: Degrees: **47** Radius: **75**

What was load limit at that angle? **2250**

Crane equipped with: **F**

Which line was in use at time of incident? **F**

If load line involved, what configuration is the load block: **4** part.

Load Information

What was being lifted? **PERSONNEL**

Description of what was being lifted (e.g. 10 joints of 2 3/8-inch pipe, ten 500-lb. sacks of sand, 2 employees, etc.)

Personnel Basket with 4 personnel

Approximate weight of load being lifted: **930**

Was crane/lifting device equipped with an operable weight indicator? **N**

Was the load identified with the correct or approximate weight? **N**

Where was the lift started, where was it destined to finish, and at what point in the lift did the incident occur? Give specific details (e.g. pipe rack, riser cart, drill floor, etc.)

If personnel was being lifted at the time of this incident, give specific details of lifting device and riding apparatus in use (e.g. 1) crane-personnel basket, 2) air hoist-boatswain chair, other)

Billy Pugh Personnel Basket

Were personnel wearing a safety harness? **NA**

Was a lifeline available and utilized? **NA**

List property lost overboard.

Rigger/Operator Information

Has rigger had rigger training?

If yes, date of last training:

How many years of rigger experience did rigger have?

How many hours was the operator on duty prior to the incident? 2

Was operator on medication when incident occurred? N

How many hours was the rigger on duty prior to the incident?

How much sleep did rigger have in the 24 hours preceding this incident? 12

Was rigger on medication when incident occurred?

Were all personnel involved in the lift drug tested immediately following this incident?

Operator: Y Rigger: Other:

While conducting the lift, was line of sight between operator and load maintained?

N

Does operator wear glasses or contact lenses? Y

If so, were glasses or contacts in use at time of the incident? Y

Does operator wear a hearing aid? N

If so, was operator using hearing aid at time of the incident? N

What type of communication system was being utilized between operator and rigger at time of this incident?

RADIO/VHF

For crane only:

What crane training institution did crane operator attend?

GULF CRANE SERVICES

Where was institution located? COVINGTON LA.

Was operator qualified on this type of crane? Y

How much actual operational time did operator have on this particular crane involved in this incident?

Years: **20**

Months: **6**

List recent crane operator training dates.

8-AUG-2011

For other material-handling equipment only:

Has operator been trained to operate the lifting device involved in the incident? **N**

How many years of experience did operator have operating the specific type of lifting device involved in the incident?

Inspection/Maintenance Information

For crane only:

Is the crane involved classified as Heavy, Moderate or Infrequent use.

I

Was pre-use inspection conducted? **Y**

For the annual/quarterly/monthly crane inspections, please fill out the following information:

What was the date of the last inspection? **03-MAY-2015**

Who performed the last inspection? **GULF CRANE SERVICES**

Was inspection conducted in-house or by a 3rd party? **TP**

Who qualified the inspector? **GULF CRANE SERVICES**

Does operators' policy require load or pull test prior to heavy lift? **N**

Which type of test was conducted prior to heavy lift?

Date of last pull test: Load test:

Results:

If fail explain why:

Test Parameters: Boom angle: Radius:

What was the date of most recent crane maintenance performed? **03-MAY-2015**

Who performed crane maintenance? (Please clarify persons name or company name.)

Was crane maintenance performed in-house or by a third party? **TP**

What type of maintenance was performed?

Unknown

For other material-handling equipment only:

Was equipment visually inspected before the lift took place?

What is the manufacture's recommendation for performing periodic inspection on the equipment involved in this incident?

Safety Management Systems

Does the company have a safety management program in place? **N**

Does the company's safety management program address crane/other material-handling equipment operations?

N

Provide any remarks you may have that applies to the company's safety management program and this incident?

Did operator fill out a Job Safety Analysis (JSA) prior to job being performed?

Y

Did operator have an operational or safety meeting prior to job being performed?

N

What precautions were taken by operator before conducting lift resulting in incident?

Procedures in place for crane/other material-handling equipment activities:

Did operator have procedures written? **N**

Did procedures cover the circumstances of this incident? **N**

Was a copy available for review prior to incident? **N**

Were procedures available to MMS upon request? **N**

Is it documented that operator's representative reviewed procedures before conducting lift?

N

Additional observations or concerns: