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-APR-2012 TIME: 0430 HOURS	STRUCTURAL DAMAGE CRANE OTHER LIFTING DEVICE
2.	OPERATOR: Apache Corporation REPRESENTATIVE: TELEPHONE: CONTRACTOR: Hercules Offshore, Inc. REPRESENTATIVE: TELEPHONE:	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: G15241 AREA: EI LATITUDE: BLOCK: 107 LONGITUDE:	PRODUCTION DRILLING WORKOVER COMPLETION HELICOPTER MOTOR VESSEL
5.	PLATFORM: B-1 RIG NAME: HERCULES 214	PIPELINE SEGMENT NO. X OTHER Plug and Abandonment
	ACTIVITY: EXPLORATION (POE) DEVELOPMENT/PRODUCTION (DOCD/POD) TYPE: HISTORIC INJURY X REQUIRED EVACUATION 1 LTA (1-3 days) X LTA (>3 days 1 RW/JT (1-3 days) RW/JT (>3 days)	8. CAUSE: EQUIPMENT FAILURE HUMAN ERROR EXTERNAL DAMAGE SLIP/TRIP/FALL WEATHER RELATED LEAK UPSET H2O TREATING OVERBOARD DRILLING FLUID OTHER
	Other Injury FATALITY	9. WATER DEPTH: 35 FT.
	POLLUTION FIRE	10. DISTANCE FROM SHORE: 26 MI.
	LWC HISTORIC BLOWOUT UNDERGROUND	11. WIND DIRECTION: SE SPEED: 12 M.P.H.
	SURFACE DEVERTER SURFACE EQUIPMENT FAILURE OR PROCEDURES	12. CURRENT DIRECTION: SPEED: M.P.H.
	COLLISION HISTORIC >\$25K <=\$25K	13. SEA STATE: FT.

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17. INVESTIGATION FINDINGS: -

At approximately 04:30 on 17 April 2012, an accident occurred during plug and abandonment operations on the Hercules Offshore (Hercules) Rig 214 while working for Apache Corporation (Apache) at Eugene Island Block 107. The accident involved picking up a bottom-hole assembly (BHA) while performing abandonment operations on Well B001. As rig personnel were stabbing the assembly into the stabilizer, a spinner hawk was placed onto the stabilizer to tighten it up when the Hercules employee engaged the spinner hawk's trigger that resulted in the tongs biting and swinging the tool around striking him in the hip. The employee was flown to Terrebonne General Medical Center located in Houma, Louisiana (LA) and was diagnosed with a fractured hip. Hercules employee witness interviews were provided by Apache Corporation.

The accident occurred due to the Hercules employee's misjudgment to recognize that the snubbing line for the spinner hawk needed to be secured to the appropriate stanchion prior to use. Since the spinner hawk was not properly secured, upon actuation, it swung and struck the employee.

The completed Job Safety Analysis (JSA) did not mention as a Hazard Reduction Measure, the need to secure the spinner hawk's snubbing line to the appropriate stanchion prior to engaging the spinner hawk.

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

Misjudgment to identify the need to secure the snubbing line to the appropriate stanchion prior to using the spinner hawk that allowed for it to swing and strike the employee when it was actuated.

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

A Job Safety Analysis was completed; however, it did not specifically address the need to secure the snubbing line to the appropriate location prior to engaging the spinner hawk.

20. LIST THE ADDITIONAL INFORMATION:

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No property damaged occurred during this None accident.

ESTIMATED AMOUNT (TOTAL):

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22. RECOMMENDATIONS TO PREVENT RECURRANCE NARRATIVE:

The BSEE Lafayette District recommends that Hercules provide refresher and continuous training for all employees to include addressing specific elements in Job Safety Analysis such as properly anchoring equipment prior to use. In addition, during pre-tour meetings, employees should be reminded about the potential hazards when using high torque equipment such as spinner hawks.

- 23. POSSIBLE OCS VIOLATIONS RELATED TO ACCIDENT: YES
- 24. SPECIFY VIOLATIONS DIRECTLY OR INDIRECTLY CONTRIBUTING. NARRATIVE:

Based on the accident investigation findings, a G-110 Incident of Noncompliance (INC) was issued to document that the operator failed to protect health, safety and the environment by performing operations in an unsafe and unworkmanlike manner that resulted with the operator failure to oversee proper operation of a spinner hawk during well operations onboard the rig. The failure to properly secure the spinner hawk when engaged resulted in a Hercules employee being struck and diagnosed with a fractured hip.

25. DATE OF ONSITE INVESTIGATION:

17-APR-2102

26. ONSITE TEAM MEMBERS:

TOM BASEY / TROY NAQUIN /

29. ACCIDENT INVESTIGATION PANEL FORMED: NO

OCS REPORT:

30. DISTRICT SUPERVISOR:

Elliott S. Smith

APPROVED

DATE:

12-JUL-2012

INJURY/FATALITY/WITNESS ATTACHMENT

	OPERATOR REPRESENTATIVE		INJURY
x	CONTRACTOR REPRESENTATIVE		FATALITY
	OTHER	x	WITNESS

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INJURY/FATALITY/WITNESS ATTACHMENT

NAME:		
HOME ADDRESS:		
CITY:	STATE:	
WORK PHONE:	TOTAL OFFSHORE EXPERIENCE:	Y
EMPLOYED BY:		
BUSINESS ADDRESS:		
CITY:	STATE:	
ZIP CODE:		
OPERATOR REPRESENTATIVE CONTRACTOR REPRESENTATIVE OTHER	INJURY FATALITY WITNESS	
		
NAME:		
NAME: HOME ADDRESS:		
	STATE:	
HOME ADDRESS:	STATE: TOTAL OFFSHORE EXPERIENCE:	Yl
HOME ADDRESS: CITY:		Y
HOME ADDRESS: CITY: WORK PHONE:		YI
HOME ADDRESS: CITY: WORK PHONE: EMPLOYED BY:		Y

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INJURY/FATALITY/WITNESS ATTACHMENT

OPERATOR REPRESENTATIVE CONTRACTOR REPRESENTATIVE	INJURY FATALITY	
OTHER	X WITNESS	
NAME:		
HOME ADDRESS:		
CITY:	STATE:	
WORK PHONE:	TOTAL OFFSHORE EXPERIENCE:	7
EMPLOYED BY:		
BUSINESS ADDRESS:		
CITY:	STATE:	
ZIP CODE:		
OPERATOR REPRESENTATIVE	INJURY	
OPERATOR REPRESENTATIVE CONTRACTOR REPRESENTATIVE OTHER	FATALITY	
X CONTRACTOR REPRESENTATIVE	FATALITY	
CONTRACTOR REPRESENTATIVE OTHER	FATALITY	
X CONTRACTOR REPRESENTATIVE OTHER NAME:	FATALITY	
X CONTRACTOR REPRESENTATIVE OTHER NAME: HOME ADDRESS:	FATALITY X WITNESS	Y
X CONTRACTOR REPRESENTATIVE OTHER NAME: HOME ADDRESS: CITY:	FATALITY X WITNESS STATE:	Y
CONTRACTOR REPRESENTATIVE OTHER NAME: HOME ADDRESS: CITY: WORK PHONE:	FATALITY X WITNESS STATE:	Y
X CONTRACTOR REPRESENTATIVE OTHER NAME: HOME ADDRESS: CITY: WORK PHONE: EMPLOYED BY:	FATALITY X WITNESS STATE:	Y

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INJURY/FATALITY/WITNESS ATTACHMENT

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

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