

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

1. OCCURRED

DATE: **02-AUG-2006** TIME: **1645** HOURS

2. OPERATOR:

Merit Energy Company

REPRESENTATIVE: **Lloyd Sigue**

TELEPHONE: **(337) 262-8192**

CONTRACTOR: **Grasso Production Management**

REPRESENTATIVE: **Robert Bergeron**

TELEPHONE: **(800) 288-7289**

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

4. LEASE:

G02116

AREA: **EI** LATITUDE:

BLOCK: **331** LONGITUDE:

5. PLATFORM:

B

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
- 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: **241** FT.

10. DISTANCE FROM SHORE: **80** MI.

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

12. CURRENT DIRECTION: **E**
 SPEED: **2** M.P.H.

13. SEA STATE: **1** FT.

17. DESCRIBE IN SEQUENCE HOW ACCIDENT HAPPENED:

At approximately 16:45 hours on August 2, 2006, the platform crane operator was positioning the crane to hook onto a 4' X 4' steel plate that had been stored on a rack located next to the crane base. Two construction workers were attaching the load as the crane operator continued to boom up to an angle of 85 degrees. This would position the boom tip directly above the load. As the crane operator continue to boom up, the boom made contact with the boom stops. This action resulted in the boom exceeding the boom stop limit and bending the lower section of the crane boom. The crane operator then boomed down, shut down operations and placed the crane out of service.

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

The crane operator was apparently depending on the crane safety system to detect the maximum working angle of the crane boom and was unaware that the crane boom override was inoperable.

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

The manual boom override valve was stuck in the override position. The malfunctioned override valve allowed the boom to make contact with the boom stops.

21. PROPERTY DAMAGED:

Crane boom

NATURE OF DAMAGE:

Bent heel section of crane boom

ESTIMATED AMOUNT (TOTAL):

\$40,500

22. RECOMMENDATIONS TO PREVENT RECURRENCE NARRATIVE:

Merit recommends the following:

Communicate to personnel during safety meetings and JSAs that extra precautions must be employed when operating crane booms at angles near boom stops.

Remove foot pedal on boom lever.

Replace boom override valve with a new lever operated valve in lieu of a push button and relocate valve from outside to inside the cabin.

Instruct personnel on new location on boom override on this crane.

Stress the importance of inspecting the boom systems during pre-use inspections.

Inspect boom override valves on all Merit's Link Belt cranes.

Provide a crane boom watch person to flag the crane operator when making lifts at angles that place the boom near the crane boom stops.

Do not store materials in close proximity of the crane base if it requires a crane to move them.

MMS makes no recommendations to Merit and 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:

03-AUG-2006

26. ONSITE TEAM MEMBERS:

Jason Abshire / Johnny Serrette /

29. ACCIDENT INVESTIGATION

PANEL FORMED: NO

OCS REPORT:

30. DISTRICT SUPERVISOR:

Elliott S. Smith

APPROVED

DATE: 28-SEP-2006

INJURY/FATALITY/WITNESS ATTACHMENT

OPERATOR REPRESENTATIVE

INJURY

CONTRACTOR REPRESENTATIVE

FATALITY

OTHER _____

WITNESS

NAME: **Verges Pierre**

HOME ADDRESS: **Post Office Box 123**

CITY: **Baldwin** STATE: **LA**

WORK PHONE: TOTAL OFFSHORE EXPERIENCE: YEARS

EMPLOYED BY:

BUSINESS ADDRESS:

CITY: STATE:

ZIP CODE: