

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

1. OCCURRED

DATE: **30-JAN-2007** TIME: **0920** HOURS

2. OPERATOR: **W & T Offshore, L.L.C.**

REPRESENTATIVE: **Bea Stong**
 TELEPHONE: **(713) 626-8525**

CONTRACTOR: **Diamond Offshore Drilling, Inc**
 REPRESENTATIVE: **Joseph Brewer**
 TELEPHONE: **(713) 378-2871**

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

4. LEASE: **G26229**

AREA: **EW** LATITUDE:
 BLOCK: **989** LONGITUDE:

5. PLATFORM:

RIG NAME: **DIAMOND OCEAN NEW ERA**

6. ACTIVITY:

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

7. TYPE:

HISTORIC INJURY
 REQUIRED EVACUATION 1
 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

8. CAUSE:

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

9. WATER DEPTH: **523** FT.

10. DISTANCE FROM SHORE: **75** MI.

11. WIND DIRECTION: **SSE**
 SPEED: **10** M.P.H.

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

13. SEA STATE: **4** FT.

17. DESCRIBE IN SEQUENCE HOW ACCIDENT HAPPENED:

Two roustabouts were working on the pipe rack, laying down the work string. The crane crew was using a water hose to wash away any residual material from the work string as it was laid down. The water contained Zinc Bromide (ZnBr) from the work string. Both injured parties had on slicker suits, but the suits were not secured with enough duct tape and allowed the water to make contact with their pants. ZnBr chemical burns resulted to the lower legs of both individuals. Both employees noticed irritation around the top edge of their boots but thought it was just from their boots rubbing their legs. They were seen limping by the company man and were told to go see the safety representative to be checked out. One of the injured workers had dark red areas with small ulcers on both legs. The ulcers appeared to be healing. The other injured worker had two ulcer type wounds and red areas on both legs. Both injured parties were flown in to see a doctor. One of the injured parties was released back to full work duty that day. The other injured party was away from work for seven days. Both employees have since returned and are currently back at work. If the injured parties would have reported their injuries as soon as the pain was noticed, the burns would not have been as severe and they probably would not have missed any work.

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

The cause of the incident is the prolonged contact the individuals had with the Zinc Bromide. At first, the injured parties were unaware that they had even come in contact with the ZnBr.

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

The prolonged contact with the Zinc Bromide contributed to the severity of the burns that the injured parties received.

21. PROPERTY DAMAGED:

None

NATURE OF DAMAGE:

n/a

ESTIMATED AMOUNT (TOTAL):

\$

22. RECOMMENDATIONS TO PREVENT RECURRENCE NARRATIVE:

Due to the specific nature of this incident, the Houma District has no recommendations to report to the Regional Office.

23. POSSIBLE OCS VIOLATIONS RELATED TO ACCIDENT: **NO**

24. SPECIFY VIOLATIONS DIRECTLY OR INDIRECTLY CONTRIBUTING. NARRATIVE:

None

25. DATE OF ONSITE INVESTIGATION:

26. ONSITE TEAM MEMBERS:

Amy Wilson /

29. ACCIDENT INVESTIGATION

PANEL FORMED: **NO**

OCS REPORT:

30. DISTRICT SUPERVISOR:

Michael J. Saucier

APPROVED

DATE: **27-MAR-2007**

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: **Diamond Offshore Drilling, Inc. / 20293**

BUSINESS ADDRESS: **111 Veterans Memorial Blvd.**

CITY: **Metairie**

STATE: **LA**

ZIP CODE: **70005**

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