

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF SAFETY AND ENVIRONMENTAL ENFORCEMENT
GULF OF MEXICO REGION

ACCIDENT INVESTIGATION REPORT

For Public Release

1. OCCURRED

DATE: 17-NOV-2015 TIME: 0700 HOURS

2. OPERATOR: W & T Offshore, Inc.

REPRESENTATIVE:

TELEPHONE:

CONTRACTOR:

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: G02353

AREA: HI LATITUDE:

BLOCK: 110 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 1
- 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 _____

- FATALITY
- POLLUTION
- FIRE
- EXPLOSION

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

9. WATER DEPTH: 45 FT.

10. DISTANCE FROM SHORE: 18 MI.

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

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

13. SEA STATE: FT.

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

On 17-Nov-2015, at approximately 0700 hours, a contract worker experienced chemical exposure at W&T Offshores High Island (HI) 110 'A' platform, Lease G-02353. The Injured Party (IP) was kneeling on a solid deck while working on a chemical injection pump. The IP removed a rag from a bucket and placed it on the deck to cushion his knees while working on the injection pump. The IP noticed a burning sensation on his left knee and realized the rag he was kneeling on was saturated with Tretolite DM0484X demulsifier. (Tretolite DM0484X demulsifier is a specialty chemical typically used as an emulsion breaker to separate water in oil). The IP notified the Person in Charge (PIC), then went to the shower and rinsed the affected area with water. The PIC applied first aid cream to the affected area and the IP returned to work. The IP continued to work for the next two days and the burn worsened. The IP was sent in 20-Nov-2015 for medical treatment by a physician.

The IP was examined on 21-Nov-2015 by a physician at the Acadiana Medical Center in Lafayette, LA. The physician prescribed Silvadene ointment be applied to the affected area. The IP was placed on restricted duty until his release to full duty on 03-Dec-2015.

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

Improper chemical handling.

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

The IP failed to recognize the rag he removed from the bucket to kneel on was saturated with Tretolite DM0484X demulsifier.

20. LIST THE ADDITIONAL INFORMATION:

The IP's burn was due to contact with Tretolite DM0484X demulsifier. Tretolite DM0484X demulsifier is a specialty chemical typically used as an emulsion breaker to separate water in oil. The incident occurred on 17-Nov-2015. The IP continued to work until sent in for medical evaluation on 20-Nov-2015.

21. PROPERTY DAMAGED:

N/A

NATURE OF DAMAGE:

N/A

ESTIMATED AMOUNT (TOTAL):

22. RECOMMENDATIONS TO PREVENT RECCURANCE NARRATIVE:

The Lake Jackson District has no recommendations to the Office of Incident Investigations at this time.

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

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24. SPECIFY VIOLATIONS DIRECTLY OR INDIRECTLY CONTRIBUTING. NARRATIVE:

25. DATE OF ONSITE INVESTIGATION:

26. ONSITE TEAM MEMBERS:

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

OCS REPORT:

30. DISTRICT SUPERVISOR:

John McCarroll

APPROVED

DATE: **17-JAN-2016**

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: