

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

1. OCCURRED

DATE: **19-APR-2007** TIME: **1045** HOURS

2. OPERATOR:

Chevron U.S.A. Inc.

REPRESENTATIVE: **Noel George**

TELEPHONE: **(504) 592-3000**

CONTRACTOR:

REPRESENTATIVE: **Shawn Ryan (Energy Cranes)**

TELEPHONE: **(985) 246-9734**

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

4. LEASE:

00392

AREA: **GI** LATITUDE:

BLOCK: **37** LONGITUDE:

5. PLATFORM:

R

RIG NAME:

6. ACTIVITY:

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

7. TYPE:

HISTORIC INJURY

<input checked="" type="checkbox"/>	REQUIRED EVACUATION	1
<input type="checkbox"/>	LTA (1-3 days)	
<input type="checkbox"/>	LTA (>3 days)	
<input type="checkbox"/>	RW/JT (1-3 days)	
<input checked="" type="checkbox"/>	RW/JT (>3 days)	1
<input type="checkbox"/>	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

8. CAUSE:

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

9. WATER DEPTH: **60** FT.

10. DISTANCE FROM SHORE: **6** MI.

11. WIND DIRECTION:
SPEED: **12** M.P.H.

12. CURRENT DIRECTION:
SPEED: **5** M.P.H.

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

17. DESCRIBE IN SEQUENCE HOW ACCIDENT HAPPENED:

Person reported on 4/19/07 that he had a burning and tightening in the lower section of his abdomen while lifting a steel plate ½"X16"X4'. He was lifting with the assistance of another employee, placing the plate into a scrap metal basket. He reported on 4/20/07 a.m. that he was still having symptoms. The employee was sent in to be evaluated by his company doctor. He was put on restricted duty.

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

Improper lifting procedures.
Possibly, he was not in good physical shape.

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

Awkward position.

20. LIST THE ADDITIONAL INFORMATION:

21. PROPERTY DAMAGED:

None

NATURE OF DAMAGE:

None

ESTIMATED AMOUNT (TOTAL):

\$

22. RECOMMENDATIONS TO PREVENT RECURRENCE NARRATIVE:

The New Orleans 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:

28-MAY-2007

26. ONSITE TEAM MEMBERS:

Phil McLean /

29. ACCIDENT INVESTIGATION

PANEL FORMED: **NO**

OCS REPORT:

27. OPERATOR REPORT ON FILE: **YES**

30. DISTRICT SUPERVISOR:

Troy Trosclair

APPROVED

DATE: **04-JUN-2007**