

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: 13-SEP-2014 TIME: 0900 HOURS

2. OPERATOR: **Arena Offshore, LP**
REPRESENTATIVE:
TELEPHONE:
CONTRACTOR: **L & L Sandblasting -**
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: 00796
AREA: **EI** LATITUDE:
BLOCK: 100 LONGITUDE: -

- PRODUCTION
- DRILLING
- WORKOVER
- COMPLETION
- HELICOPTER
- MOTOR VESSEL
- PIPELINE SEGMENT NO.
- OTHER **Sandblasting**

5. PLATFORM: - **B-PRD**
RIG NAME:

6. ACTIVITY: EXPLORATION (POE)
 DEVELOPMENT/PRODUCTION
(DOCD/POD)

8. CAUSE:

7. TYPE:

- HISTORIC INJURY -
 - REQUIRED EVACUATION 1 -
 - LTA (1-3 days) 1
 - LTA (>3 days)
 - 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: 23 FT.

10. DISTANCE FROM SHORE: 16 MI.

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

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

13. SEA STATE: FT.

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

On September 13, 2014 at approximately 0900 hours, a Sandblaster was injured when his blasting nozzle was accidentally activated.

Prior to the incident, the Sandblaster was attempting to repair his hoses. He noticed that he had a leak on a fitting that was causing his blasting hose to function improperly. After the repairs were made, the Sandblaster activated the blasting nozzle three times to ensure the nozzle was repaired.

As the Sandblaster was preparing to continue blasting, he placed the nozzle across some piping while attempting to put on his blasting hood. It is believed the nozzle was activated due to the nozzle coming in contact with the piping. As he removed his hardhat and safety glasses, the blasting hose whipped through the air and sprayed the Sandblaster across his face causing small cuts across his face and allowing debris to enter his eyes.

The Sandblaster was transported to Lafayette General for further evaluation.

Following the investigation findings, the Lessee and the Sandblasting Company have decided to make it mandatory to have a shut off valve between the nozzle and the air hoses. The valve shall be put in the open position when sandblasting operations are being conducted and turned off when not in use.

The BSEE Lafayette District conducted an onsite investigation September 15, 2014.

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

It is believed the nozzle was activated due to the nozzle coming in contact with the piping.

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

20. LIST THE ADDITIONAL INFORMATION:

21. PROPERTY DAMAGED:

NATURE OF DAMAGE:

None

N/A

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ESTIMATED AMOUNT (TOTAL): \$

22. RECOMMENDATIONS TO PREVENT RECURRENCE NARRATIVE:

The BSEE Lafayette District office makes no recommendations to the Office of Safety Management (OSM).

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

24. SPECIFY VIOLATIONS DIRECTLY OR INDIRECTLY CONTRIBUTING. NARRATIVE:

None

25. DATE OF ONSITE INVESTIGATION:

15-SEP-2014

26. ONSITE TEAM MEMBERS:

**Drew Moyer / Wade Guillotte /
Raymond Johnson /**

29. ACCIDENT INVESTIGATION

PANEL FORMED: **NO**

OCS REPORT:

30. DISTRICT SUPERVISOR:

Elliott S. Smith

APPROVED

DATE: **14-NOV-2014**

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:

INJURY/FATALITY/WITNESS ATTACHMENT

For Public Release

BUSINESS ADDRESS:

CITY:

STATE:

ZIP CODE:

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:

INJURY/FATALITY/WITNESS ATTACHMENT

For Public Release

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 :