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

### **ACCIDENT INVESTIGATION REPORT**

L. OCCURRED	
DATE:	STRUCTURAL DAMAGE
07-AUG-2010 TIME: 1747 HOURS	CRANE
	OTHER LIFTING DEVICE
2. OPERATOR: Apache Corporation	DAMAGED/DISABLED SAFETY SYS.
REPRESENTATIVE: Dugas, David	INCIDENT >\$25K
TELEPHONE: (337) 354-8124	H2S/15MIN./20PPM
CONTRACTOR: Chet Morrison Contractors Inc.	REQUIRED MUSTER
REPRESENTATIVE: Hebert, Freddie	SHUTDOWN FROM GAS RELEASE
TELEPHONE: (985) 850-2672	X OTHER Air tuggers for suspension
3. OPERATOR/CONTRACTOR REPRESENTATIVE/SUPERVISOR ON SITE AT TIME OF INCIDENT:	6. OPERATION:
	☐ PRODUCTION
	DRILLING
4. LEASE: <b>G10752</b>	WORKOVER
AREA: <b>EI</b> LATITUDE:	COMPLETION
BLOCK: 354 LONGITUDE:	HELICOPTER
	MOTOR VESSEL
5. PLATFORM: <b>D</b>	PIPELINE SEGMENT NO.
RIG NAME:	X OTHER Construction
_	8. CAUSE:
5. ACTIVITY: EXPLORATION(POE)	6. CAUSE.
X DEVELOPMENT/PRODUCTION	☐ EQUIPMENT FAILURE
— (DOCD/POD) 7. TYPE:	X HUMAN ERROR
	EXTERNAL DAMAGE
HISTORIC INJURY	SLIP/TRIP/FALL
X REQUIRED EVACUATION 1	WEATHER RELATED
LTA (1-3 days)	LEAK UPSET H20 TREATING
x LTA (>3 days	OVERBOARD DRILLING FLUID
RW/JT (1-3 days)	X OTHER Lack of oversight
RW/JT (>3 days)	n officer of overbrane
Other Injury	9. WATER DEPTH: 280 FT.
FATALITY	
POLLUTION	10. DISTANCE FROM SHORE: 102 MI.
FIRE	
L EXPLOSION	11. WIND DIRECTION:
LWC   HISTORIC BLOWOUT	SPEED: M.P.H.
UNDERGROUND	
SURFACE	12. CURRENT DIRECTION:
DEVERTER	SPEED: M P H
SURFACE EQUIPMENT FAILURE OR PROCEDURES	3
COLLISION ∏HISTORIC ∏>\$25K ∏<=\$25K	12 כפא פייאיים. בייי

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#### 17. INVESTIGATION FINDINGS:

On 7 August 2010, at approximately 1747 hours, on Apache Corporation's Lease OCS-G 10752, Eugene Island 354 D platform, a Contract Diver (CD) received severe injuries to his left hand due to confusion over the proper operation of an air tugger. During construction operations, the CD was asked to assist with installing a riser section. The CD was instructed to operate two air tuggers located at the +15 level of the platform. The CD did not attend the pre-job safety meeting or review the Job Safety Analysis before construction operations on the riser section. Initially, the CD began operations on the 10k tugger (air tugger #1.), when the dive supervisor instructed the CD to release cable tension on the 4k tugger (air tugger #3.) Air tugger #1 was positioned opposite air tugger #3; therefore its control configuration was the reverse operation. The CD pulled air tugger #3's operating lever in an attempt to release the required tension, but inadvertently tightened the cable. The CD's left hand, which had been placed on the air tugger #3's cable, was then pulled between the tugger cable and the drum of the air tugger as the tension on the cable increased. As a result, the index, middle, and ring finger of the CD's left hand were smashed and partially severed by the tension of the cable. The CD was evacuated via airlift and flown to a hospital where he received treatment.

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

The CD placed his left hand in a pinch point on the cables of air tugger #3, where he inadvertently increased cable tension that resulted in the index, middle and ring finger of his left hand being smashed and partially severed by the tension.

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

\*Air tugger #1 was positioned opposite air tugger #3; therefore its control configuration acted in reverse. This contributed to the CD's hazardous operation of air tugger #3 as he had become accustomed to the "opposite configuration" used in air tugger #1.

\*Reviewing the safety hazards of the operations could have created better awareness that contributed to the CD'S injury.

\*The operator's failure to properly supervise construction operations in a safe manner to protect both equipment and employees.

20. LIST THE ADDITIONAL INFORMATION:

Note: The Crane/Other Material-Handling Equipment Attachment Form was not necessary since the air tuggers were only used to apply tension on piping while installing the risers and not used as lifting devices.

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21. PROPERTY DAMAGED:

NATURE OF DAMAGE:

No property damage

N/A

ESTIMATED AMOUNT (TOTAL):

22. RECOMMENDATIONS TO PREVENT RECURRANCE NARRATIVE:

The Lafayette District Office has no recommendations for the Regional Office of Safety Management.

- 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 Apache Corporation failed to protect health, safety and the environment by not performing operations in a safe and workmanlike manner as follows: Apache Corporation failed to properly supervise construction operations in a safe manner to protect the equipment and employees, when a diver involved in construction operations partially severed three fingers due to the confusion of properly operating an air tugger.

25. DATE OF ONSITE INVESTIGATION:

10-AUG-2010

26. ONSITE TEAM MEMBERS:

Wade Guillotte / Tom Basey / Chris Adams / Raymond Johnson / 29. ACCIDENT INVESTIGATION PANEL FORMED: NO

OCS REPORT:

30. DISTRICT SUPERVISOR:

Elliott S. Smith

APPROVED

DATE: 23-SEP-2010

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## INJURY/FATALITY/WITNESS ATTACHMENT

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

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