

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: 13-SEP-2012 TIME: 0430 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: G01316

AREA: MP LATITUDE: 29.252824

BLOCK: 299 LONGITUDE: -88.75746

5. PLATFORM: D

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) 1
- 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 Foot Injury

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: 210 FT.

10. DISTANCE FROM SHORE: 30 MI.

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

12. CURRENT DIRECTION: E
SPEED: 23 M.P.H.

13. SEA STATE: FT.

17. INVESTIGATION FINDINGS:

On 13 Sep 2012, a worker employed by Coil Tubing Services (CTS) received a minor injury to his foot. At the time of the incident, the CTS crew was in the process of installing a check-valve in the chiksan line. The Injured Person (IP) was standing astride a section of chiksan holding it off the deck while another CTS worker removed a swivel joint. As the CTS worker unscrewed the swivel, water trapped in the line leaked onto the chiksan and the IP's gloves, therefore, creating the slippery conditions that resulted in the IP dropping the chiksan on his left foot behind the steel toe cap of his boot. Lubricators on deck next to chiksan created a very tight working area. The CTS supervisor stated that the workers were unable to use the back-saver because it was too close to the handrail and the pump. The IP was evacuated for medical attention; x-rays revealed no broken bones. The IP was diagnosed with a bruised foot and was released to full duty.

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

Slippery gloves and standing in an awkward position.

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

Lubricators on deck next to chiksan created a very tight working area. The CTS supervisor stated that the workers were unable to use the back-saver because it was too close to the handrail and the pump.

20. LIST THE ADDITIONAL INFORMATION:

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

<input type="checkbox"/>	OPERATOR REPRESENTATIVE	<input checked="" type="checkbox"/>	INJURY
<input checked="" type="checkbox"/>	CONTRACTOR REPRESENTATIVE	<input type="checkbox"/>	FATALITY
<input type="checkbox"/>	OTHER _____	<input type="checkbox"/>	WITNESS

NAME :

HOME ADDRESS :

CITY :

STATE :

WORK PHONE :

TOTAL OFFSHORE EXPERIENCE :

YEARS

EMPLOYED BY :

BUSINESS ADDRESS :

CITY :

STATE :

ZIP CODE :

<input type="checkbox"/>	OPERATOR REPRESENTATIVE	<input type="checkbox"/>	INJURY
<input checked="" type="checkbox"/>	CONTRACTOR REPRESENTATIVE	<input type="checkbox"/>	FATALITY
<input type="checkbox"/>	OTHER _____	<input checked="" type="checkbox"/>	WITNESS

NAME :

HOME ADDRESS :

CITY :

STATE :

WORK PHONE :

TOTAL OFFSHORE EXPERIENCE :

YEARS

EMPLOYED BY :

BUSINESS ADDRESS :

CITY :

STATE :

ZIP CODE :

