

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: **19-FEB-2014** TIME: **2140** HOURS

2. OPERATOR: **Shell Offshore Inc.**
REPRESENTATIVE:
TELEPHONE:
CONTRACTOR:
REPRESENTATIVE:
TELEPHONE:

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

4. LEASE: **G08241**
AREA: **GB** LATITUDE:
BLOCK: **426** LONGITUDE:

5. PLATFORM: **A-Auger TLP**
RIG NAME:

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

7. TYPE:
 HISTORIC INJURY
 REQUIRED EVACUATION 1
 LTA (1-3 days)
 LTA (>3 days) 1
 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

6. OPERATION:
 STRUCTURAL DAMAGE
 CRANE
 OTHER LIFTING DEVICE
 DAMAGED/DISABLED SAFETY SYS.
 INCIDENT >\$25K
 H2S/15MIN./20PPM
 REQUIRED MUSTER
 SHUTDOWN FROM GAS RELEASE
 OTHER

8. CAUSE:
 PRODUCTION
 DRILLING
 WORKOVER
 COMPLETION
 HELICOPTER
 MOTOR VESSEL
 PIPELINE SEGMENT NO.
 OTHER **Construction**

9. WATER DEPTH: **2860** FT.

10. DISTANCE FROM SHORE: **136** MI.

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

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

13. SEA STATE: FT.

17. INVESTIGATION FINDINGS: -

On 19 February 2014 at approximately 2140 hours, a Contract Employee (CE) was injured while attempting to tighten flanges on a closed cooler water deck.

The CE was involved in construction operations installing piping on the closed cooler water deck. Prior to construction operations, the employees involved prepared a Job Safety Analysis (JSA). The CE and another employee were utilizing box-in wrenches to tighten the flanges. While the CE was tightening the bolts, the other employee walked away from the area to get additional bolts.

As the CE pulled the wrench to tighten a bolt, the wrench slipped causing the CE to stumble backwards approximately a foot or more. As per the JSA, "Push wrenches away from you, don't pull toward you and use the boxed end wrenches". Also, the CE should have repositioned himself if he was unable to access the bolts in a safe manner. As the CE stumbled back, the CE's foot struck a slightly uneven space on the grating causing the left ankle to roll sideways while attempting to catch his balance. The CE stated he felt he may have broken his leg or ankle.

The crew immediately notified the Supervisor and the Medic to assist in transporting the CE to the Medic's office. The Medic contacted a Physician through the Web M.D. who believed the CE may have fractured or suffered a broken ankle. The CE was transported to East Jefferson Hospital where it was determined the tibia and fibula were fractured in the left ankle. The CE has an appointment with an orthopedic surgeon.

The BSEE Lafayette District conducted an onsite investigation February 27, 2014.

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

The CE failed to follow the procedure listed in the JSA. The CE elected to pull to tighten instead of following the JSA.

The CE should have repositioned himself if he was unable to access the bolts in a safe manner. -

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

20. LIST THE ADDITIONAL INFORMATION:

21. PROPERTY DAMAGED:

None

NATURE OF DAMAGE:

NA

ESTIMATED AMOUNT (TOTAL): \$

22. RECOMMENDATIONS TO PREVENT RECURRENCE NARRATIVE:

The BSEE Lafayette District office makes no recommendations to the BSEE Regional 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:

27-FEB-2014

26. ONSITE TEAM MEMBERS:

Raymond Johnson / Andre Mouton / Wade Guillotte /

29. ACCIDENT INVESTIGATION

PANEL FORMED: NO

OCS REPORT:

30. DISTRICT SUPERVISOR:

Elliott S. Smith

APPROVED

DATE: 31-MAR-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

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

OPERATOR REPRESENTATIVE

INJURY

CONTRACTOR REPRESENTATIVE

FATALITY

OTHER _____

WITNESS

NAME :

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TOTAL OFFSHORE EXPERIENCE :

YEARS

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