

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

1. OCCURRED

DATE: **10-JUN-2008** TIME: **2245** HOURS

2. OPERATOR: **Helis Oil & Gas Company, L.L.C.**

REPRESENTATIVE: **Thornton, Cathy**

TELEPHONE: **(281) 578-3388**

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: **G23857**

AREA: **EI** LATITUDE:

BLOCK: **56** LONGITUDE:

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

5. PLATFORM: **G**

RIG NAME:

6. ACTIVITY: EXPLORATION(POE)
 DEVELOPMENT/PRODUCTION
 (DOC/POD)

8. CAUSE:

7. TYPE:

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

9. WATER DEPTH: **13** FT.

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

10. DISTANCE FROM SHORE: **22** MI.

11. WIND DIRECTION: **ENE**
SPEED: **8** M.P.H.

12. CURRENT DIRECTION: **E**
SPEED: **3** M.P.H.

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

13. SEA STATE: **1** FT.

17. DESCRIBE IN SEQUENCE HOW ACCIDENT HAPPENED:

On June 10,2008,at approximately 2245 hrs,a rigger employed by International Offshore Services (IOS), on contract to Helis Oil and Gas Company, LLC, was injured while preparing the Eugene Island 56-G platform for routine platform/structural removal. Well No.3 is located adjacent to the "G "platform, and was connected by a catwalk that was later removed as part of the platform removal operation.

Activities at the time of the incident involved the transfer of a three (3) man rigger crew between the "G" platform and well jacket No.3. The personnel basket used to transfer the men was lifted from the jacket No.3 and placed on the top deck of the "G" platform using the "G" platform crane. After setting the personnel basket on the deck of the "G" platform, the IOS contractors exited the personnel basket toward the north side of the platform to a stairway leading down to a lower level of the platform. One of the IOS contractors was walking across the top deck of the platform when his left leg stepped into an open hatch way. The contractor's leg penetrated the hatch way to his shin just below the knee, receiving injuries to his left shin and the palm of his right hand. The injured contractor was treated by a medic onboard the barge that night,but the next day was sent in for further medical attention. The cut to his shin required two (2) stitches to close the wound. The contractor chose to go home instead of returning to work since he had only two (2) days remaining on his hitch before his regular scheduled time off.

At the time of the incident,the cover for the open hatch way was removed and being used to access the platform's main lifting pad eyes. The pad eyes had large slings attached in preparation for the platform facility to be lifted for removal,which was to occur at 0400 hours on June 11,2008. Due to delays the actual lifting and removal of the platform did not commence until 2330 hours on June 11th. The hatch way opening was not barricaded to protect personnel during that time frame. The only personnel access to the platform was by way of personnel basket. A job safety analysis (JSA) was performed prior to the operation,but did not include personnel transfer.

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

Lessee failed to properly barricade an access hatch way on the top deck of the "G" platform while preparing the platform for removal. Slings that were to be used to lift the platform were attached to the structural pad eyes in preparation of lifting the platform. Also, lighting was at a minimal since the only lights were the ones installed on the crane boom of the derrick barge. The crane had to be repositioned and while doing so the lights were directed away from the platform.

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

Failure to properly communicate the work activities to all contractors prior to lifting and transferring personnel.

20. LIST THE ADDITIONAL INFORMATION:

21. PROPERTY DAMAGED:

None

NATURE OF DAMAGE:

None

ESTIMATED AMOUNT (TOTAL):

\$

22. RECOMMENDATIONS TO PREVENT RECURRENCE NARRATIVE:

MMS recommendations to Helis Oil & Gas Company L.L.C.

Communicate to all personnel during safety meetings and JSAs that extra precautions must be employed when working in areas with high risk of falling through unguarded opening.

MMS makes no recommendations to the Office of Safety Management (OSM).

23. POSSIBLE OCS VIOLATIONS RELATED TO ACCIDENT: **YES**

24. SPECIFY VIOLATIONS DIRECTLY OR INDIRECTLY CONTRIBUTING. NARRATIVE:

A G-110, Incident of Noncompliance was issued as an "After the Fact INC" to document that Helis Oil & Gas failed to protect health, safety and the environment by not performing operations in a safe and workmanlike manner as follows: Helis Oil & Gas failed to properly supervise and enforce proper safe work practices and procedures while performing job duties around unguarded open holes.

25. DATE OF ONSITE INVESTIGATION:

26. ONSITE TEAM MEMBERS:

Jason A. Abshire / Tom Basey /

29. ACCIDENT INVESTIGATION

PANEL FORMED: **NO**

OCS REPORT:

30. DISTRICT SUPERVISOR:

Elliott S. Smith

APPROVED

DATE: **19-AUG-2008**

INJURY/FATALITY/WITNESS ATTACHMENT

<input type="checkbox"/>	OPERATOR REPRESENTATIVE	<input type="checkbox"/>	INJURY
<input type="checkbox"/>	CONTRACTOR REPRESENTATIVE	<input type="checkbox"/>	FATALITY
<input checked="" type="checkbox"/>	OTHER <u>Deck Foreman</u>	<input checked="" 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 type="checkbox"/>	CONTRACTOR REPRESENTATIVE	<input type="checkbox"/>	FATALITY
<input checked="" type="checkbox"/>	OTHER <u>Contract Welder</u>	<input checked="" type="checkbox"/>	WITNESS

NAME:

HOME ADDRESS:

CITY:

STATE:

WORK PHONE:

TOTAL OFFSHORE EXPERIENCE:

YEARS

EMPLOYED BY:

BUSINESS ADDRESS:

CITY:

STATE:

ZIP CODE: