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

ACCIDENT INVESTIGATION REPORT

1.	OCCURRED DATE: 22-JUN-2009 TIME: 1000 HOURS	STRUCTURAL DAMAGE CRANE OTHER LIFTING DEVICE
2.	OPERATOR: Mariner Energy, Inc. REPRESENTATIVE: Maxwell, Joyce TELEPHONE: (337) 265-2610 CONTRACTOR: REPRESENTATIVE: Lutz, Ronnie TELEPHONE: (504) 394-5600	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:
	LEASE: G02588 AREA: SM LATITUDE: BLOCK: 136 LONGITUDE: PLATFORM: B	PRODUCTION DRILLING WORKOVER COMPLETION HELICOPTER MOTOR VESSEL PIPELINE SEGMENT NO.
J.	RIG NAME:	X OTHER Plug and Abandon
	ACTIVITY: EXPLORATION (POE) X DEVELOPMENT/PRODUCTION (DOCD/POD) 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)	8. CAUSE: EQUIPMENT FAILURE X HUMAN ERROR EXTERNAL DAMAGE SLIP/TRIP/FALL WEATHER RELATED LEAK UPSET H20 TREATING OVERBOARD DRILLING FLUID OTHER
	Other Injury FATALITY	9. WATER DEPTH: 223 FT.
	POLLUTION FIRE	10. DISTANCE FROM SHORE: 89 MI.
	LWC HISTORIC BLOWOUT UNDERGROUND	11. WIND DIRECTION: SPEED: M.P.H.
	SURFACE DEVERTER SURFACE EQUIPMENT FAILURE OR PROCEDURES	12. CURRENT DIRECTION: SPEED: M.P.H.
	COLLISION HISTORIC >\$25K <=\$25K	13. SEA STATE: FT.

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17. DESCRIBE IN SEQUENCE HOW ACCIDENT HAPPENED:

On 22 June 2009 at approximately 1100 hours, on Mariner Energy Inc's (Mariner's) Lease OCS-G 2588, South Marsh 136 B platform, a Seatrax employee (SE) sustained serious injuries during platform decommissioning operations. A NOVA (contract employee) was representing Mariner at the time of the incident. While disassembling the bridle from a temporary platform crane, the Seatrax Crane Decommissioning Supervisor (SCDS) observed that subsequent to the first pin being removed from the bridle the gantry line still had tension. The SCDS utilized the "stop work" command and instructed the employees to release the tension on the gantry. The SE located on the left side of the bridle released the second pin before the tension could be released causing the bridle to fall. The SE was wearing fall protection that was tied off, but not to a secure anchor point. The SE's lanyard, connected to the bridle, was pulled off with the bridle where he fell approximately 19.5 feet to result in serious injuries. During his fall, the SE hit his head on a pad eye which was located on the crane's support leg that was approximately 12.5 feet from the initial location. A Coast Guard helicopter was dispatched to the location to evacuate the SE. No pollution or property damages resulted from this incident.

Mariner's Fall Protection Policy:

Section 17.0 of Mariner's Fall Protection Policy is as follows: "Anchorage points used for attachment of fall protection components shall be independent of any anchorage being used to support or suspend platforms and capable of supporting at least 5,000 pounds per employee attached to it". Mariner's policy provides for continuous or 100% tie-off fall protection, when the possibility of a fall of 6 feet or greater exists. This infers that the employee must be tied off 100% of the time while repositioning or moving into a work area at heights of 6 feet or greater. This may occur when work activities include traversing, climbing, descending, etc., and can be achieved by the use of a double strap, Y lanyard or a self-retracting lifeline. The Supervisor shall be responsible for recognizing fall hazards and implementing this policy.

Mariner's Contractor Responsibilities:

All contractors must have a fall protection procedure that meets applicable federal and state regulations and should provide at least the same level of safety as this program. It is the responsibility of contractors (Seatrax) to train their employees in the use of fall protection systems and equipment.

The Seatrax Mantling and Dismantling Procedure (SMDP) and Job Safety Analyis (JSA) were utilized for this operation.

