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

ACCIDENT INVESTIGATION REPORT

1.	OCCURRED	STRUCTURAL DAMAGE
	03-NOV-2007 TIME: 2015 HOURS	X CRANE
2.	OPERATOR: Union Oil Company of California REPRESENTATIVE: Matthews, Justin TELEPHONE: (337) 989-3435 CONTRACTOR: REPRESENTATIVE: TELEPHONE:	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. 5.	LEASE: G01034 AREA: SS LATITUDE: BLOCK: 266 LONGITUDE: PLATFORM: A RIG NAME:	PRODUCTION DRILLING X WORKOVER COMPLETION HELICOPTER MOTOR VESSEL PIPELINE SEGMENT NO. OTHER
6. 7.	ACTIVITY: EXPLORATION (POE) DEVELOPMENT/PRODUCTION (DOCD/POD) TYPE: HISTORIC INJURY REQUIRED EVACUATION LTA (1-3 days) LTA (>3 days	8. CAUSE: EQUIPMENT FAILURE HUMAN ERROR EXTERNAL DAMAGE SLIP/TRIP/FALL WEATHER RELATED LEAK UPSET H20 TREATING
	RW/JT (1-3 days) RW/JT (>3 days)	OVERBOARD DRILLING FLUID OTHER
	☐ Other Injury □ FATALITY	9. WATER DEPTH: 180 FT.
	POLLUTION FIRE	10. DISTANCE FROM SHORE: 53 MI.
	LWC HISTORIC BLOWOUT UNDERGROUND	11. WIND DIRECTION: N SPEED: 18 M.P.H.
	SURFACE DEVERTER SURFACE EQUIPMENT FAILURE OR PROCEDURES	12. CURRENT DIRECTION: N SPEED: 1 M.P.H.
	COLLISION HISTORIC >\$25K <pre><=\$25K</pre>	13. SEA STATE: 5 FT.

EV2010R

17. INVESTIGATION FINDINGS:

At 1800 hours, the night shift crane operator was offloaded from the boat onto Ship Shoal 266 Platform A by the day shift crane operator. They swapped seats without shutting down the crane and the night shift operator completed offloading the day shift operator onto the boat to return to Ship Shoal 266 Platform B. At 1830 hours, the crane was used to lift a fuel storage tank and fill the crane power pack and the primary fuel filters were changed. At 2015 hours, the crane operator conducted a pre-use inspection of the crane and lowered two riggers onto the boat with the personnel basket and then lifted the basket back up to the platform. A 4 feet by 10 feet cargo basket, weighing 2500 pounds, was lifted with the auxiliary line and lowered to the boat. When the lift was approximately 15 to 20 feet from the boat deck, the auxiliary winch failed, started to freewheel and the basket fell to the deck and the line continued unspooling. The auxiliary line was then cut by personnel on the boat because the winch would not turn up or down. There were no injures as a result of the incident.

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

The operator's investigation revealed that the winch was mounted off center, creating a side load affect. The torque on the shaft caused abnormal wear. Also, when the winch was taken apart, it was noted that there was a shortage of gear oil in the winch. It was also noted that the input shaft was 7/8" shorter than the specifications called for. The shaft showed signs of wear.

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

None

20. LIST THE ADDITIONAL INFORMATION:

N/A

21. PROPERTY DAMAGED:

NATURE OF DAMAGE:

Auxiliary winch

Total failure.

ESTIMATED AMOUNT (TOTAL): \$3,000

22. RECOMMENDATIONS TO PREVENT RECURRANCE NARRATIVE:

Due to the specific nature of this incident, the Houma District has no recommendations to report to the Regional Office of Safety Management.

23. POSSIBLE OCS VIOLATIONS RELATED TO ACCIDENT: NO

24. SPECIFY VIOLATIONS DIRECTLY OR INDIRECTLY CONTRIBUTING. NARRATIVE:

None

MMS - FORM 2010

- 26. ONSITE TEAM MEMBERS: Amy Wilson /
- 29. ACCIDENT INVESTIGATION PANEL FORMED: NO

OCS REPORT:

30. DISTRICT SUPERVISOR:

Michael J. Saucier

APPROVED DATE: 13-DEC-2007

INJURY/FATALITY/WITNESS ATTACHMENT

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

Crane/Other Material-Handling Equipment Attachment

Equipment Information

Installation date: 03-APR-1985

Manufacturer: AMERICAN AERO CRANES

Manufacture date: 07-FEB-1985

Make/Model: G-15-E / SN85370

Any modifications since manufactured? Describe and include date(s).

26-JAN-2007 Auxillary winch rebuilt.

What was the maximum lifting capacity at the time of the lift?

Static: 0 Dynamic: 0

Was a tag line utilized during the lift? N

Were there any known documented deficiencies prior to conducting the lift? If yes, what were the deficiencies?

None

List specific type of failure that occured during this incident.(e.g. cable parted, sticking control valve, etc.)

Auxillary winch failed.

If sling/loose gear failure occurred does operator have a sling/loose gear inspection program in place? NA

Type of lift: DM

For crane only:

Type of crane: HYDRAULIC

Boom angle at time of incident: Degrees: 70 Radius: 0

What was load limit at that angle? 7845

Crane equipped with: B

Which line was in use at time of incident? **F** If load line involved, what configuration is the load block: **2** part.

Load Information

What was being lifted? PIPE

Description of what was being lifted (e.g. 10 joints of 2 3/8-inch pipe, ten 500-lb. sacks of sand, 2 employees, etc.)

Cargo Basket

Approximate weight of load being lifted: 2500

Was crane/lifting device equipped with an operable weight indicator? Y

Was the load identified with the correct or approximate weight? \mathbf{Y}

Where was the lift started, where was it destined to finish, and at what point in the lift did the incident occur? Give specific details (e.g. pipe rack, riser cart, drill floor, etc.)

Cargo basket was being lowered from the deck to a supply boat.

If personnel was being lifted at the time of this incident, give specific details of lifting device and riding apparatus in use (e.g. 1) crane-personnel basket, 2) air hoist-boatswain chair, other)

N/a

Were personnel wearing a safety harness? NA

Was a lifeline available and utilized? NA

List property lost overboard.

NONE

Years: 1 Months: 0

List recent crane operator training dates.

NOVEMBER 6, 2006 AND JUNE 1, 2007

For other material-handling equipment only:

Has operator been trained to operate the lifting device involved in the incident? ${\tt N}$

How many years of experience did operator have operating the specific type of lifting device involved in the incident?

MMS - FORM 2010