

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: 23-NOV-2012 TIME: 1345 HOURS

2. OPERATOR: **Anadarko Petroleum Corporation**  
REPRESENTATIVE:  
TELEPHONE:  
CONTRACTOR:  
REPRESENTATIVE:  
TELEPHONE:

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

4. LEASE: **G22987**  
AREA: **GC** LATITUDE:  
BLOCK: **680** LONGITUDE:

5. PLATFORM: **A (Constitution**  
RIG NAME:

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

7. TYPE:  
 HISTORIC INJURY  
 REQUIRED EVACUATION  
 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:  
 PRODUCTION  
 DRILLING  
 WORKOVER  
 COMPLETION  
 HELICOPTER  
 MOTOR VESSEL  
 PIPELINE SEGMENT NO.  
 OTHER

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

9. WATER DEPTH: 504 FT.

10. DISTANCE FROM SHORE: 134 MI.

11. WIND DIRECTION: N  
SPEED: 1 M.P.H.

12. CURRENT DIRECTION: N  
SPEED: 1 M.P.H.

13. SEA STATE: 1 FT.

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

17. INVESTIGATION FINDINGS:

At 1130 hours on 23 November 2012, an Anadarko operator was involved in cleaning the top deck of the Constitution Spar. While cleaning the deck, the operator had to move pieces of grating tied to a section of handrails. These pieces of grating were left over from a repair job conducted on the Spar. The intent was to untie the grating and lay down the pieces. He would then attach a sling and use the crane to move the grating into a nearby basket. As the operator untied the grating, the grating started to fall towards him hitting his right leg. He went immediately to the medic. After being examined, the medic administered ice to the leg. For precautionary reasons, the medic decided to send the operator in to get checked by a doctor. He was put on the afternoon flight and sent to Houma Urgent Care Clinic in Houma, Louisiana. After the examination, Anadarko reported that x-rays of the leg were negative, and the operator was prescribed anti-inflammatory medication and sent home.

Anadarko's corrective action recommendations are as follows:

- A. Store Grating lying down on top of wooden blocks.
- B. Research the possibility of purchasing a rack designed and engineered to hold and transport grating safely.
- C. JSA will be written when using the crane to move items around on deck.

Anadarko's lessons learned are nothing should be tied or fastened to handrails with the exception of lifesaving equipment and signage.

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

The probable cause of the accident was the operator being struck in the right leg by the grating. As he untied the rope, the grating started to fall towards him hitting his right leg.

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

A contributing cause was failure to recognize the hazard or hazards involved in the cleaning task.

20. LIST THE ADDITIONAL INFORMATION:

21. PROPERTY DAMAGED:

NATURE OF DAMAGE:

ESTIMATED AMOUNT (TOTAL):

22. RECOMMENDATIONS TO PREVENT RECURRANCE NARRATIVE:

The Houma District has no recommendations for the Regional Office.

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

24. SPECIFY VIOLATIONS DIRECTLY OR INDIRECTLY CONTRIBUTING. NARRATIVE:

25. DATE OF ONSITE INVESTIGATION:

26. ONSITE TEAM MEMBERS:

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

OCS REPORT:

30. DISTRICT SUPERVISOR:

**Bryan A. Domangue**

APPROVED

DATE: **29-MAR-2013**

# INJURY/FATALITY/WITNESS ATTACHMENT

OPERATOR REPRESENTATIVE

INJURY

CONTRACTOR REPRESENTATIVE

FATALITY

OTHER Injured Person

WITNESS

NAME :

HOME ADDRESS :

CITY :

STATE :

WORK PHONE :

TOTAL OFFSHORE EXPERIENCE : **25** YEARS

EMPLOYED BY :

BUSINESS ADDRESS :

CITY :

STATE :

ZIP CODE : **77380**

