

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: **08-JUN-2014** TIME: **1030** HOURS

2. OPERATOR: **ANKOR Energy LLC**

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: **G02579**

AREA: **VR** LATITUDE:

BLOCK: **379** LONGITUDE:

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

5. PLATFORM: **A**

RIG NAME: **BLAKE 1505**

6. ACTIVITY:

- EXPLORATION (POE)
- DEVELOPMENT/PRODUCTION (DOCD/POD)

8. CAUSE:

- EQUIPMENT FAILURE
- HUMAN ERROR
- EXTERNAL DAMAGE
- SLIP/TRIP/FALL
- WEATHER RELATED
- LEAK
- UPSET H2O TREATING
- OVERBOARD DRILLING FLUID
- OTHER

7. TYPE:

- HISTORIC INJURY
- REQUIRED EVACUATION **1**
- LTA (1-3 days)
- LTA (>3 days)
- 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

9. WATER DEPTH: **331** FT.

10. DISTANCE FROM SHORE: **99** MI.

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

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

13. SEA STATE: FT.

17. INVESTIGATION FINDINGS: -

On 08-June-2014 as the Blake 1505 platform rig was being mobilized onto ANKOR Energy's Vermilion 379A (VR-379A) facility an incident occurred. The incident resulted in an injury to a construction worker requiring evacuation of the injured person (IP).

At the time the incident occurred, both Danos construction personnel and Blake rig personnel were working on the facility. The construction personnel were working on the top deck and the cellar deck of the platform, while rig personnel were lifting electrical equipment from the platform's top deck to the rig floor, located thirty-seven feet, seven inches (37', 7") above the top deck, using the platform crane and cargo basket. Once the electrical equipment had been off-loaded on the rig floor, the designated flagman signaled the crane operator the ok to lift the cargo basket. As the cargo basket was being raised off the rig floor the basket caught on the handrail located on the northwest corner of the rig floor. Before the flagman could stop the lift, the cargo basket pulled the handrail out of the support sockets resulting in it falling to the top deck below striking a construction worker operating an air tugger.

The IP received injuries to neck and upper shoulder areas. First aid was administered to the IP on the facility and then transported to the Occupational Medicine Service, Houma Louisiana for medical evaluation. The medical evaluation indicated the IP had sustained contusions to the neck and shoulder areas. The IP was treated and given a full release to return to work.

On 23-June-2014, the Bureau of Safety and Environmental Enforcement Inspectors conducted an onsite investigation into the incident. A review of the incident documentation found separate morning safety meetings for the rig personnel and construction personnel conducted on the day of the incident. Only rig personnel reviewed the Job Safety Analysis (JSA) for lifting operations. Step 3-1 required the area under the lifting operation be flagged off with warning tape. That step was not completed prior to commencement of lifting operations allowing construction personnel access to the area.

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

1. The rig personnel's failure to implement the necessary precautions to prevent construction personnel from entering the area during lifting operations.
2. The cargo basket landed in close proximity to the handrail allowing the cargo basket to make contact with the handrail when it was lifted off the rig floor.-

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

1. Separate morning safety meetings for rig personnel and construction personnel conducted the day of the incident.-
2. The JSA for the lifting operations was only reviewed by the rig personnel prior to the incident.
3. Step 3-1 in the JSA required the area under the lifting operations be flagged off with warning tape. That step was not completed prior to the lifting operations commencing.

20. LIST THE ADDITIONAL INFORMATION:

None -

21. PROPERTY DAMAGED:

None

NATURE OF DAMAGE:

N/A

ESTIMATED AMOUNT (TOTAL):

\$

22. RECOMMENDATIONS TO PREVENT RECURRENCE NARRATIVE:

Lake Charles District office has no recommendations.

23. POSSIBLE OCS VIOLATIONS RELATED TO ACCIDENT: YES

24. SPECIFY VIOLATIONS DIRECTLY OR INDIRECTLY CONTRIBUTING. NARRATIVE:

I-102 - The Lessee failed to operate the crane in accordance with API RP 2D .The crane operator at the time of the incident moved a cargo basket of equipment over personnel and didn't insure his lift was clear of obstacles. Step 3-1 in the JSA for the crane operation at the time of the incident, required the area under the crane operation flagged with danger tape. The cargo basket hung up on the bottom of the handrail on the northwest corner of the rig floor pulling the handrail out of its sockets. The handrail fell from the rig floor thirty-seven feet seven inches to the top deck of the platform striking a construction worker resulting in a required evacuation for an injury.

25. DATE OF ONSITE INVESTIGATION:

23-JUN-2014

26. ONSITE TEAM MEMBERS:

Adam Fontenot / Mitchell Klumpp /

29. ACCIDENT INVESTIGATION

PANEL FORMED: NO

OCS REPORT:

30. DISTRICT SUPERVISOR:

Larry Williamson

APPROVED

DATE:

04-AUG-2014

## INJURY/FATALITY/WITNESS ATTACHMENT

# 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:

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:

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OPERATOR REPRESENTATIVE

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