

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: 11-SEP-2012 TIME: 1635 HOURS

2. OPERATOR: **Chevron U.S.A. 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 **Injury to hand/thumb**

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

6. OPERATION:

4. LEASE: **G01316**

AREA: **MP** LATITUDE: **29.252824**

BLOCK: **299** LONGITUDE: **-88.75746**

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

5. PLATFORM: **D**

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

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

9. WATER DEPTH: **210 FT.**
10. DISTANCE FROM SHORE: **15 MI.**
11. WIND DIRECTION:  
SPEED: M.P.H.
12. CURRENT DIRECTION: **E**  
SPEED: **23** M.P.H.
13. SEA STATE: FT.

17. INVESTIGATION FINDINGS:

On 11 Sep 2012, three contract employees working for Coil Tubing Services (CTS) were removing bolts from a wellhead cap using two hammer-wrenches and a hammer. The CTS employees were using a wrench placed on the bottom of the wellhead cap, as a back-up for a wrench placed on the top of the wellhead cap that was being struck with the hammer. At the time of the incident, one CTS employee was holding the top wrench in place using a rope. The second CTS employee, the Injured Person (IP), placed the bottom wrench on by hand and once snugged-up the bind would hold it in place. The IP had his hand on the lower wrench keeping it in place until the stud was tight enough to hold the wrench. (It was stated that the IP did this so that he could let it go when it was tight.) The incident occurred when the third CTS employee struck the top wrench with the hammer and the hammer glanced off of the upper wrench striking the IP's thumb as he was holding the lower wrench. The contractor's Safety & Environmental Hazard Assessment identified hand placement as a possible hazard. Immediately after the incident the IP's thumb was checked and it was determined that he was to be sent in for medical attention. The IP had surgery to repair his thumb and was put on light duty for approximately 4 weeks.

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

Human Error - Poor hand placement by the IP.

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

Missed-swing of hammer.

20. LIST THE ADDITIONAL INFORMATION:

The contractor supervisor stated that CTS has purchased safety locking back-up wrenches. These wrenches magnetically hold themselves in place and a locking screw holds the wrench so the hand can be removed from harms way.

21. PROPERTY DAMAGED:

**None**

NATURE OF DAMAGE:

**None**

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: **NO**

24. SPECIFY VIOLATIONS DIRECTLY OR INDIRECTLY CONTRIBUTING. NARRATIVE:

25. DATE OF ONSITE INVESTIGATION:

**14-SEP-2012**

26. ONSITE TEAM MEMBERS:

**Earl Roy /**

29. ACCIDENT INVESTIGATION

PANEL FORMED: **NO**

OCS REPORT:

30. DISTRICT SUPERVISOR:

**David J. Trocquet**

APPROVED

DATE:

**07-MAY-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 :

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

OPERATOR REPRESENTATIVE

INJURY

CONTRACTOR REPRESENTATIVE

FATALITY

OTHER \_\_\_\_\_

WITNESS

NAME :

HOME ADDRESS :

CITY :

WORK

STATE :

PHONE :

TOTAL OFFSHORE EXPERIENCE :

YEARS

EMPLOYED BY :

BUSINESS ADDRESS :

CITY :

STATE :

ZIP CODE :

