

UNITED STATES DEPARTMENT OF THE INTERIOR  
MINERALS MANAGEMENT SERVICE  
GULF OF MEXICO REGION  
**ACCIDENT INVESTIGATION REPORT**

1. OCCURRED

DATE: 13-AUG-2005 TIME: 0730 HOURS

2. OPERATOR: Energy Resource Technology,  
Inc.

REPRESENTATIVE: Brian Weydert

TELEPHONE: (504) 561-2918

3. LEASE: 00605

AREA: ST LATITUDE: 28.76381596

BLOCK: 86 LONGITUDE: -90.21922712

4. PLATFORM: D

RIG NAME

5. ACTIVITY:  EXPLORATION(POE)

DEVELOPMENT/PRODUCTION  
(DOCD/POD)

6. TYPE:  FIRE

EXPLOSION

BLOWOUT

COLLISION

INJURY NO. 1

FATALITY NO. 0

POLLUTION

OTHER

7. OPERATION:  PRODUCTION

DRILLING

WORKOVER

COMPLETION

MOTOR VESSEL

PIPELINE SEGMENT NO. \_\_\_\_\_

OTHER Welding

8. CAUSE:  EQUIPMENT FAILURE

HUMAN ERROR

EXTERNAL DAMAGE

SLIP/TRIP/FALL

WEATHER RELATED

LEAK

UPSET H2O TREATING

OVERBOARD DRILLING FLUID

OTHER \_\_\_\_\_

9. WATER DEPTH: 98 FT.

10. DISTANCE FROM SHORE: 18 MI.

11. WIND DIRECTION: N

SPEED: 1 M.P.H.

12. CURRENT DIRECTION: N

SPEED: 1 M.P.H.

13. SEA STATE: 2 FT.

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

**Gary Smith**

CITY: New Orleans STATE: LA

TELEPHONE: (504) 561-2519

CONTRACTOR: **Murphy Exploration &  
Production Company - USA**

CONTRACTOR REPRESENTATIVE/  
SUPERVISOR ON SITE AT TIME OF INCIDENT:

**Grant Watson**

CITY: New Orleans STATE: LA

TELEPHONE: (504) 561-2519

17. DESCRIBE IN SEQUENCE HOW ACCIDENT HAPPENED:

At the time of the incident, a Beacon Maritime welder was positioned on the bottom deck of the port leg lower wedge room in confined quarters cutting 3/4" stiffeners. A fire watch and hole watch were positioned in close proximity to the welder. While in the process of cutting a stiffener, a piece of hot metal or slag landed on his cutting torch oxygen hose causing it to rupture. The escaping oxygen caused a flash fire. His cutting torch was positioned between his legs when the flare up occurred. This ignition was immediately noticed by the fire watch and the valve to the oxygen cylinder was quickly closed. The welder received 1st and 2nd degree burns on his inner thighs and groin area. The worker was flown to Terrebonne General Medical Center for treatment. The welder was rehabbing without complications and is scheduled to return to work in two weeks.

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

Hot welding slag burning the cutting torch's oxygen hose.

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

Very tight confined space in the lower wedge room.

21. PROPERTY DAMAGED:

NATURE OF DAMAGE:

**Oxygen Hose**

**Fire**

ESTIMATED AMOUNT (TOTAL):

**\$50**

22. RECOMMENDATIONS TO PREVENT RECURRENCE NARRATIVE:

**none**

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

24. SPECIFY VIOLATIONS DIRECTLY OR INDIRECTLY CONTRIBUTING. NARRATIVE:

**Issued two INC's not related to the accident.**

**1) G-304 for welding leads in poor condition.**

**2) F-108 for electrical extension cords and drop lights in poor condition.**

25. DATE OF ONSITE INVESTIGATION:

**16-AUG-2005**

26. ONSITE TEAM MEMBERS:

**Amy Gresham / Terry Hollier /**

29. ACCIDENT INVESTIGATION

PANEL FORMED: **NO**

OCS REPORT:

30. DISTRICT SUPERVISOR:

**Michael J. Saucier**

APPROVED

DATE: **11-OCT-2005**

# FIRE/EXPLOSION ATTACHMENT

1. SOURCE OF IGNITION: **Oxygen hose on cutting torch**

2. TYPE OF FUEL:  GAS  
 OIL  
 DIESEL  
 CONDENSATE  
 HYDRAULIC  
 OTHER

3. FUEL SOURCE: **Oxygen cylinder**

4. WERE PRECAUTIONS OR ACTIONS TAKEN TO ISOLATE  
KNOWN SOURCES OF IGNITION PRIOR TO THE ACCIDENT ? **YES**

5. TYPE OF FIREFIGHTING EQUIPMENT UTILIZED:  HANDHELD  
 WHEELED UNIT  
 FIXED CHEMICAL  
 FIXED WATER  
 NONE  
 OTHER **the valve to the oxygen  
cylinder was closed**

# 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: