

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

ACCIDENT INVESTIGATION REPORT

1. OCCURRED

DATE: 15-FEB-2009 TIME: 1315 HOURS

2. OPERATOR:

Merit Energy Company
REPRESENTATIVE: Doug Schaefer
TELEPHONE: (361) 579-6111
CONTRACTOR: ISLAND OPERATORS CO. INC.
REPRESENTATIVE:
TELEPHONE:

- STRUCTURAL DAMAGE
- CRANE
- OTHER LIFTING DEVICE
- DAMAGED/DISABLED SAFETY SYS.
- INCIDENT >\$25K
- H2S/15MIN./20PPM
- REQUIRED MUSTER
- SHUTDOWN FROM GAS RELEASE
- OTHER

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

6. OPERATION:

4. LEASE:

G04078

AREA: HI LATITUDE:
BLOCK: 39 LONGITUDE:

- PRODUCTION
- DRILLING
- WORKOVER
- COMPLETION
- HELICOPTER
- MOTOR VESSEL
- PIPELINE SEGMENT NO.
- OTHER

5. PLATFORM:

A

RIG NAME:

6. ACTIVITY:

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

8. CAUSE:

7. TYPE:

HISTORIC INJURY

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

- EQUIPMENT FAILURE
- HUMAN ERROR
- EXTERNAL DAMAGE
- SLIP/TRIP/FALL
- WEATHER RELATED
- LEAK
- UPSET H2O TREATING
- OVERBOARD DRILLING FLUID
- OTHER Operator lacks lift procedures

- FATALITY
- POLLUTION
- FIRE
- EXPLOSION

- LWC
- HISTORIC BLOWOUT
 - UNDERGROUND
 - SURFACE
 - DEVERTER
 - SURFACE EQUIPMENT FAILURE OR PROCEDURES

9. WATER DEPTH: 36 FT.
10. DISTANCE FROM SHORE: 14 MI.
11. WIND DIRECTION: S
SPEED: 6 M.P.H.
12. CURRENT DIRECTION: S
SPEED: 1 M.P.H.
13. SEA STATE: 4 FT.

COLLISION HISTORIC >\$25K <=\$25K

17. INVESTIGATION FINDINGS:

The platform crane was being utilized to lift a 55 gallon drum of soap (rig wash) out of a basket on the deck. The drum was secured (rigged) using a nylon sling. The drum slipped out of the sling catching the riggers arm between the drum and the side of the basket. The Injured Person had surgery on his arm and returned back to restricted duty. No pollution occurred as a result of this incident.

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

The drum was not properly secured prior to lifting since the Operator currently has no procedures in place to cover the securing and lifting of drums.

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

The drum was slick due to moisture allowing the sling to easily slip off drum.

20. LIST THE ADDITIONAL INFORMATION:

- * The Operator will provide a refresher course to ensure personnel use the proper sling operations.
- * The Operator will use barrel racks for transporting drums for all future operations.
- * The Operator will train riggers to ensure potential hazards are identified prior to initiating sling operations.

21. PROPERTY DAMAGED:

N/A

NATURE OF DAMAGE:

N/A

ESTIMATED AMOUNT (TOTAL):

22. RECOMMENDATIONS TO PREVENT RECURRANCE NARRATIVE:

The Lake Jackson District has no recommendations for the New Orleans Region Office of Safety Management (OSM).

23. POSSIBLE OCS VIOLATIONS RELATED TO ACCIDENT: NO

24. SPECIFY VIOLATIONS DIRECTLY OR INDIRECTLY CONTRIBUTING. NARRATIVE:

N/A

25. DATE OF ONSITE INVESTIGATION:

17-FEB-2009

26. ONSITE TEAM MEMBERS:

29. ACCIDENT INVESTIGATION

PANEL FORMED: NO

Craig Pohler /

OCS REPORT:

30. DISTRICT SUPERVISOR:

John McCarroll

APPROVED

DATE: **04-APR-2009**

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: **11-JAN-1996**

Manufacturer: **NAUTILUS**

Manufacture date: **10-AUG-1990**

Make/Model: **NAUTILUS 20-60 / SN 5069**

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

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

Static: Dynamic:

Was a tag line utilized during the lift? **N**

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

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: **70** Radius: **30**

What was load limit at that angle? **120000**

Crane equipped with: **B**

Which line was in use at time of incident? **F**

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

Load Information

What was being lifted? **55 GALLON DRUM**

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.)

55 gallon drum of rig wash from basket

Approximate weight of load being lifted: **400**

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

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

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.)

Lifting drum of soap out of 4' x 8' basket. Sling slipped pinching IP arm between drum and basket

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)

Were personnel wearing a safety harness?

Was a lifeline available and utilized?

List property lost overboard.

Rigger/Operator Information

Has rigger had rigger training? **Y**

If yes, date of last training: **04-APR-2007**

How many years of rigger experience did rigger have? **2**

How many hours was the operator on duty prior to the incident? **6**

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

How many hours was the rigger on duty prior to the incident? **6**

How much sleep did rigger have in the 24 hours preceding this incident? **8**

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

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

Operator: **N** Rigger: **Y** 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?

Hand Signal

For crane only:

What crane training institution did crane operator attend?

TOP COAT

Where was institution located? **FREEPORT, TEXAS**

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: 0

Months: 0

List recent crane operator training dates.

14-AUG-2007

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.

I

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? **18-JUL-2008**

Who performed the last inspection? **POWER HOUSE**

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

Who qualified the inspector? **POWER HOUSE**

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: **18-JUL-2008** Load test: **18-JUL-2008**

Results: **P**

If fail explain why:

Test Parameters: Boom angle: **70** Radius: **30**

What was the date of most recent crane maintenance performed? **18-JUL-2008**

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

WILLIAM ROY - POWER HOUSE

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

What type of maintenance was performed?

Crane Annual

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?

N

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

N

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

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? **N**

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: