

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

1. OCCURRED

DATE: **29-MAY-2006** TIME: **1530** HOURS

2. OPERATOR: **Mariner Energy, Inc.**

REPRESENTATIVE: **Larry Fontenot**

TELEPHONE: **(337) 265-2620**

3. LEASE: **G03776**

AREA: **SM** LATITUDE:

BLOCK: **106** LONGITUDE:

4. PLATFORM: **A NORTH**

RIG NAME:

5. ACTIVITY: EXPLORATION (POE)
 DEVELOPMENT/PRODUCTION
(DOCD/POD)

6. TYPE: FIRE
 EXPLOSION
 BLOWOUT
 COLLISION
 INJURY NO. 1
 FATALITY NO. _____
 POLLUTION
 OTHER **Fall**

7. OPERATION: PRODUCTION
 DRILLING
 WORKOVER
 COMPLETION
 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: **185** FT.

10. DISTANCE FROM SHORE: **74** MI.

11. WIND DIRECTION: **E**
SPEED: **5** M.P.H.

12. CURRENT DIRECTION: **SW**
SPEED: **1** M.P.H.

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

16. OPERATOR REPRESENTATIVE/
SUPERVISOR ON SITE AT TIME OF INCIDENT:
Pat Fontenot

CONTRACTOR:

CONTRACTOR REPRESENTATIVE/
SUPERVISOR ON SITE AT TIME OF INCIDENT:

17. DESCRIBE IN SEQUENCE HOW ACCIDENT HAPPENED:

On May 29, 2006, at approximately 15:30 hours, _____, United Production and Construction Inc. contract employee, fell approximately eleven (11) feet to a lower deck sustaining multiple injuries to the index finger of the right hand, bruised ribs and a cut behind the left ear. _____ was in the process of removing corroded one inch piping out of the overhead pipe rack of the above deck. Mr. _____, Island Operating Company, was located on the deck below receiving sections of corroded one inch piping from Mr. _____. Mr. _____, Mariner Energy Inc Person in Charge (PIC), was located on the same deck as Mr. _____ approximately 20 feet away. Mr. _____ fell after stepping onto a section of PVC piping that gave way. Mariner's PIC, Mr. _____, apparently ignored Mr. _____ misuse of the elevated electrical tray and PVC piping above the air compressor as a walk/work platform and Mr. _____ failure to use fall protection equipment in accordance with Mariner's Safe Work Procedure Manuel, Section 17.0 Fall Protection Policy.

Section 17.0 of Mariner's Fall Protection Policy stated Purpose is as follows: "This procedure establishes minimum requirements for working at unguarded elevated work locations that are six (6) feet or more above floor or grade level. This procedure applies to all Mariner Employees and contract personnel. It covers activities such as, but not limited to work in or on Pipe racks, unguarded scaffolding, Suspended scaffolds, Tank tops, Process structures without guarded work platforms, Ladders and Scaffolds".

Section 17.0 of Mariner's Fall Protection Policy stated Requirements are as follows: "This policy provides for continuous or 100% tie off fall protection, when the possibility of a fall of 6 feet or greater exists. This means 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. This 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".

Section 17.0 of Mariner's Fall Protection Policy stated Safe Usage of Personal Fall Protection Systems is as follows: "Anytime an employee is working in an area where there is a potential to fall 6 feet or more; an approved type of fall protection shall be used. This includes, but is not limited to a body harness and a lifeline, lanyard, rope grab, deceleration device, or positioning device".

Section 17.0 of Mariner's Fall Protection Policy stated Training is as follows: A training program will be provided for each employee who might be exposed to fall hazards. This program shall enable each employee to recognize the hazards of falling and shall train each employee in the procedures to be followed in order to minimize these hazards. Retraining shall be provided for all employees whenever there is a change in assignments that may introduce the employee to a new fall hazard, or a significant change in equipment that renders the old equipment obsolete".

Section 17.0 of Mariner's Fall Protection Policy stated Contractor Responsibilities is as follows: "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 to train their employees in the use of fall protection systems and equipment".

Mr. _____ stated that Mr. _____ was standing on the electrical tray overhead when he turned his back to place a section of the piping down on the deck. Mr. _____ heard Mr. _____ fall to the deck and initiated first aid immediately. First aid continued until Mr. _____ was evacuated by Medi-vac helicopter to Teche Medical Center in Morgan City.

Mr. was surveying additional corroded piping that needed to be removed. Mr. states that Mr. was standing on an elevated electrical tray above the air compressor and had just handed Mr. a section of one inch piping before falling.

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

Mr. was not wearing fall protection equipment as he was working at an elevated height of approximately eleven (11) feet above the deck below.
Mr. was not working from an acceptable walk/work platform as he was working at an elevated height of approximately eleven (11) feet.

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

Failure to follow Mariner's Safe Work Procedure Manuel and failure to conduct a pre-job safety meeting (JSA) prior to initiating the work.

21. PROPERTY DAMAGED:

NATURE OF DAMAGE:

None

N/A

ESTIMATED AMOUNT (TOTAL):

\$

22. RECOMMENDATIONS TO PREVENT RECURRENCE NARRATIVE:

Mariner Energy Inc. recommends that it re-educate its lease operators and contractors on the (a) Mandatory use and inspection of fall protection gear; (b) Policy on safe work procedures relating to working in and around elevated areas above 6 feet; and (c) Requirements to conduct pre-safety meetings and JSAs.

MMS recommends that Mariner Energy Inc. stringently enforce its Safe Work Procedure Manual to assure that all its employees and contract personnel abide by its company policy on the use of fall protection equipment and to conduct all operations in a safe and workmanlike manner.

The Lafayette District makes no recommendations to the Office of Safety Management.

The Office of Safety Management (OSM) conducted an audit of Mariner Energy Inc.'s Lafayette District Office, Sub-part "O" Training Plan on July 6, 2006. The results of this audit verified that Mariner failed to provide evidence that an evaluation of its drilling contractor's training plans were performed.

23. POSSIBLE OCS VIOLATIONS RELATED TO ACCIDENT: YES

24. SPECIFY VIOLATIONS DIRECTLY OR INDIRECTLY CONTRIBUTING. NARRATIVE:

An "After the Fact " G-112 Incident of Noncompliance (INC) was issued on June 1, 2006 to document Mariner Energy Inc.s' failure to assure that its contract construction personnel were equipped with and implemented the use of proper fall protection equipment when working at unprotected heights of 6 feet or greater.

25. DATE OF ONSITE INVESTIGATION:

01-JUN-2006

26. ONSITE TEAM MEMBERS:

David Suire / Jason Abshire / Tom Basey / Maxie Lambert /

29. ACCIDENT INVESTIGATION

PANEL FORMED: NO

OCS REPORT:

30. DISTRICT SUPERVISOR:

Elliott S. Smith

APPROVED

DATE: 26-JUL-2006

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: **Mariner Energy, Inc. / 00818**

BUSINESS ADDRESS: **2000 W. Sam Houston Parkway South
Suite 2000**

CITY: **Houston**

STATE: **TX**

ZIP CODE: **77042-3622**

OPERATOR REPRESENTATIVE INJURY
 CONTRACTOR REPRESENTATIVE FATALITY
 OTHER _____ WITNESS

NAME:

HOME ADDRESS:

CITY:

STATE:

WORK PHONE:

TOTAL OFFSHORE EXPERIENCE:

YEARS

EMPLOYED BY: **ISLAND OPERATORS CO. INC. / 20324**

BUSINESS ADDRESS: **108 ZACHARY**

CITY: **LAFAYETTE**

STATE: **LA**

ZIP CODE: **70583**