UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF OCEAN ENERGY MANAGEMENT, REGULATION AND ENFORCEMENT
GULF OF MEXICO REGION

ACCIDENT INVESTIGATION REPORT

1. OCCURRED
DATE: **29-AUG-2011** TIME: **0545** HOURS

2. OPERATOR: **Flextrend Development Company, L.L**
REPRESENTATIVE: **Chauvin, Ryan**
TELEPHONE: **(985) 858-6033**-
CONTRACTOR: **Wood Group Production Services**-
REPRESENTATIVE: **Lagneaux, Brett**-
TELEPHONE: **(337) 988-9322**

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

4. LEASE: **G13363**
AREA: **GB** LATITUDE:
BLOCK: **72** LONGITUDE:-

5. PLATFORM:
RIG NAME:

6. ACTIVITY:
- [ ] EXPLORATION(POE)
- [X] DEVELOPMENT/PRODUCTION (DOCD/POD)

7. 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)
  - [ ] 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
- [X] OTHER **Open hole on crane deck.**

6. OPERATION:
- [X] PRODUCTION
- [ ] DRILLING
- [ ] WORKOVER
- [ ] COMPLETION
- [ ] HELICOPTER
- [ ] MOTOR VESSEL
- [ ] PIPELINE SEGMENT NO.
- [ ] OTHER

8. CAUSE:
- [ ] EQUIPMENT FAILURE
- [X] HUMAN ERROR
- [ ] EXTERNAL DAMAGE-
- [X] SLIP/TRIP/FALL-
- [ ] WEATHER RELATED
- [ ] LEAK
- [ ] UPSET H2O TREATING
- [ ] OVERBOARD DRILLING FLUID
- [ ] OTHER _____

9. WATER DEPTH: **518** FT.

10. DISTANCE FROM SHORE: **119** MI.

11. WIND DIRECTION:-
SPEED: M.P.H.

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

13. SEA STATE: FT.

17. INVESTIGATION FINDINGS: -

On 29 August 2011 at approximately 0545 hours, an employee was injured while attempting to complete a pre-use inspection on a crane prior to lifting personnel from an offshore vessel. The injured employee (IE) began climbing the ladder on the second deck to do a pre-use inspection on the top deck of a crane. To access the top deck, the IE had to enter through an open hatch located at the top of the ladder. After the IE boarded the top deck, he walked to the engine side of the crane to begin the pre-use inspection without closing the hatch. Once the engine portion of the inspection was completed, the IE began walking toward the opposite side of the crane to resume the pre-use inspection. Once the IE reached the open hatch location, the IE failed to realize there was a hatch door that was not in the closed position; leaving an open hole. The IE fell through the open hole approximately 9 feet 8 inches to the second level, receiving severe injuries to his upper right arm and lacerations to his head. The IE was flown to Lafayette General for treatment and observation for a possible concussion.

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

***The hatch cover was left in the open position prior to the IE's attempt to board the top crane deck.**
***The IE was unaware of a hatch door being present while performing the crane pre-use inspection.**
***The IE should have had a proper orientation and made aware of any hazards prior to boarding the crane. -**

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

Due to the time of the incident, the IE did not locate the hatch cover due to insufficient lighting. There are no lights located on the second or top deck of the crane. The lights located on the bottom deck do not have any effect on the upper decks of the crane. A Safe Work Permit was done prior to doing the pre-use inspection which indicates on the Physical Hazard section of the permit (poor lighting) as a hazard. The poor lighting hazard was addressed on the permit but not corrected on the crane.

As per 33 CFR Section 142.87 openings in decks accessible to personnel must be covered, guarded, or otherwise made inaccessible when not in use. The manner of blockage shall prevent a person's foot or body from inadvertently passing through the opening.

On 22 May 2007, the lessee experienced an incident involving an employee falling through a hatch opening on the same type of crane structure but at a different facility. Recommendations were given on personal protective equipment but no recommendations were given on alleviating the open hole condition.

20. LIST THE ADDITIONAL INFORMATION:

21. PROPERTY DAMAGED:

N/A

NATURE OF DAMAGE:

N/A

ESTIMATED AMOUNT (TOTAL): **$**

22. RECOMMENDATIONS TO PREVENT RECURRANCE NARRATIVE:

The BOEMRE Lafayette District office makes no recommendations to the 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 Flextrend Development Company, L.L.C. failed to protect health, safety and the environment by not performing operations in a safe and workmanlike manner as follows: Flextrend Development Company, L.L.C. failed to guard openings in decks that shall prevent a person's foot or body from inadvertently passing through the opening. Flextrend failed to prevent an employee from falling through an opening on an upper crane deck resulting in severe injuries to the employee.

Flextrend Development Company, L.L.C. is advised to submit a letter of explanation addressing the aforementioned INC., and its plans for eliminating future incidents of this nature to the BOEMRE Lafayette District.

25. DATE OF ONSITE INVESTIGATION:

29-AUG-2011

26. ONSITE TEAM MEMBERS:

Gerald Gonzales / Wade Guillotte /

29. ACCIDENT INVESTIGATION PANEL FORMED: **NO**

OCS REPORT:

30. DISTRICT SUPERVISOR:

Elliott S. Smith

INJURY/FATALITY/WITNESS ATTACHMENT

☐	OPERATOR REPRESENTATIVE	☒	INJURY
☐	CONTRACTOR REPRESENTATIVE	☐	FATALITY
☒	OTHER **Injured Employee**	☐	WITNESS

NAME:

HOME ADDRESS:

CITY: STATE:

WORK PHONE: TOTAL OFFSHORE EXPERIENCE: YEARS

EMPLOYED BY:

BUSINESS ADDRESS:

CITY: STATE:

ZIP CODE: