

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

1. OCCURRED

DATE: **07-MAY-2008** TIME: **0705** HOURS

2. OPERATOR: **BP America Production Company**

REPRESENTATIVE: **Halverson, Teri**

TELEPHONE: **(281) 366-6292**

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: **G01498**

AREA: **WD** LATITUDE:

BLOCK: **96** LONGITUDE:

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

5. PLATFORM: **R**

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

9. WATER DEPTH: **148** FT.
 10. DISTANCE FROM SHORE: **27** MI.

- LWC HISTORIC BLOWOUT
 UNDERGROUND
 SURFACE
 DEVERTER
 SURFACE EQUIPMENT FAILURE OR PROCEDURES

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

COLLISION HISTORIC >\$25K <=\$25K 13. SEA STATE: FT.

17. DESCRIBE IN SEQUENCE HOW ACCIDENT HAPPENED:

On May 7, 2008, at BP America Production Company's Lease OCS 00839 West Delta (WD) Block 96, Platform R, a galley hand injured his back while lifting a large pot. Injured Person (IP) did not report the incident until 5-10-08. IP was treated by the Medic and evacuated for further evaluation. IP was placed on restricted duty until 5-20-08.

Sequence of Events:

On May 7, 2008 a galley hand lifted a large pot of rice from the stove to drain water in the sink and developed back soreness over the course of a couple days. The galley hand did not report incident to the medic until 5/10/08. The medic found pain to be located in the right lateral mid-back region. The medic consulted Acadian medical director and was ordered to administer OTC medication to IP for pain with no lifting, bending or awkward positions. The decision was made to send IP to shore for further evaluation at 08:14 hrs on 5/10/08.

Final Report:

Physician placed IP on restricted duty until 5/20/08 and then should be released to full duty.

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

Human Error

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

20. LIST THE ADDITIONAL INFORMATION:

21. PROPERTY DAMAGED:

None

NATURE OF DAMAGE:

None

ESTIMATED AMOUNT (TOTAL):

\$

22. RECOMMENDATIONS TO PREVENT RECURRENCE NARRATIVE:

The New Orleans District makes no recommendation to MMS.

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

24. SPECIFY VIOLATIONS DIRECTLY OR INDIRECTLY CONTRIBUTING. NARRATIVE:

25. DATE OF ONSITE INVESTIGATION:

26. ONSITE TEAM MEMBERS:

No onsite investigation /

27. OPERATOR REPORT ON FILE: **YES**

29. ACCIDENT INVESTIGATION

PANEL FORMED: **NO**

OCS REPORT:

30. DISTRICT SUPERVISOR:

Troy Trosclair

APPROVED

DATE: **04-JUN-2008**