

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

1. OCCURRED

DATE: **11-OCT-2006** TIME: **2345** HOURS

2. OPERATOR:

Devon Corporation

REPRESENTATIVE: **Bobby Watzil**

TELEPHONE: **(337) 269-4351**

CONTRACTOR:

REPRESENTATIVE: **H. McCormick/Empire Scaffc**

TELEPHONE: **(318) 343-7401**

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

4. LEASE:

G02115

AREA: **EI** LATITUDE:

BLOCK: **330** LONGITUDE:

5. PLATFORM:

C

RIG NAME:

6. ACTIVITY:

EXPLORATION(POE)
 DEVELOPMENT/PRODUCTION
 (DOCD/POD)

7. TYPE:

HISTORIC INJURY

- REQUIRED EVACUATION 0
- LTA (1-3 days)
- 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
- CRANE
- OTHER LIFTING DEVICE
- DAMAGED/DISABLED SAFETY SYS.
- INCIDENT >\$25K
- H2S/15MIN./20PPM
- REQUIRED MUSTER
- SHUTDOWN FROM GAS RELEASE
- OTHER

6. OPERATION:

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

8. CAUSE:

- EQUIPMENT FAILURE
- HUMAN ERROR
- EXTERNAL DAMAGE
- SLIP/TRIP/FALL
- WEATHER RELATED
- LEAK
- UPSET H2O TREATING
- OVERBOARD DRILLING FLUID
- OTHER _____

9. WATER DEPTH: **254** FT.

10. DISTANCE FROM SHORE: **104** MI.

11. WIND DIRECTION: **SSE**
 SPEED: **20** M.P.H.

12. CURRENT DIRECTION: **NW**
 SPEED: **1** M.P.H.

13. SEA STATE: **3** FT.

17. DESCRIBE IN SEQUENCE HOW ACCIDENT HAPPENED:

Mr. _____, Empire Scaffolding General Foreman, sustained serious injuries due to a fall from an unknown height and location to the grating at the west side of the platform plus 10 level boat dock. Mr. _____ was last seen, prior to the fall, exiting his bunkroom around 22:00 hours on October 11, 2006. Mr. _____, night duty construction worker, was working on the east side of the platform on the cellar deck when he heard a strange noise from below. Upon investigating the noise, Mr. _____ found the injured, Mr. _____ lying on his back on the plus 10 deck level grating. Mr. _____ immediately notified Mr. _____, night production operator, Mr. _____, night crane operator, and Mr. _____, platform medic. The platform Medic evaluated Mr. _____ on site and secured him on a spinal immobilization board to be moved from the plus 10 deck level of the platform to the rear deck of the M/V Anna M. Mr. _____ was then loaded into a personnel basket and lifted to the top deck of the platform to await transportation for evacuation. Mr. _____ was treated continuously by the platform medic, Mr. _____, while waiting for transportation. Mr. _____, in a state of semi-consciousness informed the platform medic that he fell but did not indicate from where. The medivac helicopter arrived on site at approximately 01:30 hours on October 12, 2006 and transported Mr. _____ to Terrebonne General Hospital for treatment. Empire representative _____ contacted Mr. _____ later in the day to explain that Mr. _____ had sustained a punctured lung, broken ribs, lacerated liver, and a swollen kidney.

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

Mr. _____ fell to the plus 10 level of the platform from an unknown height and location.

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

There were no witnesses to Mr. _____ fall. Mr. _____ was unable to immediately communicate to the platform medic why and from where he had fallen. Mr. _____ later stated that he had a new pair of gloves on the last scaffold he checked. He crossed over from the stairs to the scaffolding, then crawled through the hand rail to another set of scaffolding. He reached for his gloves, and doesn't remember anything else about the fall. Mr. _____ failed to adhere to Devon's Energy Environmental, Health and Safety guidelines in that, he was not wearing any required personal protection equipment, (etc. hard hat, safety glasses, work vest, work boots and fall arrest equipment).

21. PROPERTY DAMAGED:

NATURE OF DAMAGE:

ESTIMATED AMOUNT (TOTAL): \$

22. RECOMMENDATIONS TO PREVENT RECURRENCE NARRATIVE:

MMS recommends that Devon ensure that experienced and accountable supervision is supplied by all contractor crews, that Devon ensure that its Environmental, Health and Safety Handbook is being adhered to at all times and specifically that Devon ensure that all personnel wear fall protection equipment when working at heights of 6 feet above the next lower deck . Devon's policy as outlined in its handbook clearly states that all required personal protection equipment must be worn in all work areas. Also, it is significant to point out that Mr. participated in Devon's required orientation for working in the OCS on October 6, 2006. Devon's work orientation specifically states that approved scaffolding, personel lifts, ladders, and fall protection equipment should be used while working 6 feet or greater from floor level.

The Lafayette District makes no recommendations to the Office of Safety Management.

23. POSSIBLE OCS VIOLATIONS RELATED TO ACCIDENT: NO

24. SPECIFY VIOLATIONS DIRECTLY OR INDIRECTLY CONTRIBUTING. NARRATIVE:

25. DATE OF ONSITE INVESTIGATION:

12-OCT-2006

26. ONSITE TEAM MEMBERS:

David Suire / Leo Dartez /

29. ACCIDENT INVESTIGATION

PANEL FORMED: NO

OCS REPORT:

30. DISTRICT SUPERVISOR:

Elliott S. Smith

APPROVED

DATE: 08-NOV-2006