

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-MAY-2016 TIME: 1730 HOURS

2. OPERATOR: Fieldwood 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: G12761

AREA: WC LATITUDE:

BLOCK: 130 LONGITUDE:

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

5. PLATFORM: B

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

9. WATER DEPTH: 35 FT.
10. DISTANCE FROM SHORE: 19 MI.
11. WIND DIRECTION: S
SPEED: 3 M.P.H.
12. CURRENT DIRECTION: E
SPEED: 0 M.P.H.
13. SEA STATE: 1 FT.

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

On May 13, 2016, a crane incident occurred at approximately 5:30pm on Fieldwood Energy's West Cameron 130-B facility. The Crane Operator was attempting to transfer a cutting box from a workboat (Marine Vessel Commander) onto the platform. During this attempt, the cutting box contacted a stack of four-foot by twenty-foot grating that was also on the workboat's deck. Upon contact, the grating was shifted and impacted the Rigger on the workboat causing a laceration to his right shin area along with a laceration to his left forearm.

On the day of the incident three Operators departed West Cameron 100 via the workboat and arrived at West Cameron 130-B around 8:30am. The work scope for the day involved draining all the platform vessels' fluids and chemicals on-board into cutting boxes. In addition to transportation for the operations crew, the workboat also contained the general cargo to facilitate the work scope. This included two cutting boxes and one four-foot by eight-foot basket with pumps and hoses. Additionally, the workboat contained miscellaneous cargo that was destined for other facilities, which included two tote tanks and a stack of loose grating. At approximately 10:45am, the Crane Operator successfully offloaded the four-foot by eight-foot basket and one of the cutting boxes onto the platform. Around 4:00pm a cutting box that was approximately seventy-five percent full was successfully back-loaded onto the vessel. At this time, an empty cutting box was effectively lifted from the vessel and onto the platform. Later around 5:30pm, the cutting box on the platform was full and there was still a small amount of fluids left to drain on the platform. Therefore, the full cutting box was back-loaded onto the boat and the seventy-five percent full cutting box was rigged up to bring back onto the platform.

While offloading the seventy-five percent full cutting box the crane block was not properly centered over the load prior to lifting. This was primarily due to the insufficient positioning of the load block; the Rigger should have ensured the proper position prior to giving the hand signal to lift. Additionally, prior to giving the Crane Operator the hand signal to lift the load the Rigger should have ensured he was safe from the line-of-fire along with any associated pinch points or deck hazards. Due to the block being offset, upon lifting, the load swung and contacted the stack of grating. The stack of grating was tied together with half-inch twine but was not secured in place to the deck by adequate means which should have taken place prior to transport to prevent the load from shifting or breaking loose. This allowed the grating to shift which then impacted the Rigger due to his near proximity. Due to the Rigger sustaining injury the Crane Operator chose not to set the lift back onto the workboat but rather set it on the platform. At this time, the three Operators made their way onto the vessel and the decision was made to transport the Rigger to shore where he received medical treatment including twenty stitches to his right shin area.

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

- The load swung and contacted the stack of grating, this allowed the grating to shift which then impacted the Rigger

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

- The crane block was not properly centered over the load prior to lifting

- The Rigger should have ensured he was safe from the line-of-fire along with any associated pinch points or deck hazards
- The stack of grating was not secured in place by adequate means which should have taken place prior to transport to prevent the load from shifting or breaking loose

20. LIST THE ADDITIONAL INFORMATION:

21. PROPERTY DAMAGED:

N/A

NATURE OF DAMAGE:

N/A

ESTIMATED AMOUNT (TOTAL):

22. RECOMMENDATIONS TO PREVENT RECURRANCE NARRATIVE:

The Lake Charles District has no recommendations for the Agency.

23. POSSIBLE OCS VIOLATIONS RELATED TO ACCIDENT: **NO**

24. SPECIFY VIOLATIONS DIRECTLY OR INDIRECTLY CONTRIBUTING. NARRATIVE:

25. DATE OF ONSITE INVESTIGATION:

06-JUN-2016

26. ONSITE TEAM MEMBERS:

Darron Miller /

29. ACCIDENT INVESTIGATION

PANEL FORMED: **NO**

OCS REPORT:

30. DISTRICT SUPERVISOR:

Mark Osterman

APPROVED

DATE:

06-JUL-2016

INJURY/FATALITY/WITNESS ATTACHMENT

INJURY/FATALITY/WITNESS ATTACHMENT

For Public Release

<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

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<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:

Crane/Other Material-Handling Equipment Attachment

Equipment Information

Installation date: **01-JUN-03**

Manufacturer: **TITAN INDUSTRIES**

Manufacture date: **01-FEB-03**

Make/Model: **TITAN / T5400HC**

Any modifications since manufactured? Describe and include date(s).

What was the maximum lifting capacity at the time of the lift?

Static: Dynamic: **50340**

Was a tag line utilized during the lift? **Y**

Were there any known documented deficiencies prior to conducting the lift? If yes, what were the deficiencies?

List specific type of failure that occurred during this incident. (e.g. cable parted, sticking control valve, etc.)

The crane block was not properly centered over the load prior to lifting

If sling/loose gear failure occurred does operator have a sling/loose gear inspection program in place? **NA**

Type of lift: **MD**

For crane only:

Type of crane: **HYDRAULIC**

Boom angle at time of incident: Degrees: **80** Radius: **20**

What was load limit at that angle? **50340**

Crane equipped with: **B**

Which line was in use at time of incident? **L**

If load line involved, what configuration is the load block: **4** part.

Load Information

What was being lifted? **CUTTING BOX**

Description of what was being lifted (e.g. 10 joints of 2 3/8-inch pipe, ten 500-lb. sacks of sand, 2 employees, etc.)

seventy-five percent full cutting box

Approximate weight of load being lifted: **8600**

Was crane/lifting device equipped with an operable weight indicator? **Y**

Was the load identified with the correct or approximate weight? **Y**

Where was the lift started, where was it destined to finish, and at what point in the lift did the incident occur? Give specific details (e.g. pipe rack, riser cart, drill floor, etc.)

lifting cutting box off workboat onto platform

If personnel was being lifted at the time of this incident, give specific details of lifting device and riding apparatus in use (e.g. 1) crane-personnel basket, 2) air hoist-boatswain chair, other)

Were personnel wearing a safety harness?

Was a lifeline available and utilized?

List property lost overboard.

Rigger/Operator Information

Has rigger had rigger training? **Y**

If yes, date of last training: **23-AUG-13**

How many years of rigger experience did rigger have? **25**

How many hours was the operator on duty prior to the incident? **12**

Was operator on medication when incident occurred? **N**

How many hours was the rigger on duty prior to the incident? **12**

How much sleep did rigger have in the 24 hours preceding this incident? **8**

Was rigger on medication when incident occurred? **N**

Were all personnel involved in the lift drug tested immediately following this incident?

Operator: **N** Rigger: **N** Other:

While conducting the lift, was line of sight between operator and load maintained?

Y

Does operator wear glasses or contact lenses? **Y**

If so, were glasses or contacts in use at time of the incident? **Y**

Does operator wear a hearing aid? **N**

If so, was operator using hearing aid at time of the incident? **N**

What type of communication system was being utilized between operator and rigger at time of this incident?

HAND SIGNAL

For crane only:

What crane training institution did crane operator attend?

OCCUPATIONAL SAFETY TRAINING, INC.

Where was institution located? **NEW IBERIA LA**

Was operator qualified on this type of crane? **Y**

How much actual operational time did operator have on this particular crane involved in this incident?

Years: **30** Months: **0**

List recent crane operator training dates.

04FEB2013

For other material-handling equipment only:

Has operator been trained to operate the lifting device involved in the incident? **N**

How many years of experience did operator have operating the specific type of

For other material-handling equipment only:

Was equipment visually inspected before the lift took place?

What is the manufacture's recommendation for performing periodic inspection on the equipment involved in this incident?

Safety Management Systems

Does the company have a safety management program in place? **N**

Does the company's safety management program address crane/other material-handling equipment operations?

Y

Provide any remarks you may have that applies to the company's safety management program and this incident?

Did operator fill out a Job Safety Analysis (JSA) prior to job being performed?

Y

Did operator have an operational or safety meeting prior to job being performed?

Y

What precautions were taken by operator before conducting lift resulting in ir

Procedures in place for crane/other material-handling equipment activities:

Did operator have procedures written? **Y**

Did procedures cover the circumstances of this incident? **Y**

Was a copy available for review prior to incident? **Y**

Were procedures available to MMS upon request? **Y**

Is it documented that operator's representative reviewed procedures before conducting lift?

Y

Additional observations or concerns: