1. OCCURRED
DATE: 29-SEP-2012  TIME: 1803  HOURS

2. OPERATOR: Chevron U.S.A. Inc.
REPRESENTATIVE:  
TELEPHONE:  
CONTRACTOR: Dynamic Industries, Inc.
REPRESENTATIVE:  
TELEPHONE:  

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

4. LEASE: G01367
AREA: MP
BLOCK: 42

5. PLATFORM: I
RIG NAME:  

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

7. TYPE:
[ ] HISTORIC INJURY
[ ] REQUIRED EVACUATION  1
[ ] LTA (1-3 days)  1
[ ] RW/JT (1-3 days)  1
[ ] Other Injury

[ ] FATALITY
[ ] POLLUTION
[ ] FIRE
[ ] EXPLOSION

LWC [ ] HISTORIC BLOWOUT
UNDERGROUND
SURFACE
DEVERTER
SURFACE EQUIPMENT FAILURE OR PROCEDURES
COLLISION [ ] HISTORIC [ ] >$25K [ ] <=$25K

8. CAUSE:
[ ] EQUIPMENT FAILURE
[ ] HUMAN ERROR
[ ] EXTERNAL DAMAGE
[ ] SLIP/TRIP/FALL
[ ] WEATHER RELATED
[ ] LEAK
[ ] UPSET H20 TREATING
[ ] OVERBOARD DRILLING FLUID
[ ] OTHER

9. WATER DEPTH: 33 FT.

10. DISTANCE FROM SHORE: 11 MI.

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

12. CURRENT DIRECTION: S
SPEED: 15 M.P.H.

13. SEA STATE: FT.
17. INVESTIGATION FINDINGS:

On 29 September 2012, at approximately 1803 hours the Injured Person (IP) was in the process of conducting hot work operations when he cut the beam he was tied off to with a torch. The IP fell approximately 13 feet. The IP was evacuated for medical attention and was diagnosed with a broken right femur. The IP's estimated recovery time is 5 to 6 months.

The investigation revealed the following:
1) The IP was not aware of his surroundings or focused on job safety causing him to lose sight of the tie off point and beam he was cutting.
2) Poor supervision and a lack of safety culture were contributing factors that resulted in the failure to identify and eliminate hazards.

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

The IP was not aware of his surroundings or focused on job safety causing him to lose sight of the tie off point and beam he was cutting.

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

Poor supervision and a lack of safety culture were contributing factors that resulted in the failure to identify and eliminate hazards.

20. LIST THE ADDITIONAL INFORMATION:

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: YES

24. SPECIFY VIOLATIONS DIRECTLY OR INDIRECTLY CONTRIBUTING. NARRATIVE:

G-110 - The welder tied himself off for fall protection, but failed to execute the proper way to stay safe.

25. DATE OF ONSITE INVESTIGATION:

02-OCT-2012

26. ONSITE TEAM MEMBERS:

Jarret Emilien / Elbert Clemens /

29. ACCIDENT INVESTIGATION

PANEL FORMED: NO

OCS REPORT:

30. DISTRICT SUPERVISOR:

David Trocquet

APPROVED DATE: 06-JUN-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:

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