

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

1. OCCURRED

DATE: **03-NOV-2008** TIME: **1415** HOURS

2. OPERATOR: **Stone Energy Corporation**

REPRESENTATIVE: **LeBouef, Corbett**

TELEPHONE: **(337) 521-0213**

CONTRACTOR: **ROWAN DRILLING**

REPRESENTATIVE: **Dean Calcote**

TELEPHONE: **(337) 462-3774**

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

4. LEASE: **G04254**

AREA: **EW** LATITUDE: **28.665763**

BLOCK: **305** LONGITUDE: **-89.96945**

5. PLATFORM: **A**

RIG NAME: **ROWAN ALASKA**

6. ACTIVITY: EXPLORATION (POE)

DEVELOPMENT/PRODUCTION
(DOCD/POD)

7. TYPE:

HISTORIC INJURY

REQUIRED EVACUATION **1**

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: **270** FT.

10. DISTANCE FROM SHORE: **27** MI.

11. WIND DIRECTION: **E**
SPEED: **15** M.P.H.

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

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

17. DESCRIBE IN SEQUENCE HOW ACCIDENT HAPPENED:

On November 3, 2008, at 1415 hours on the Rowan Alaska drilling rig located on Stone Energy Corporation's Lease OCS-G 4254, Ewing Bank Block 305, Platform A, a contract employee smashed the little finger on his left hand during the process of aligning the spool on an electric line unit. The unit had been placed, and the Injured Person (IP) was aligning the unit's electric line spool when his finger was pinched between the unit's frame and the electric line spool frame. The IP was treated by the medic and evacuated for medical treatment. The IP was diagnosed with a fracture to the finger tip and required stitches.

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

Human Error:

- 1) Improper placement of the hand on the load.
- 2) Employee was not paying attention to possible pinch points.

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

- 1) No JSA performed for the rigging up of the unit.

20. LIST THE ADDITIONAL INFORMATION:

- 1) No witnesses available for statements. Two employees were in the area, but had no idea a man was injured. The injured employee walked away without notifying anyone. The two employees were on the opposite side of the spool and never heard or saw the incident.
- 2) The IP was wearing gloves.

21. PROPERTY DAMAGED:

None

NATURE OF DAMAGE:

None

ESTIMATED AMOUNT (TOTAL):

\$

22. RECOMMENDATIONS TO PREVENT RECURRENCE NARRATIVE:

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

23. POSSIBLE OCS VIOLATIONS RELATED TO ACCIDENT: **NO**

24. SPECIFY VIOLATIONS DIRECTLY OR INDIRECTLY CONTRIBUTING. NARRATIVE:

25. DATE OF ONSITE INVESTIGATION:

04-NOV-2008

26. ONSITE TEAM MEMBERS:

Justin Josey /

29. ACCIDENT INVESTIGATION

PANEL FORMED: **NO**

OCS REPORT:

30. DISTRICT SUPERVISOR:

David J. Trocquet

APPROVED

DATE: **08-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 :