

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

1. OCCURRED  
DATE: **29-MAY-2005** TIME: **0830** HOURS

2. OPERATOR: **Apache Corporation**  
REPRESENTATIVE: **Robert Usrey**  
TELEPHONE: **(337) 735-6056**

3. LEASE: **G03021**  
AREA: **MU** LATITUDE: **27.696446**  
BLOCK: **762** LONGITUDE: **-96.580375**

4. PLATFORM: **A**  
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 \_\_\_\_\_

8. CAUSE:  EQUIPMENT FAILURE  
 HUMAN ERROR  
 EXTERNAL DAMAGE  
 SLIP/TRIP/FALL  
 WEATHER RELATED  
 LEAK  
 UPSET H2O TREATING  
 OVERBOARD DRILLING FLUID  
 OTHER \_\_\_\_\_

9. WATER DEPTH: **150** FT.  
10. DISTANCE FROM SHORE: **33** MI.  
11. WIND DIRECTION: \_\_\_\_\_  
SPEED: \_\_\_\_\_ M.P.H.  
12. CURRENT DIRECTION: \_\_\_\_\_  
SPEED: \_\_\_\_\_ M.P.H.  
13. SEA STATE: \_\_\_\_\_ FT.  
16. OPERATOR REPRESENTATIVE/  
SUPERVISOR ON SITE AT TIME OF INCIDENT:  
**Bill Brooks**  
CITY: **Harbor Island** STATE: **TX**  
TELEPHONE: **(361) 758-0008**  
CONTRACTOR: **ISLAND OPERATORS CO. INC.**  
CONTRACTOR REPRESENTATIVE/  
SUPERVISOR ON SITE AT TIME OF INCIDENT:  
**Bill Brooks**  
CITY: **Harbor Island** STATE: **TX**  
TELEPHONE: **(361) 758-0008**

17. DESCRIBE IN SEQUENCE HOW ACCIDENT HAPPENED:

The lead operator was using the crane to move some equipment around for the construction crew. The lead operator had lowered the fast line to the welding machine that was to be moved. The construction supervisor was hooking up the welding machine to the fast line, and a floodlight that was attached to the boom fell and hit the top part of the welding machine skid, glanced off, and then hit the construction supervisor on the back of his head. He was taken care of by the field personnel and then transported to the hospital. The MMS inspector was informed that the injured personnel was at home, but has not returned to work.

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

After talking with Apache personnel, Island Operating personnel, and other personnel, and after visiting the platform, seeing the floodlight, the crane, and the site of the accident, the MMS inspector believes the two rubber mounts that connected the floodlight and the swivel and also supported the weight of the floodlight was a contributing cause of the accident. Another contributing cause may have been that the floodlight was hung on the wrong spot on the boom and was hit by the main block.

The crane was built in 1981 for Arco by American Aero, and at least one floodlight was installed on the crane when it was built. This information was obtained from Energy Crane, the company who bought American Aero. The rubber shock mounts were made by Rig-A-Lite. The engineer manager for Rig-A-Lite said they stopped making the mounts about ten years ago, and they were not designed to be used on a crane boom, only for stationary use. The rubber mounts were probably used for too long of a period of time and failed to hold the floodlight due to deterioration. One of the rubber mounts looked very deteriorated. The engineer manager sent the MMS Inspector (Bernie Fink) a drawing of the mount, but said he could not find any specifics about the rubber mounts.

The floodlight that fell was also hung on the boom in the same area where the main block is kept when it is not being used. The boom was in a very high position, at the point where the override for the boom stop would need to be used to go higher. With the boom in this position, the main block could have hit the floodlight if the operator had not adjusted the block. The crane operator said he did not think the main block hit the floodlight.

Based on the condition of the materials that were holding the floodlights and the fact that the floodlights were removed and re-installed by a crane inspector in March, 2005, to change out the two top sections of the boom; it was obvious to the MMS inspector that at least one of the rubber shock mounts should have been changed out due to the corrosion of the nut and bolt that held the mount to the swivel, and also considering the deterioration that could be seen on the rubber which was probably worse than the corroded nut. Additionally, the outside ring that held the swivel in place on the other floodlight was not there. A nut and a bolt was used, which would eventually be worn into by the swivel, because the swivel was not properly installed. The crane mechanic, in the opinion of the inspector, did not do a good job in maintaining the materials used to hold the floodlight and should not have hung the floodlight in the same area that the main hoist normally hangs when not being used.

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

Human error and equipment failure.



21. PROPERTY DAMAGED: NATURE OF DAMAGE:  
**The floodlight and welding machine skid. The floodlight was destroyed, and the damage to the welding machine skid was minor.**

ESTIMATED AMOUNT (TOTAL): **\$1,000**

22. RECOMMENDATIONS TO PREVENT RECURRENCE NARRATIVE:  
**The investigating MMS inspector recommends the MMS Chief Inspector confer with Apache and the MMS Regional Technical Support Group to develop recommendations to prevent recurrence and to send out a safety alert with the recommendations.**

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

24. SPECIFY VIOLATIONS DIRECTLY OR INDIRECTLY CONTRIBUTING. NARRATIVE:  
**Z-102==The individual who was injured did not have on a hard hat.  
G-112==The leasee did not provide for the safety of all personnel and did not take all necessary precautions to correct and remove the safety hazards.**

25. DATE OF ONSITE INVESTIGATION:

**03-JUN-2005**

26. ONSITE TEAM MEMBERS:

**Bernard Fink /**

29. ACCIDENT INVESTIGATION

PANEL FORMED: **NO**

OCS REPORT:

30. DISTRICT SUPERVISOR:

**Ed Smith**

APPROVED

DATE: **27-JUL-2005**

# INJURY/FATALITY/WITNESS ATTACHMENT

OPERATOR REPRESENTATIVE  INJURY  
 CONTRACTOR REPRESENTATIVE  FATALITY  
 OTHER \_\_\_\_\_  WITNESS

NAME:

HOME ADDRESS:

CITY: STATE:

WORK PHONE: (361) 758-8497 TOTAL OFFSHORE EXPERIENCE: 15 YEARS

EMPLOYED BY: Pro-Fab Construction Company / 21671

BUSINESS ADDRESS: P.O. Box 1992

CITY: Aransas Pass STATE: TX

ZIP CODE: 78335

OPERATOR REPRESENTATIVE  INJURY  
 CONTRACTOR REPRESENTATIVE  FATALITY  
 OTHER \_\_\_\_\_  WITNESS

NAME:

HOME ADDRESS:

CITY: STATE:

WORK PHONE: (361) 758-0008 TOTAL OFFSHORE EXPERIENCE: 15 YEARS

EMPLOYED BY: ISLAND OPERATORS CO. INC. / 20324

BUSINESS ADDRESS: 108 ZACHARY

CITY: LAFAYETTE STATE: LA

ZIP CODE: 70583



# INJURY/FATALITY/WITNESS ATTACHMENT

<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:

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CITY:

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