

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

1. OCCURRED

DATE: 14-OCT-2005 TIME: 1130 HOURS

2. OPERATOR: TDC Energy LLC

REPRESENTATIVE: Bob Lemaire

TELEPHONE: (337) 272-7460

3. LEASE: G10825

AREA: ST LATITUDE: 28.674562

BLOCK: 99 LONGITUDE: -90.745327

4. PLATFORM: 1

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: 62 FT.

10. DISTANCE FROM SHORE: 24 MI.

11. WIND DIRECTION: N

SPEED: 12 M.P.H.

12. CURRENT DIRECTION: N

SPEED: 1 M.P.H.

13. SEA STATE: 3 FT.

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

Jude Duet

CITY: Morgan City STATE: LA

TELEPHONE: (985) 631-0492

CONTRACTOR:

CONTRACTOR REPRESENTATIVE/
SUPERVISOR ON SITE AT TIME OF INCIDENT:

Paul Fuselier

CITY: Abbeville STATE: LA

TELEPHONE: (337) 643-7690

17. DESCRIBE IN SEQUENCE HOW ACCIDENT HAPPENED:

The crew arrived at the satellite site. They conducted a verbal JSA meeting. The job was to remove (by using a cutting torch) two sections of ladder and covering ladder guard cage. One employee climbed the satellite to secure the anchoring cable for the spider (a basket used to raise or lower workers as they work on legs of a platform) by going around the well head. The spider was raised to just above the ladder section to be removed. The crew secured the spider to the ladder by means of a rope tie off. The welder/fitter went up the ladder, secured his fall protection to the same ladder and proceeded to cut the upper attaching points of the ladder. The assumption was made that the bottom two braces were strong enough to hold when the rest of the attaching points were cut. When the top cut was made, the two bottom braces failed. The employee and the sections of the ladder and cage guard dropped straight down to the loading deck approximately 30 foot below and then fell over into the water. The employee undid his work vest and safety belt and swam back to the surface. The crew helped pull him out of the water and put him on the motor vessel Hercules. He was taken to a nearby platform and placed on a helicopter. He was flown in to the Lady of the Sea Hospital. He sustained a broken leg.

The crew did not have an air tugger, chain hoist or come-alongs to secure and lower the ladder section once it was loose. This was after the hurricane, and rental repair equipment was very scarce. The decision to secure the ladder by rope to the spider was viewed as adequate to secure the ladder in case it did give way and as a way to lower it to the deck. In this case, when the attaching points failed, the rope failed.

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

Too much weight stress was placed on the bottom ladder attaching points and they failed.

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

none

21. PROPERTY DAMAGED:

Boarding platform

NATURE OF DAMAGE:

Bent

ESTIMATED AMOUNT (TOTAL):

22. RECOMMENDATIONS TO PREVENT RECURRANCE NARRATIVE:

Due to the specific nature of this incident, the Houma District has nothing to report to the Regional Office.

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

24. SPECIFY VIOLATIONS DIRECTLY OR INDIRECTLY CONTRIBUTING. NARRATIVE:

A G112 was issued for this accident. The lessee did not provide for the safety of all personnel. Improper procedures were used to remove a ladder and cage from the structure resulting in an accident with injury to personnel.

25. DATE OF ONSITE INVESTIGATION:

26. ONSITE TEAM MEMBERS:

Gresham, Amy /

29. ACCIDENT INVESTIGATION

PANEL FORMED: **NO**

OCS REPORT:

30. DISTRICT SUPERVISOR:

Michael J. Saucier

APPROVED

DATE: **29-NOV-2005**

INJURY/FATALITY/WITNESS ATTACHMENT

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

NAME:

HOME ADDRESS:

CITY:

STATE:

WORK PHONE:

TOTAL OFFSHORE EXPERIENCE:

YEARS

EMPLOYED BY:

BUSINESS ADDRESS:

CITY:

STATE:

ZIP CODE: