

UNITED STATES DEPARTMENT OF THE INTERIOR  
BUREAU OF SAFETY AND ENVIRONMENTAL ENFORCEMENT  
GULF OF MEXICO REGION

# ACCIDENT INVESTIGATION REPORT

1. OCCURRED

DATE: **04-MAR-2012** TIME: **1900** HOURS

2. OPERATOR:

**Energy XXI GOM, LLC**

REPRESENTATIVE:

TELEPHONE:

CONTRACTOR: **Wood Group Production Services**

REPRESENTATIVE:

TELEPHONE:

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

4. LEASE: **00031**

AREA: **GI** LATITUDE:

BLOCK: **22** LONGITUDE:

5. PLATFORM: **L-PRD**

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  
 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 **Damages**  
 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: **55** FT.

10. DISTANCE FROM SHORE: **8** MI.

11. WIND DIRECTION: **W**  
SPEED: **8** M.P.H.

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

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

17. INVESTIGATION FINDINGS:

The Operator was performing a lift transferring a 6,000 lb. box of produced sand to the deck of the vessel named Miss Darlene. The boom angle was 20 degrees. The crane's load chart does not list a maximum load for 20 degrees but gives the offboard capacity as 10,070 lbs. at an angle of 19 degrees. According to the Crane Operator (CO), there were two individuals giving him hand signals from the deck of the boat immediately after the load was set down. The CO said the load appeared to be in an awkward position on the deck. One person was signaling to raise the load while the other person with a radio was signaling to lower more slack in the line. At the same time, the CO noticed the vessel drifting off location. The boat captain did not respond to the CO's request over the radio to move the vessel back into position. The rigger with the radio began requesting the CO to lower more line. Realizing that the boat captain had lost control of the vessel, the crane operator began spooling out the wire rope as fast as possible. The crane was unable to spool out cable at a rate to compensate for the velocity of the vessel as it drifted away. When the vessel pulled against the crane, the CO noticed the weight gauge reading 14,000 lbs. The crane was shock loaded, side loaded, and overloaded as a result. The Captain regained control of the vessel before additional damage occurred.

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

A. The Captain lost control of the vessel before the load could be disconnected from the crane.

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

A. A failure in communications may have contributed to the incident.

20. LIST THE ADDITIONAL INFORMATION:

A. The Captain and crew were dismissed prior to the investigation and were unavailable.

BSEE Inspector's recommendations to prevent recurrence:

- (1) Verify the certification of the Boat Captain and Riggers.
- (2) Involve the vessel crew in the written Job Safety Analysis before the lift.

21. PROPERTY DAMAGED:

NATURE OF DAMAGE:

Compliance contact indicated extensive damage resulting in a complete rework of the crane

Crane was shock loaded.

ESTIMATED AMOUNT (TOTAL): \$300,000

22. RECOMMENDATIONS TO PREVENT RECURRENCE NARRATIVE:

The BSEE New Orleans District makes no recommendations to the Agency

23. POSSIBLE OCS VIOLATIONS RELATED TO ACCIDENT: YES

24. SPECIFY VIOLATIONS DIRECTLY OR INDIRECTLY CONTRIBUTING. NARRATIVE:

INC No. G-132 - Failure to verbally notify the District Manager immediately following an incident involving their crane.

25. DATE OF ONSITE INVESTIGATION:

27-MAR-2012

26. ONSITE TEAM MEMBERS:

John Calvin /

29. ACCIDENT INVESTIGATION

PANEL FORMED: NO

OCS REPORT:

30. DISTRICT SUPERVISOR:

David J. Trocquet

APPROVED

DATE: 15-AUG-2012

# 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 :

BUSINESS ADDRESS :

CITY :

STATE :

ZIP CODE :

# Crane/Other Material-Handling Equipment Attachment

## Equipment Information

Installation date: 17-DEC-1997

Manufacturer: AMER AREO

Manufacture date: 01-JAN-1984

Make/Model: AMER AREO / G-20-HD

Any modifications since manufactured? Describe and include date(s).

What was the maximum lifting capacity at the time of the lift?

Static:16414      Dynamic: 10070

Was a tag line utilized during the lift? Y

Were there any known documented deficiencies prior to conducting the lift? If yes, what were the deficiencies?

N/A

List specific type of failure that occurred during this incident.(e.g. cable parted, sticking control valve, etc.)

If sling/loose gear failure occurred does operator have a sling/loose gear inspection program in place?

Type of lift:

### For crane only:

Type of crane: HYDRAULIC

Boom angle at time of incident: Degrees:20      Radius: 80

What was load limit at that angle? 10070

Crane equipped with: B

Which line was in use at time of incident? L

If load line involved, what configuration is the load block:4 part.

## Load Information

What was being lifted? **OTHER**

Description of what was being lifted (e.g. 10 joints of 2 3/8-inch pipe, ten 500-lb. sacks of sand, 2 employees, etc.)

### Produced Sand

Approximate weight of load being lifted: **6000**

Was crane/lifting device equipped with an operable weight indicator? **Y**

Was the load identified with the correct or approximate weight? **Y**

Where was the lift started, where was it destined to finish, and at what point in the lift did the incident occur? Give specific details (e.g. pipe rack, riser cart, drill floor, etc.)

**Transferring 6,000 pounds of produced sand to the deck of the vessel named Miss Darlene.**

If personnel was being lifted at the time of this incident, give specific details of lifting device and riding apparatus in use (e.g. 1) crane-personnel basket, 2) air hoist-boatswain chair, other)

**N/A**

Were personnel wearing a safety harness?

Was a lifeline available and utilized?

List property lost overboard.

## Rigger/Operator Information

Has rigger had rigger training?

If yes, date of last training:

How many years of rigger experience did rigger have?

How many hours was the operator on duty prior to the incident?

Was operator on medication when incident occurred? **N**

How many hours was the rigger on duty prior to the incident?

How much sleep did rigger have in the 24 hours preceding this incident?

Was rigger on medication when incident occurred?

Were all personnel involved in the lift drug tested immediately following this incident?

Operator: **N**                      Rigger:                      Other:

While conducting the lift, was line of sight between operator and load maintained?

**N**

Does operator wear glasses or contact lenses? **N**

If so, were glasses or contacts in use at time of the incident? **N**

Does operator wear a hearing aid? **N**

If so, was operator using hearing aid at time of the incident? **N**

What type of communication system was being utilized between operator and rigger at time of this incident?

**Radio/VHF and Hand Signal**

### For crane only:

What crane training institution did crane operator attend?

**CAREER TRAINING CENTER**

Where was institution located? **NEW IBERIA LA**

Was operator qualified on this type of crane? **Y**

How much actual operational time did operator have on this particular crane involved in this incident?

Years: 1

Months: 3

List recent crane operator training dates.

7/20/2010

**For other material-handling equipment only:**

Has operator been trained to operate the lifting device involved in the incident? **N**

How many years of experience did operator have operating the specific type of lifting device involved in the incident?



## Inspection/Maintenance Information

### For crane only:

Is the crane involved classified as Heavy, Moderate or Infrequent use.

**M**

Was pre-use inspection conducted? **Y**

For the annual/quarterly/monthly crane inspections, please fill out the following information:

What was the date of the last inspection? **30-JUL-2011**

Who performed the last inspection? **JONATHAN LOWERY**

Was inspection conducted in-house or by a 3rd party? **TP**

Who qualified the inspector? **SPARROW ENGINEERING AND OPERATIONS**

Does operators' policy require load or pull test prior to heavy lift? **N**

Which type of test was conducted prior to heavy lift? **P**

Date of last pull test: **30-JUL-2011** Load test: **30-JUL-2011**

Results: **P**

If fail explain why:

Test Parameters: Boom angle: **65** Radius: **40**

What was the date of most recent crane maintenance performed? **30-JUL-2011**

Who performed crane maintenance? (Please clarify persons name or company name.)

**SPARROW ENGINEERING AND OPERATIONS**

Was crane maintenance performed in-house or by a third party? **TP**

What type of maintenance was performed?

**Quarterly**

**For other material-handling equipment only:**

Was equipment visually inspected before the lift took place?

What is the manufacture's recommendation for performing periodic inspection on the equipment involved in this incident?

## Safety Management Systems

Does the company have a safety management program in place? **N**

Does the company's safety management program address crane/other material-handling equipment operations?

**N**

Provide any remarks you may have that applies to the company's safety management program and this incident?

Did operator fill out a Job Safety Analysis (JSA) prior to job being performed?

**Y**

Did operator have an operational or safety meeting prior to job being performed?

**Y**

What precautions were taken by operator before conducting lift resulting in incident?

**The operator wrote a JSA and established radio communication with the boat captain.**

Procedures in place for crane/other material-handling equipment activities:

Did operator have procedures written? **Y**

Did procedures cover the circumstances of this incident? **N**

Was a copy available for review prior to incident? **Y**

Were procedures available to MMS upon request? **Y**

Is it documented that operator's representative reviewed procedures before conducting lift?

**Y**

Additional observations or concerns: