

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: 07-MAY-2014 TIME: 1930 HOURS

2. OPERATOR: Shell Offshore Inc.

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: G05868

AREA: MC LATITUDE:

BLOCK: 809 LONGITUDE: -

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

5. PLATFORM: - A-Ursa TLP

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)
- RW/JT (1-3 days) 1 -
- 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: 3970 FT.

10. DISTANCE FROM SHORE: 62 MI.

11. WIND DIRECTION: -
SPEED: M.P.H.

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

13. SEA STATE: FT.

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

On May 7, 2014 at 19:30, an accident occurred on a Shell deep water facility, Lease OCS-G 05868, Mississippi Canyon 809-A Ursa involving a Shell contractor, AGI Mechanic. The AGI Mechanic, the Injured Person (IP), was working to align the drive belt on the electric motor sheave of a new Crosby Methanol Pump, PZZ-802. While adjusting the motor with a ratchet using his right hand (with his focus on the bolt), and checking the tension of the belt with his left hand instead of using the tension tester, the Mechanic's left hand got caught between the sheave and belt. When the Mechanic realized that his left hand was stuck he immediately yanked his hand out causing lacerations to his left index, middle and ring fingers. The JSA was for the repairs on the Crosby Methanol Pumps PZZ-801, PZZ-802 and PZZ-803. According to the witness statement given by the Shell Operator, who was working with the IP repairing the Crosby Methanol pumps at the time of the accident, the Shell Operator was working on PZZ-801 Pump and the IP was working on PZZ-802 Pump. The Shell Operator did not realize the extent of the IP's injury because of minimal blood and his hand was tightly clinched to keep pressure applied to his wound. The IP was treated by the URSA Medic and then Medevaced to West Jefferson Hospital for further treatment. The IP received stitches and was placed on light duty.

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

The BSEE investigation revealed the following:

1. The job should have required two qualified personnel. The contractor's maintenance and safety manual now recommends two individuals for belt and sheave installation.
2. The IP failed to utilize proper hand placement practices, leading to a hand injury.
3. Stop work authority was not used when the Mechanic realized the poor body placement he was in to complete task.
4. Poor judgement.

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

The BSEE investigation revealed the following:

- 1 The IP did not follow the Manufacturer's recommended practices to install belts.
- 2 The IP did not use the proper tool(s) as stated in the Manufacturer's Gates Belt Drive Preventive Maintenance and Safety Manual.

20. LIST THE ADDITIONAL INFORMATION:

1. According to the statement of the IP, at approximately 1930 hrs on May 7, 2014, he was presented to sick bay complaining of trauma to his left index, middle, and

ring fingers. The URSA medic examined the injured hand by gently cleansing it with sterile water. The Offshore Installation Manager (OIM) was notified at that time. The IP's vital signs were obtained using cardiac monitor. A Doctor was contacted using Telemed unit. Per the Doctor's orders: An Intravenous line (IV) started to left arm and flushed with normal saline and given Morphine for pain repeated at 30 minute intervals. Once life flight (ERA) arrived, medical care was turned over to flight crew with turn over report.

2.The IP previously worked on the Shell Ursa TLP and has 10 years experience according to OIM.

21. PROPERTY DAMAGED:

None

NATURE OF DAMAGE:

N/A

ESTIMATED AMOUNT (TOTAL): \$

22. RECOMMENDATIONS TO PREVENT RECURRENCE NARRATIVE:

The BSEE New Orleans District makes no recommendations to the Agency.

23. POSSIBLE OCS VIOLATIONS RELATED TO ACCIDENT: **YES**

24. SPECIFY VIOLATIONS DIRECTLY OR INDIRECTLY CONTRIBUTING. NARRATIVE:

INC was issued on 7-24-2014 during a follow-up Accident Investigation. - G-110 Lessee did not perform all operations in a safe and workmanlike manner by not following the JSA and proper procedure in the job scope.

25. DATE OF ONSITE INVESTIGATION:

12-MAY-2014

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26. ONSITE TEAM MEMBERS:

Pierre Lanoix /

29. ACCIDENT INVESTIGATION

PANEL FORMED: NO

OCS REPORT:

30. DISTRICT SUPERVISOR:

David Trocquet

APPROVED

DATE: 17-OCT-2014

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:

OPERATOR REPRESENTATIVE

INJURY

CONTRACTOR REPRESENTATIVE

FATALITY

OTHER _____

WITNESS

NAME:

HOME ADDRESS:

INJURY/FATALITY/WITNESS ATTACHMENT

For Public Release

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:

INJURY/FATALITY/WITNESS ATTACHMENT

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OPERATOR REPRESENTATIVE

INJURY

CONTRACTOR REPRESENTATIVE

FATALITY

OTHER _____

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CITY :

STATE :

WORK PHONE :

TOTAL OFFSHORE EXPERIENCE :

YEARS

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