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

ACCIDENT INVESTIGATION REPORT

1. OCCURRED
   DATE: **29-FEB-2012** TIME: **0345** HOURS

2. OPERATOR: **Rooster Petroleum, LLC**
   REPRESENTATIVE:
   TELEPHONE:
   CONTRACTOR: **ROWAN DRILLING**
   REPRESENTATIVE:
   TELEPHONE:

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

4. LEASE: **G14428**
   AREA: **VR** LATITUDE:
   BLOCK: **376** LONGITUDE:

5. PLATFORM: **A**
   RIG NAME: **ROWAN JOE DOUGLAS**

6. ACTIVITY:
   - [ ] EXPLORATION(POE)
   - [X] DEVELOPMENT/PRODUCTION (DOCD/POD)

7. TYPE:
   - [ ] HISTORIC INJURY
     - [X] REQUIRED EVACUATION **1**
     - [ ] LTA (1-3 days)
     - [X] 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
   - [X] CRANE
   - [ ] OTHER LIFTING DEVICE
   - [ ] DAMAGED/DISABLED SAFETY SYS.
   - [ ] INCIDENT >$25K
   - [ ] H2S/15MIN./20PPM
   - [ ] REQUIRED MUSTER
   - [ ] SHUTDOWN FROM GAS RELEASE
   - [ ] OTHER

6. OPERATION:
   - [ ] PRODUCTION
   - [X] DRILLING
   - [ ] WORKOVER
   - [ ] COMPLETION
   - [ ] HELICOPTER
   - [ ] MOTOR VESSEL
   - [ ] PIPELINE SEGMENT NO.
   - [ ] OTHER

8. CAUSE:
   - [X] EQUIPMENT FAILURE
   - [X] HUMAN ERROR
   - [ ] EXTERNAL DAMAGE
   - [X] SLIP/TRIP/FALL
   - [ ] WEATHER RELATED
   - [ ] LEAK
   - [ ] UPSET H2O TREATING
   - [ ] OVERBOARD DRILLING FLUID
   - [ ] OTHER ____________________

9. WATER DEPTH: **302** FT.

10. DISTANCE FROM SHORE: **100** MI.

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

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

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

17. INVESTIGATION FINDINGS:

On the date of the incident (29 February 2012) the Rowan Joe Douglas was on location at VR 376 for Rooster Petroleum, LLC drilling the A-3 well.The work tour began at 1100 hours on 28 February with a safety meeting for the upcoming crane operations. At 1200 hours on 29 February a Job Risk Analysis (JRA) was completed for crane lifting operations. One of the safety topics discussed was proper hand, body, and footing placement during rigging operations. At approximately 0230 hours crane operations began the task of off loading 10 3/4 casing from a work boat to the rigs pipe rack. The job included the crane operator, a spotter for the blind spots, and two riggers. The two riggers were standing on top of the pipe rack guiding and rigging down the casing as it was landed on the pipe rack. Stop work authority was used at the beginning of the job by the spotter when one of the riggers/injured person wrapped the tag line around his waist. After a short safety discussion the job was started again. At approximately 0330 hours a 7,500 lb load was being landed on the pipe rack. When the load got approximately two feet from the landing spot the Injured Party (IP)again wrapped the tag line around his waist turned his back and pulled on the load to align it with the pipe rack. The load started in motion toward the IP and struck him from behind thrusting him face forward into the pipe rack. All stop was called by the spotter. The load was positioned safely away from the IP and landed, the operation was thus suspended. The rig medic was called to the IP for an evaluation. It was determined the IP needed further medical attention and was transported to Houma General Hospital where he was diagnosed with a dislocated right shoulder.

After reviewing statements, pictures, and supporting documents of the incident it was found that on 27 February stop work authority was used on the IP during crane operations for improper rigging practices. It was also discovered the walkways on both sides of the pipe rack were blocked by stored equipment forcing the riggers to be on top of the pipe rack in the swing radius of the load.

Findings from Rowan Companies, Inc. investigation are as follows:
1. "Causal factors - The direct cause of the incident was inexperience, not paying attention."
2. "Root Cause - Ensure that employee is capable of performing all aspects of the job at hand. Also ensure that all hazards controls are tailored to the job at hand."
3. "Corrective and Preventive Actions - Ensure that the employee is capable of performing all aspects of the job at hand. Also insure that all hazard controls are tailored to the job at hand. Ensure employee has a mentor assigned to him at all times."

