

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: 17-DEC-2011 TIME: 1000 HOURS

2. OPERATOR: **Chevron U.S.A. Inc.**

REPRESENTATIVE:

TELEPHONE:

CONTRACTOR:

REPRESENTATIVE:

TELEPHONE:

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

4. LEASE: **G34905**

AREA: **MC** LATITUDE: **28.34153544**

BLOCK: **650** LONGITUDE: **-88.26568688**

5. PLATFORM: **A (Blind Faith)**

RIG NAME:

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)
- 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

6. OPERATION:

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

8. CAUSE:

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

9. WATER DEPTH: **6480** FT.

10. DISTANCE FROM SHORE: **162** MI.

11. WIND DIRECTION: **N**
SPEED: **15** M.P.H.

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

13. SEA STATE: **4** FT.

17. INVESTIGATION FINDINGS: -

On December 17, 2011, an employee working with crane operations fell overboard when the 1/4" tag line rope wrapped around his leg lifting him off the deck and over the handrail where he fell approximately 80' into the Gulf waters below. At approximately 10:00 a.m. personnel on board responded to the man overboard (M.O.B.) alarm. Lifeboat No. 1 was launched to retrieve the M.O.B. on the Westside of the platform. The Nakika platform was notified to send the fast recovery boat (FRC), the motor vessel (M/V) Southern Spirit. The heliport base in Venice was also notified and the Chevron 76 Helicopter was dispatched. Lifeboat No. 1 recovered the M.O.B. at 10:13 a.m. The M.O.B. was evacuated for medical evaluation via the Chevron 76 Helicopter that arrived and departed the platform at 11:06 and landed at Oschner Hospital at 12:00 p.m. The M.O.B suffered no injuries and returned to full duty within two hours of entering hospital. His safety glasses produced a very small bruise under right eye.

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

The 1/4" tag line rope wrapped around the leg of the rigger, during crane loading/unloading operations, lifting him off the deck and over the handrail where he fell approximately 80' into the Gulf waters below.

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

Insufficient number of personnel involved in the lifting and rigging operations.

20. LIST THE ADDITIONAL INFORMATION:

The same personnel rigging the load was also the crane signal man.

Note: MC 650 is a semi-submersible floating platform with its crane designs, material handling equipment and operations under the jurisdiction of the U.S. Coast Guard.

21. PROPERTY DAMAGED:

N/A

NATURE OF DAMAGE:

N/A

ESTIMATED AMOUNT (TOTAL): \$

22. RECOMMENDATIONS TO PREVENT RECURRENCE NARRATIVE:

The New Orleans District recommends to the Regional Office of Safety Management (OSM) that they issue a safety alert to operator. When performing blind crane load lifts, assign a designated signal man that the crane operator can see or contact in addition to the load rigger.

23. POSSIBLE OCS VIOLATIONS RELATED TO ACCIDENT: YES

24. SPECIFY VIOLATIONS DIRECTLY OR INDIRECTLY CONTRIBUTING. NARRATIVE:

No INC by BSEE crane designs, material handling equipment and operations under the jurisdiction of the U.S. Coast Guard.

25. DATE OF ONSITE INVESTIGATION:

19-DEC-2011

26. ONSITE TEAM MEMBERS:

Gerald Taylor / Dave Emilien /

29. ACCIDENT INVESTIGATION

PANEL FORMED: NO

OCS REPORT:

30. DISTRICT SUPERVISOR:

David Trocquet

APPROVED

DATE: 18-MAR-2014

INJURY/FATALITY/WITNESS ATTACHMENT

OPERATOR REPRESENTATIVE

- INJURY

- CONTRACTOR REPRESENTATIVE

FATALITY

OTHER _____

WITNESS

NAME:

HOME ADDRESS:

CITY:

STATE:

INJURY/FATALITY/WITNESS ATTACHMENT

WORK PHONE: TOTAL OFFSHORE EXPERIENCE: YEARS
EMPLOYED BY:
BUSINESS ADDRESS:
CITY: STATE:
ZIP CODE:

Crane/Other Material-Handling Equipment Attachment

Equipment Information

Installation date: 31-JUL-2007 -

Manufacturer: SEATRAX HOUSTON, TX -

Manufacture date: 10-AUG-2006 -

Make/Model: SEATRAX / S7220-140FT -

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

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

Static: 29800 Dynamic: 29000 -

Was a tag line utilized during the lift? Y

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

n/a

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

Employee became entangled in the tag line.

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

Type of lift: **DD**

For crane only:

Type of crane: **HYDRAULIC**

Boom angle at time of incident: Degrees: **0** Radius: **40**

What was load limit at that angle? **29800**

Crane equipped with: **B**

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

If load line involved, what configuration is the load block: **0** part.

Load Information

What was being lifted? **OTHER**

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.)

Metal open top cargo box - 4X4 Basket

Approximate weight of load being lifted: **1100**

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

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

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.)

The basket was being lifted from the production deck of the facility. While the basket was being removed from the production deck, an individual was entangled in the tagline, picked up off the deck and fell overboard into the Gulf of Mexico.

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)

n/a

Were personnel wearing a safety harness?

Was a lifeline available and utilized?

List property lost overboard.

Rigger/Operator Information

Has rigger had rigger training? **Y** -

If yes, date of last training: **08-JUN-2010** -

How many years of rigger experience did rigger have?

How many hours was the operator on duty prior to the incident? **4**

Was operator on medication when incident occurred? **N**

How many hours was the rigger on duty prior to the incident? **4**

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

Was rigger on medication when incident occurred? **N**

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

Operator: **N** Rigger: **N** Other:

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

N -

Does operator wear glasses or contact lenses? **N** -

If so, were glasses or contacts in use at time of the incident? **N** -

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?

SOUTHERN CRANE & HANDLING, LLC

Where was institution located? **HOUMA, 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: 3

Months: 0

List recent crane operator training dates.

7/22/2011

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.

M

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? **07-MAY-2011**

Who performed the last inspection? **CHEVRON**

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

Who qualified the inspector? **OK STATES**

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? **07-MAY-2011 -**

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

CHEVRON

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

What type of maintenance was performed? -

Quarterly

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?

Y

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? **Y**

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

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

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

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

Y

Additional observations or concerns: