

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

1. OCCURRED

DATE: **09-FEB-2007** TIME: **0801** HOURS

2. OPERATOR:

Chevron U.S.A. Inc.

REPRESENTATIVE: **Noel George**

TELEPHONE: **(504) 583-2670**

CONTRACTOR: **Diamond Offshore Drilling, Inc**

REPRESENTATIVE: **Jacob White**

TELEPHONE: **(504) 592-7503**

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

4. LEASE:

00462

AREA: **ST** LATITUDE: **28.65519276**

BLOCK: **135** LONGITUDE: **-90.26008267**

5. PLATFORM:

Z

RIG NAME: **DIAMOND OCEAN DRAKE**

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
- 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: **107** FT.

10. DISTANCE FROM SHORE: **29** MI.

11. WIND DIRECTION: **SSE**
SPEED: **10** M.P.H.

12. CURRENT DIRECTION: **N**
SPEED: **1** M.P.H.

13. SEA STATE: **4** FT.

17. DESCRIBE IN SEQUENCE HOW ACCIDENT HAPPENED:

The crew was in the process of putting the rear mud pump cover back over mud pump #2. The hook on one of the chainfalls that are used to lift the cover binded up on the top rail of the mud pump support frame. This caused the hook to rotate towards the opening of the hook. The strap inside of the hook then pulled out of the hook and pulled the safety latch through the hook end. This caused the cover to tilt down and strike the instep of the injured party's right foot. He was flown in to Leeville and taken to West Bank Medical Center. His foot was examined and x-rays were taken. Two fractures were found in his right foot. The doctor installed an orthopedic boot on his foot. The injured party was away from work for eight weeks and was released to full duty on April 2, 2007. He returned to work on April 6, 2007, the next crew change.

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

There were several causes that lead to this accident. First, the crew did not properly survey the area before starting the job and they did not realize that there were no padeyes in place to properly attach the chainfalls. Instead, the chainfalls were attached to a wire support tray. Second, there was minimal room between the tensioner frame and the gear housing to move the pump cover around. The crew failed to revise the JSA to reflect the support frame being modified. Third, they did not have enough people in the area of the job. They failed to realize that the hook was hitting the rail.

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

n/a

20. LIST THE ADDITIONAL INFORMATION:

Since the incident, the crew revised the JSA to reflect the changes made to the belt tensioner platform and to identify the new hazards that the modifications presented. Also, they installed an overhead trolley with fixed attachment points and installed proper padeyes in the correct positions to allow the covers to be safely handled.

21. PROPERTY DAMAGED:

None

NATURE OF DAMAGE:

n/a

ESTIMATED AMOUNT (TOTAL):

\$

22. RECOMMENDATIONS TO PREVENT RECURRENCE NARRATIVE:

Due to the specific nature of this incident, the Houma District has no recommendations to report to the Regional Office.

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

24. SPECIFY VIOLATIONS DIRECTLY OR INDIRECTLY CONTRIBUTING. NARRATIVE:

None

25. DATE OF ONSITE INVESTIGATION:

26. ONSITE TEAM MEMBERS:

Amy Wilson /

29. ACCIDENT INVESTIGATION

PANEL FORMED: **NO**

OCS REPORT:

30. DISTRICT SUPERVISOR:

Michael J. Saucier

APPROVED

DATE: **05-APR-2007**

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: **Diamond Offshore Drilling, Inc. / 20293**

BUSINESS ADDRESS: **111 Veterans Memorial Blvd.**

CITY: **Metairie** STATE: **LA**

ZIP CODE: **70005**

<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

NAME: **Cleveland Leday**

HOME ADDRESS:

CITY: STATE:

WORK PHONE: TOTAL OFFSHORE EXPERIENCE: YEARS

EMPLOYED BY: **Diamond Offshore Drilling, Inc. / 20293**

BUSINESS ADDRESS: **111 Veterans Memorial Blvd.**

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<input type="checkbox"/>	OTHER _____	<input checked="" type="checkbox"/>	WITNESS

NAME :

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