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

Improper placement of the SE's safety lanyard contributed to the severity of this incident. The SE and the SCDS failed to recognize the unsafe condition. The SE should have secured the lanyard to an appropriate location instead of securing the lanyard to an improper anchoring point; the bridle.

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

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*The lessee and all personnel engaged in the disassembling operations of the S70-P portable crane failed to follow and adhere to safe practices, procedures and guidelines. Although a bridle support stand designed to support the bridle during dismantling operations was installed on the boom, the bridle was not secured to the support stand prior to the pins being removed.

*The lessee and all personnel engaged in the disassembling operations failed to adhere to the Section 17.0 of Mariner's Fall Protection Policy.

*Lack of contract employee supervision/oversight by the NOVA contract employee that was representing Mariner.

*The SMDP and JSA utilized for this operation did not provide detailed guidelines for the S70-P portable crane assembling and disassembling operations.

20. LIST THE ADDITIONAL INFORMATION:

The Lessee is ultimately responsible for ensuring safe construction operations on their facility. The Seatrax Mantling and Dismantling Procedure (SMDP) and the Job Safety Analysis (JSA) do not provide detailed guidelines for disassembling operations. The SMDP should provide relevant and precise recommendations specifically tailored for assembling and disassembling operations of the S70-P portable crane.

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NATURE OF DAMAGE:

None None

ESTIMATED AMOUNT (TOTAL):

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22. RECOMMENDATIONS TO PREVENT RECURRANCE NARRATIVE:

The MMS Lafayette District office makes no recommendations to the MMS Regional Office of Safety Management (OSM).

- 23. POSSIBLE OCS VIOLATIONS RELATED TO ACCIDENT: YES
- 24. SPECIFY VIOLATIONS DIRECTLY OR INDIRECTLY CONTRIBUTING. NARRATIVE:

INC G-110 is issued "After the Fact" to document that Mariner Energy, Inc. failed to protect health, safety and the environment by not performing operations in a safe and workmanlike manner as follows: Mariner Energy, Inc. failed to properly supervise demobilization procedures on a S70-P portable crane in a safe manner to protect the equipment and employees. A contract rigger involved in dismantling operations was injured due to lack of supervision and the result of improper anchoring of the lanyard to the bridle.

Mariner Energy, Inc. is advised to submit a letter of explanation addressing the aforementioned INC. and its plans for eliminating future incidents of this nature to the MMS Lafayette District Manager.

25. DATE OF ONSITE INVESTIGATION:

23-JUN-2009

26. ONSITE TEAM MEMBERS:

Wade Guillotte / Tom Basey /
Raymond Johnson / Gerald Gonzales /

29. ACCIDENT INVESTIGATION PANEL FORMED: NO

OCS REPORT:

30. DISTRICT SUPERVISOR:

Elliott S. Smith

APPROVED

DATE: 01-SEP-2009

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OPERATOR REPRESENTATIVE CONTRACTOR REPRESENTATIVE OTHER	INJURY FATALITY WITNESS	
NAME: HOME ADDRESS: CITY: WORK PHONE: EMPLOYED BY: BUSINESS ADDRESS:	STATE: TOTAL OFFSHORE EXPERIENCE:	YEAF
CITY: ZIP CODE:	STATE:	
OPERATOR REPRESENTATIVE CONTRACTOR REPRESENTATIVE OTHER	INJURY FATALITY X WITNESS	
NAME: HOME ADDRESS: CITY: WORK PHONE:	STATE: TOTAL OFFSHORE EXPERIENCE:	YEAF
EMPLOYED BY: BUSINESS ADDRESS: CITY:	STATE:	
ZIP CODE:		

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OPERATOR REPRESENTATIVE CONTRACTOR REPRESENTATIVE OTHER	INJURY FATALITY WITNESS	
NAME: HOME ADDRESS: CITY: WORK PHONE: EMPLOYED BY: BUSINESS ADDRESS:	STATE: TOTAL OFFSHORE EXPERIENCE:	YEAF
CITY: ZIP CODE:	STATE:	
OPERATOR REPRESENTATIVE CONTRACTOR REPRESENTATIVE OTHER	INJURY FATALITY X WITNESS	
NAME: HOME ADDRESS: CITY: WORK PHONE:	STATE: TOTAL OFFSHORE EXPERIENCE:	YEAF
EMPLOYED BY: BUSINESS ADDRESS: CITY:	STATE:	
ZIP CODE:		

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OPERATOR REPRESENTATIVE CONTRACTOR REPRESENTATIVE OTHER	INJURY FATALITY WITNESS	
NAME: HOME ADDRESS: CITY: WORK PHONE: EMPLOYED BY: BUSINESS ADDRESS:	STATE: TOTAL OFFSHORE EXPERIENCE:	YEAF
CITY: ZIP CODE:	STATE:	
OPERATOR REPRESENTATIVE CONTRACTOR REPRESENTATIVE OTHER	INJURY FATALITY X WITNESS	
NAME: HOME ADDRESS: CITY: WORK PHONE:	STATE: TOTAL OFFSHORE EXPERIENCE:	YEAF
EMPLOYED BY: BUSINESS ADDRESS: CITY:	STATE:	
ZIP CODE:		

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X CONTRACTOR REPRESENTATIVE OTHER	FATALITY X WITNESS	
NAME:		
HOME ADDRESS:		
CITY:	STATE:	
WORK PHONE:	TOTAL OFFSHORE EXPERIENCE:	Y
EMPLOYED BY:		
BUSINESS ADDRESS:		
CITY:	STATE:	
ZIP CODE:		
OPERATOR REPRESENTATIVE		
OPERATOR REPRESENTATIVE CONTRACTOR REPRESENTATIVE OTHER	FATALITY	
x CONTRACTOR REPRESENTATIVE	FATALITY	
CONTRACTOR REPRESENTATIVE OTHER NAME: HOME ADDRESS:	FATALITY X WITNESS	
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CONTRACTOR REPRESENTATIVE OTHER NAME: HOME ADDRESS: CITY: WORK PHONE: EMPLOYED BY:	FATALITY X WITNESS STATE:	Y

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OPERATOR REPRESENTATIVE CONTRACTOR REPRESENTATIVE OTHER	INJURY FATALITY WITNESS	
NAME:		
HOME ADDRESS:		
CITY:	STATE:	
WORK PHONE:	TOTAL OFFSHORE EXPERIENCE:	YI
EMPLOYED BY:		
BUSINESS ADDRESS:		
CITY:	STATE:	
ZIP CODE: OPERATOR REPRESENTATIVE	INJURY	
	FATALITY	
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OPERATOR REPRESENTATIVE CONTRACTOR REPRESENTATIVE OTHER	INJURY FATALITY WITNESS	
NAME: HOME ADDRESS: CITY: WORK PHONE: EMPLOYED BY: BUSINESS ADDRESS:	STATE: TOTAL OFFSHORE EXPERIENCE:	YEAF
CITY: ZIP CODE:	STATE:	
OPERATOR REPRESENTATIVE CONTRACTOR REPRESENTATIVE OTHER	INJURY FATALITY X WITNESS	
NAME: HOME ADDRESS: CITY: WORK PHONE:	STATE: TOTAL OFFSHORE EXPERIENCE:	YEAF
EMPLOYED BY: BUSINESS ADDRESS: CITY:	STATE:	
ZIP CODE:		

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OPERATOR REPRESENTATIVE CONTRACTOR REPRESENTATIVE OTHER	INJURY FATALITY WITNESS	
NAME: HOME ADDRESS: CITY: WORK PHONE: EMPLOYED BY: BUSINESS ADDRESS:	STATE: TOTAL OFFSHORE EXPERIENCE:	YEAR
CITY: ZIP CODE:	STATE:	
OPERATOR REPRESENTATIVE CONTRACTOR REPRESENTATIVE OTHER	x INJURY FATALITY WITNESS	
NAME: HOME ADDRESS: CITY: WORK PHONE:	STATE: TOTAL OFFSHORE EXPERIENCE:	YEAF
EMPLOYED BY: BUSINESS ADDRESS: CITY:	STATE:	

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