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

1. The walkways were blocked by equipment the IP was forced to guide the load while standing in the swing radius of the load.
2. The inexperience of the IP with rigging operations. His inexperience was demonstrated by his wrapping the tag line around his waist and turning his back to the load.

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

Human errors by the IP and lack of supervision.
1. IP was not qualified to be on his own and should have had a supervisor with in

verbal command distance of him.
2. Failure to have walkways clear to allow IP to use tagline from safe distance.

20. LIST THE ADDITIONAL INFORMATION:

According to CFR 250 .108(3) "Retain the qualification records of the all rigger personnel for at least four years".

Also in Rowans Crane Operation and Maintenance Procedure Manual listed under 5.1 Training. "Riggers will attend API RP 2D Rigger school".

API RP 2D 3.1.3 Riggers. "Crane load rigging shall only be performed by a Qualified Rigger".
API RP 2D 3.1.4 "Qualification for Riggers Training should incorporate familiarization with rigging hardware, slings, and safety issues associated with rigging, lifting loads, and lift planning. Training should include classroom-type, hands on training, and examination. Hands on training should include proper inspection, use, selection, and maintenance of rigging gear (slings, shackles, hooks, etc.). The employer should assure that rigger qualifications are maintained, at a minimum every 4 years, through requalification. Additionally, the individual should have no history of a disabling medical condition, which may be sufficient reason for disqualification".

21. PROPERTY DAMAGED: N/A

NATURE OF DAMAGE: N/A

ESTIMATED AMOUNT (TOTAL): $

22. RECOMMENDATIONS TO PREVENT RECURRANCE NARRATIVE:

The Lake Charles District has no recommendations to make to the Regional Office of Safety Management.

23. POSSIBLE OCS VIOLATIONS RELATED TO ACCIDENT: YES

24. SPECIFY VIOLATIONS DIRECTLY OR INDIRECTLY CONTRIBUTING. NARRATIVE:

G-110
Rooster failed to perform all operations in a safe and workmanlike manner and provide for the preservation and conservation of property and environment. Specifically:

1. The equipment layout on the main deck, created hazardous work areas which is contradictory to the housekeeping requirements of the Operator and Contractor.

2. Supervision associated with this operation was inadequate:

* The Rooster Representative failed to conduct a comprehensive JSA meeting that

discussed lifting of the 10 ¾ casing.

*** The Rooster Representative failed to ensure that the tag lines attached were used properly according to API 2D.**

*** The Rooster Representative failed to ensure adequate supervision for IP after two stop work authorities were directed to the IP on crane lifting operations.**

25. DATE OF ONSITE INVESTIGATION:

19-FEB-2012

26. ONSITE TEAM MEMBERS:

Wayne Meaux / Bill Olive / Mitchell Klumpp /

29. ACCIDENT INVESTIGATION PANEL FORMED: **NO**

OCS REPORT:

30. DISTRICT SUPERVISOR:

Larry Williamson

APPROVED DATE: 25-APR-2012

INJURY/FATALITY/WITNESS ATTACHMENT

☐ OPERATOR REPRESENTATIVE
☒ CONTRACTOR REPRESENTATIVE
☐ OTHER ______________________

☐ INJURY
☐ FATALITY
☒ WITNESS

NAME:

HOME ADDRESS:

CITY: STATE:

WORK PHONE: TOTAL OFFSHORE EXPERIENCE: YEARS

EMPLOYED BY:

BUSINESS ADDRESS:

CITY: STATE:

ZIP CODE:

☐ OPERATOR REPRESENTATIVE
☒ CONTRACTOR REPRESENTATIVE
☐ OTHER ______________________

☐ INJURY
☐ FATALITY
☒ WITNESS

NAME:

HOME ADDRESS:

CITY: STATE:

WORK PHONE: TOTAL OFFSHORE EXPERIENCE: YEARS

EMPLOYED BY:

BUSINESS ADDRESS:

CITY: STATE:

ZIP CODE:

INJURY/FATALITY/WITNESS ATTACHMENT

- [ ] OPERATOR REPRESENTATIVE
- [x] CONTRACTOR REPRESENTATIVE
- [ ] OTHER ______________________________
- [ ] INJURY
- [ ] FATALITY
- [x] WITNESS

NAME:

HOME ADDRESS:

CITY: STATE:

WORK PHONE: TOTAL OFFSHORE EXPERIENCE: YEARS

EMPLOYED BY:

BUSINESS ADDRESS:

CITY: STATE:

ZIP CODE: