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

ACCIDENT INVESTIGATION REPORT

1. OCCURRED
DATE: **15-AUG-2006** TIME: **1240** HOURS

2. OPERATOR: **GOM Shelf LLC**
REPRESENTATIVE: **Sheldon Nothacker**
TELEPHONE: **(337) 761-8942**
CONTRACTOR:
REPRESENTATIVE: **Pat Brady/Will Barker**
TELEPHONE: **(800) 641-2717**

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

4. LEASE: **G01673**
AREA: **MP** LATITUDE:
BLOCK: **296** LONGITUDE:

5. PLATFORM: **B**
RIG NAME:

6. ACTIVITY:
- [ ] EXPLORATION(POE)
- [X] DEVELOPMENT/PRODUCTION (DOCD/POD)

7. TYPE:
- [ ] HISTORIC INJURY
  - [ ] REQUIRED EVACUATION
  - [ ] LTA (1-3 days)
  - [X] 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
- [X] CRANE
- [ ] OTHER LIFTING DEVICE
- [ ] DAMAGED/DISABLED SAFETY SYS.
- [ ] INCIDENT >$25K
- [X] H2S/15MIN./20PPM
- [ ] REQUIRED MUSTER
- [ ] SHUTDOWN FROM GAS RELEASE
- [ ] OTHER

6. OPERATION:
- [X] PRODUCTION
- [ ] DRILLING
- [ ] WORKOVER
- [ ] COMPLETION
- [ ] HELICOPTER
- [ ] MOTOR VESSEL
- [ ] PIPELINE SEGMENT NO.
- [ ] OTHER

8. CAUSE:
- [ ] EQUIPMENT FAILURE
- [X] HUMAN ERROR
- [ ] EXTERNAL DAMAGE
- [ ] SLIP/TRIP/FALL
- [ ] WEATHER RELATED
- [ ] LEAK
- [ ] UPSET H2O TREATING
- [ ] OVERBOARD DRILLING FLUID
- [ ] OTHER _____

9. WATER DEPTH: **225** FT.

10. DISTANCE FROM SHORE: **36** MI.

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

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

13. SEA STATE: **2** FT.

17. DESCRIBE IN SEQUENCE HOW ACCIDENT HAPPENED:

This accident occurred at 12:20 p.m. on 8/15/06. A MEGA International crew was in the process of rigging up a 40 ton bootstrap crane on the upper deck of the MP 296 B platform with the assist of the platform crane, a Unit 500 friction/hydraulic conversion. The crew was in the process of setting the second beam atop the mounting shoe at the time of the accident. The beam's weight is 16,000 pounds. The beam was being lowered into position slowly and brought to a dead stop to align the bolts in the beam with the holes in the shoe; there was a separation of approximately 6". The beam was static. The injured party (IP) was pulling on the shoe with his left hand and either pushing on the beam or the shoe at the mating area when the beam suddenly fell approximately 6" and bounced back up. It appears that the man's right thumb was overlapping the edge and in the contact area when the beam fell abruptly causing a crushing injury to the entire thumb. First aid was immediately rendered and the field medic was called. This is a lost time accident (LTA).

Findings:
A. The IP, (Rigger) was rigger certified on 8/14//06.
B. The crane operator was certified on 6/19/06 (100 ton hydraulic crane) and was not certified on the UNIT 500 FRICTION HYDRAULIC CONVERSION CRANE.
C. A Job Safety Analysis (JSA) was preformed on 8-15-2006, and signed off by the IP. In the JSA, step 6 under, Safe Operations Required "Use bar to align hole. The IP did not follow step 6 in the JSA.
D. The load shifted downward from a static position in and abrupt and unanticipated movement 6" downward. This happen upon operation of the friction brake on the load line.
1) On the friction crane spool, sometimes the cable will cross tread across the drum and correct itself without notice causing the load to drop sharply.
2) When operating a friction crane, you have to develop a special feel for each unit no two are alike. The amount of tension that has to be developed from the brake pedal to release the brake. Releasing the brake to fast can cause the load to drop.
3) The crane operator had approximately 4 weeks of experience on the Unit 500 Crane.

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

The rigger did not follow the JSA, by not using the alignment bar to align the bolts on the beam with the holes on the shoe. As a result of this action, the rigger placed his hand in pinch point location causing a crushing injury to his right thumb.

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

The load shifted downward from a static position in and abrupt and unanticipated movement 6" downward. This movement resulted while operating the friction brake on the load line.
1. The Crane operator was not certified on the crane he was operating.
2. The crane operator had approximately 4 weeks experience on the Unit 500 Crane.

21. PROPERTY DAMAGED:

None

NATURE OF DAMAGE:

None

ESTIMATED AMOUNT (TOTAL): **$**

22. RECOMMENDATIONS TO PREVENT RECURRANCE NARRATIVE:

The New Orleans District recommends that The Office of Safety Management develop a Safety Alert to alert industry of the hazards of operating a Unit 500 Friction/Hydraulic Crane without proper certification.

The New Orleans District concurs with Apache's recommendations to prevent recurrence. Apache Corporation has a safety committee that meets weekly to discuss issues through the GOM. During this meeting the HS&E Department reiterated the importance of following the procedures mentioned in the JAS. This information was discussed through the GOM by the safety technicians, which Apache has placed on critical job sites.

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

24. SPECIFY VIOLATIONS DIRECTLY OR INDIRECTLY CONTRIBUTING. NARRATIVE:

G-110- Unsafe work practices. The rigger should not have put his hand in a position where the load would pinch his thumb.

25. DATE OF ONSITE INVESTIGATION:

18-AUG-2006

26. ONSITE TEAM MEMBERS:

Phil Mclean /

29. ACCIDENT INVESTIGATION PANEL FORMED: **NO**

OCS REPORT:

30. DISTRICT SUPERVISOR:

Troy Trosclair

APPROVED

DATE: **06-OCT-2006**

INJURY/FATALITY/WITNESS ATTACHMENT

☐	OPERATOR REPRESENTATIVE	☒	INJURY
☒	CONTRACTOR REPRESENTATIVE	☐	FATALITY
☐	OTHER _____	☐	WITNESS

NAME: **Carlton Dehart**

HOME ADDRESS: **114 Antoine Street**

CITY: **Houma** STATE: **LA**

WORK PHONE: **(800) 641-2717** TOTAL OFFSHORE EXPERIENCE: **2** YEARS

EMPLOYED BY:

BUSINESS ADDRESS:

CITY: STATE:

ZIP CODE: