

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-AUG-2014 TIME: 1540 HOURS

2. OPERATOR: Fieldwood Energy LLC

REPRESENTATIVE:

TELEPHONE: -

CONTRACTOR: -

REPRESENTATIVE: -

TELEPHONE:

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

4. LEASE: G01610

AREA: SP LATITUDE:

BLOCK: 65 LONGITUDE: -

5. PLATFORM: - A

RIG NAME:

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 -

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 Overhead Hoist

DAMAGED/DISABLED SAFETY SYS.

INCIDENT >\$25K

H2S/15MIN./20PPM

REQUIRED MUSTER

SHUTDOWN FROM GAS RELEASE

OTHER

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: 300 FT.

10. DISTANCE FROM SHORE: 12 MI.

11. WIND DIRECTION: E -  
SPEED: 1 M.P.H.

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

13. SEA STATE: FT.

17. INVESTIGATION FINDINGS:-

On August 07, 2014, at 1540 hours an incident with injury occurred on a Fieldwood Energy Platform Lease OCS-G 01610, South Pass 65-A, involving a Fieldwood contractor Regan Power Compression Mechanic. The Regan Mechanic, Injured Person (IP), was injured during the removal of the 2nd stage compressor cylinder off of the Cooper Engine that was to be sent in for machine work. The IP and other Mechanics started the lift using the Overhead 10 Ton Hoist in the compressor building to move to the doorway. Mechanic #1 was positioned on the left flagging the Crane Operator, Mechanic #2 was operating the overhead hoist on the right and the IP was behind the cylinder guiding it through the doorway. They then hooked the choker end of the nylon sling from the crane to the cylinder and were picking up with the platform crane and letting down with the hoist. The nylon strap broke from the platform crane causing the cylinder to fall onto the grating knocking it up on one side, the IP fell with the grating and the cylinder landed on the IP's legs pinning him down. Other guys and some platform workers got the cylinder off of the IP, got him out, and brought him to the break area where first aid was administered.

The BSEE investigation determined that the use of a nylon sling with an oily substance and deteriorated conditions resulted in the nylon sling losing its full capacity to carry the weight of the load and the IP's poor body placement were the probable causes of the incident. The investigation also identified the following contributing factors of the incident: improper rigging procedures were used, the nylon sling was improperly stored and had an oily substance and deteriorated condition, poor or lack of communication during the lifting operations, no mention about a Compressor Cylinder lift using the crane, and no Job Safety Analysis (JSA) with the Crane Operator was done to identify the potential hazards of the job.

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

- 1) 2nd Stage Compressor cylinder was too heavy for the nylon sling and deterioration causing the sling to lose its full capacity to carry the weight of the load. The weight indicator in the crane when the straps broke indicated the weight was at 8600 lbs; Crane weight indicator showed that it could take a load up to 22,022 lbs with the radius the crane boom was in at the time of the accident.
- 2) Bad body placement: The IP left himself in an area where there was no escape route and was unaware of his foot placement while the load was in the air.

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

- 1) Improper rigging procedures. -
- 2) Nylon sling was improperly stored and had an oily substance and deteriorated conditions. -
- 3) Poor or lack of communication during the lifting operations. -
- 4) Personnel involved in crane operations to lift Compressor Cylinder did not perform an adequate JSA in identifying all potential hazards of the task. -

20. LIST THE ADDITIONAL INFORMATION:

21. PROPERTY DAMAGED:

NATURE OF DAMAGE:

No damage to equipment.

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: YES

24. SPECIFY VIOLATIONS DIRECTLY OR INDIRECTLY CONTRIBUTING. NARRATIVE:

I-181 108 A Qualified rigger used improper rigging procedures according to API 2D, Paragraphs 2.44, 3.1.3 and 3.1.4

Rigger used improper rigging causing injury to personnel due to nylon sling improperly stored and had an oily substance with deteriorated conditions causing it to lose its full strength to carry the load.

G-110 Operator failed to perform operations in a safe and workmanlike manner to provide for the safety of personnel. Fieldwood failed to ensure that their policies and safe work practices were followed. Personnel involved in using the crane to lift the Compressor Cylinder did not perform an adequate JSA.

25. DATE OF ONSITE INVESTIGATION:

11-AUG-2014

26. ONSITE TEAM MEMBERS:

Pierre Lanoix /

29. ACCIDENT INVESTIGATION

PANEL FORMED: NO

OCS REPORT:

30. DISTRICT SUPERVISOR:

David Trocquet

APPROVED

DATE:

06-AUG-2015

## INJURY/FATALITY/WITNESS ATTACHMENT

OPERATOR REPRESENTATIVE

- INJURY

- CONTRACTOR REPRESENTATIVE

FATALITY

# INJURY/FATALITY/WITNESS ATTACHMENT

OTHER \_\_\_\_\_  WITNESS

NAME:

HOME ADDRESS:

CITY:

STATE:

WORK PHONE:

TOTAL OFFSHORE EXPERIENCE: 6 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: 27 YEARS

EMPLOYED BY:

BUSINESS ADDRESS:

CITY:

STATE:

ZIP CODE:

# INJURY/FATALITY/WITNESS ATTACHMENT

OPERATOR REPRESENTATIVE

CONTRACTOR REPRESENTATIVE

OTHER \_\_\_\_\_

INJURY

FATALITY

WITNESS

NAME:

HOME ADDRESS:

CITY:

STATE:

WORK PHONE:

TOTAL OFFSHORE EXPERIENCE: 1 YEARS

EMPLOYED BY:

BUSINESS ADDRESS:

CITY:

STATE:

ZIP CODE:

OPERATOR REPRESENTATIVE

CONTRACTOR REPRESENTATIVE

OTHER \_\_\_\_\_

INJURY

FATALITY

WITNESS

NAME:

HOME ADDRESS:

CITY:

STATE:

WORK PHONE:

TOTAL OFFSHORE EXPERIENCE: YEARS

EMPLOYED BY:

BUSINESS ADDRESS:

CITY:

STATE:

ZIP CODE: