

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

1. OCCURRED

DATE: **22-JUN-2006** TIME: **1345** HOURS

2. OPERATOR:

Merit Energy Company

REPRESENTATIVE: **Mark Johnson**

TELEPHONE: **(337) 356-0107**

CONTRACTOR: **Grasso Production Management**

REPRESENTATIVE: **Phillip Owens**

TELEPHONE: **(361) 523-9465**

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

Jeremiah Taylor

4. LEASE: **G04537**

AREA: **MU** LATITUDE: **27.294076**
 BLOCK: **A 31** LONGITUDE: **-96.700392**

5. PLATFORM: **A**

RIG NAME:

6. ACTIVITY:

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

7. TYPE:

HISTORIC INJURY
 REQUIRED EVACUATION
 LTA (1-3 days)
 LTA (>3 days)
 RW/JT (1-3 days)
 RW/JT (>3 days)
 Other Injury

FATALITY **0**
 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: **228** FT.

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

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

12. CURRENT DIRECTION:
 SPEED: **0** M.P.H.

13. SEA STATE: FT.

17. DESCRIBE IN SEQUENCE HOW ACCIDENT HAPPENED:

The employee, a rigger, was cutting out rusted grating with an acetylene cutting torch and ran out of oxygen for the torch. He took off his fall restraint harness, then went upstairs to the top deck to change out the oxygen bottles and get a drink of water. When he returned to the work area, he failed to don his fall restraint harness. He then walked over the grating he had been cutting. The grating gave way, and he fell about 60 feet to the water. The rigger's foreman was working in the same area and heard a loud crack and a grunt. When he lifted his welding hood, he saw the rigger hit the water. The foreman tossed the rigger a work vest and started shouting "man overboard". A Grasso Production representative heard the shouts and ran to the handrail and saw the rigger in the water. There was a workboat tied up to the platform, and the Grasso representative called the boat via radio and had the rigger picked up. The boat took the injured rigger to MU A-31B (a manned platform), and he was then flown into the hospital to be checked.

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

- 1) Failure to pay attention
- 2) Complacency to his surrounding work area
- 3) Work area was not barricaded or roped off

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

- 1) Failure to don fall restraint harness
- 2) Employee had only 4 months offshore experience.
- 3) The man's job description was "rigger" and he was doing welding work.
- 4) Supervisor was a working supervisor and not paying attention to his employees.

21. PROPERTY DAMAGED:

N/A

NATURE OF DAMAGE:

N/A

ESTIMATED AMOUNT (TOTAL):

22. RECOMMENDATIONS TO PREVENT RECURRENCE NARRATIVE:

None

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

24. SPECIFY VIOLATIONS DIRECTLY OR INDIRECTLY CONTRIBUTING. NARRATIVE:

1) Z-106==Employee was not wearing a safety harness.

2) G-110==Operations not performed in safe and workmanlike manner (Openings in the the deck were not covered, guarded, barricaded, or otherwise made inaccessible to personnel.)

25. DATE OF ONSITE INVESTIGATION:

22-JUN-2006

26. ONSITE TEAM MEMBERS:

Ronald Cook /

29. ACCIDENT INVESTIGATION

PANEL FORMED: **NO**

OCS REPORT:

30. DISTRICT SUPERVISOR:

Ed. Smith

APPROVED

DATE: **03-AUG-2006**

INJURY/FATALITY/WITNESS ATTACHMENT

OPERATOR REPRESENTATIVE INJURY
 CONTRACTOR REPRESENTATIVE FATALITY
 OTHER _____ WITNESS

NAME:

HOME ADDRESS:

CITY:

STATE:

WORK PHONE:

TOTAL OFFSHORE EXPERIENCE:

YEARS

EMPLOYED BY: **Grasso Production Management / 20384**

BUSINESS ADDRESS: **850 Kaliste Saloom Royal Bldg #207**

CITY: **Lafayette**

STATE: **LA**

ZIP CODE: **70508**

OPERATOR REPRESENTATIVE INJURY
 CONTRACTOR REPRESENTATIVE FATALITY
 OTHER _____ WITNESS

NAME:

HOME ADDRESS:

CITY:

STATE:

WORK PHONE:

TOTAL OFFSHORE EXPERIENCE:

YEARS

EMPLOYED BY: **Performance Energy Service, LLC (PES) / 21725**

BUSINESS ADDRESS: **122 Industrial Blvd**

CITY: **Houma**

STATE: **LA**

ZIP CODE: **70363**

INJURY/FATALITY/WITNESS ATTACHMENT

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

NAME:

HOME ADDRESS:

CITY:

STATE:

WORK PHONE:

TOTAL OFFSHORE EXPERIENCE:

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