1. OCCURRED
   DATE: 21-OCT-2014  TIME: 1805  HOURS

2. OPERATOR: Shell Offshore Inc.
   REPRESENTATIVE:
   TELEPHONE:
   CONTRACTOR: NOBLE DRILLING (U.S.) INC.
   REPRESENTATIVE:
   TELEPHONE:

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

4. LEASE: G07957
   AREA: MC  LATITUDE: 
   BLOCK: 762  LONGITUDE: 

5. PLATFORM:
   RIG NAME: NOBLE BULLY I

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

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 -
   PATALITY
   POLLUTION
   FIRE
   EXPLOSION

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

9. WATER DEPTH: 3140 FT.

10. DISTANCE FROM SHORE: 45 MI.

11. WIND DIRECTION: NE
    SPEED: 16 M.P.H.

12. CURRENT DIRECTION: W
    SPEED: 3 M.P.H.

13. SEA STATE: 0 FT.
The casing crew (third party employees) had just completed running the 16” casing string into the hole and were preparing to install the 1,250 ton Rotary Mounted Slips (RMS) into the rotary. This component is utilized for running the casing string into the wellbore on drill pipe aka landing string. While attempting to install the RMS the main body pin was pulled from the RMS. This procedure allows the slips the ability to open and go around the drill pipe in the rotary table. During this time there were two air hoists attached to the RMS. While picking-up the RMS with the two air hoists, the RMS began to rotate. At this time the Injured Person (IP) attempted to stop the RMS from rotating and placed his hand into the hinged section of the component which subsequently opened causing the hinged side to rapidly close with significant force and crushing the IP's index, middle and ring finger on his left hand.

The BSEE investigation determined that poor hand placement in a known pinch point was the cause of the incident. The JSA (Job Safety Analysis) identified the potential hazards associated with awareness of surroundings and hand and feet placement during the operation. The investigation also identified the following contributing factors of the incident: witness statements suggest the IP was attempting to stop the rotation of the RMS, Fitness to Work standard was not followed, there were no hazardous markings at the pinch point of the RMS and no type of safety guarding around the pinch point and the load was hoisted unevenly causing the RMS to spin.

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

Human Error
Poor hand placement. The (IP) placed his hand in a known pinch point. The JSA clearly states that all personnel involved in this operation should be aware of their surroundings and where the crew places their hands and feet.

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

Witness statements suggest the (IP) was attempting to stop the rotation of the (RMS).- IP used improper hand placement.- Fitness to Work standard was not followed. IP had worked 18 hrs the previous day and had already worked 12 hrs at the time of the accident.- There were no hazardous markings at the pinch point of the (RMS) and no type of safety guarding around the pinch point.- Load was hoisted unevenly causing the (RMS) to spin.-

20. LIST THE ADDITIONAL INFORMATION:

Some additional information involving the operators Fitness to Work standard that is noted above in (section 19) states there in no policy or procedure in place for tracking hours worked by third party personnel. In addition, the contractor (Noble Drilling) does not track or monitor how many hours third party personnel work without proper rest.
21. PROPERTY DAMAGED: None
   NATURE OF DAMAGE: None

ESTIMATED AMOUNT (TOTAL): $

22. RECOMMENDATIONS TO PREVENT RECURRANCE NARRATIVE:
   The BSEE New Orleans District makes no recommendations to the Agency.

23. POSSIBLE OCS VIOLATIONS RELATED TO ACCIDENT: NO

24. SPECIFY VIOLATIONS DIRECTLY OR INDIRECTLY CONTRIBUTING. NARRATIVE:

25. DATE OF ONSITE INVESTIGATION:
   31-OCT-2014

26. ONSITE TEAM MEMBERS:
   Lorenzo Buckley / Earl Roy /

29. ACCIDENT INVESTIGATION PANEL FORMED: NO
   OCS REPORT:

30. DISTRICT SUPERVISOR:
   David Trocquet

APPROVED DATE: 31-JUL-2015

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: -

MMS - FORM 2010
EV2010R
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30-JUL-2015 -
CONTRACTOR REPRESENTATIVE

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

WITNESS

OTHER

NAME:
HOME ADDRESS:
CITY: STATE:
WORK PHONE: TOTAL OFFSHORE EXPERIENCE:
YEARS
EMPLOYED BY:
BUSINESS ADDRESS:
CITY: STATE:
ZIP CODE:
[☐] 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:
☐ 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:

☐ 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: