UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF SAFETY AND ENVIRONMENTAL ENFORCEMENT
PACIFIC OCS REGION

ACCIDENT INVESTIGATION REPORT

For Public Release

1. OCCURRED
   DATE: **22-SEP-2012** TIME: **1132** HOURS

2. OPERATOR: **Beta Operating Company, LLC**
   REPRESENTATIVE:
   TELEPHONE:
   CONTRACTOR:
   REPRESENTATIVE:
   TELEPHONE:

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

4. LEASE: **P00300**
   AREA: **LB** LATITUDE:
   BLOCK: **6438** LONGITUDE:

5. PLATFORM: **ELLY**
   RIG NAME:

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

7. TYPE:
   - [X] HISTORIC INJURY
     - [X] 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
   - [X] OTHER **ELECTRICAL W/INJURY**

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

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

9. WATER DEPTH: **265** FT.

10. DISTANCE FROM SHORE: **9** MI.

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

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

13. SEA STATE: FT.

14. PICTURES TAKEN: **YES**

15. STATEMENT TAKEN: **YES**

17. INVESTIGATION FINDINGS:

(cable technician) with 3rd party contractor TDE was performing a Megger (Hi-Pot) test on newly laid sub-sea cable (prior to tie-in). was testing the last conductor when the Megger lead popped off. He walked over to re-attached the Megger lead to the conductor & a loud pop was heard as he received a shock of an estimated 98,000 volts at a low amperage.

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

* Improper PPE: Cable Technician did not utilize (voltage gloves) as required on his JHA (JSA)
* A special test procedure was available to the cable technician, however was not available onsite.

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

* Trainning: Although being a level 3 Certified Technician, did the technician need more skill/knowledge to perform the task or to respond to conditions or to understand system response?
* Situation not covered on procedure. Did the procedure fail to address all situations that reasonably could have been expected to occur during the completion of the procedure?
* No safe work permit issued for the task.

20. LIST THE ADDITIONAL INFORMATION:

* Policies, Administrative controls, or procedures not used, missing, or in need of improvement? The Supervisor for the area affected by the work (control room operator) should have been notified & received a copy of the JHA (JSA) prior to the contractor starting work. Authorized company personnel should have signed off on the JHA (JSA) prior to starting the task.
* further information located under inspections dated 09/24/12 (insp. type "AI"). Photo's of the incident site are also attached under noted inspection record.

21. PROPERTY DAMAGED: NATURE OF DAMAGE:

None N/A

ESTIMATED AMOUNT (TOTAL): $

22. RECOMMENDATIONS TO PREVENT RECURRANCE NARRATIVE:

* Adhere to company policy regarding JSA's.
* Conduct daily safet meetings to address contractor's activities & their procedures.
* Implement safe work or hot work permit as applicable for all non-routine operations.

23. POSSIBLE OCS VIOLATIONS RELATED TO ACCIDENT: **YES**

24. SPECIFY VIOLATIONS DIRECTLY OR INDIRECTLY CONTRIBUTING. NARRATIVE:

*** Improper PPE**
*** No procedure onsite for the work being conducted.**

25. DATE OF ONSITE INVESTIGATION:

24-SEP-2012

26. ONSITE TEAM MEMBERS:

Bob Borghei / Bobby Fuller /

28. ACCIDENT CLASSIFICATION:

MAJOR

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

OCS REPORT:

30. DISTRICT SUPERVISOR:

Mike Mitchell (Acting)

27. OPERATOR REPORT ON FILE: **YES**

APPROVED DATE: **12-NOV-2012**