

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: 07-APR-2013 TIME: 1745 HOURS

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

2. OPERATOR: **Black Elk Energy Offshore Operatio**  
REPRESENTATIVE:  
TELEPHONE:  
CONTRACTOR:  
REPRESENTATIVE:  
TELEPHONE:

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

6. OPERATION:

4. LEASE: **G14585**  
AREA: **MP** LATITUDE: **29.32724991**  
BLOCK: **264** LONGITUDE: **-88.24009019**

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

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

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

8. CAUSE:

7. TYPE:

- HISTORIC INJURY
  - REQUIRED EVACUATION
  - LTA (1-3 days)
  - 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

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

9. WATER DEPTH: 238 FT.

10. DISTANCE FROM SHORE: 48 MI.

11. WIND DIRECTION:  
SPEED: 10 M.P.H.

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

13. SEA STATE: 4 FT.

17. INVESTIGATION FINDINGS: -

According to witness statements, while attempting to offload a coil tubing pump weighing 16,500 lbs off the Motor Vessel (MV) Grand Isle Shipyard (GIS) Ashley, the boat dropped from under the load suddenly, or the crane operator did not pick up as needed, resulting in shock loading the crane. The main hoist cable jumped outside the boom tip sheaves and bird nested the hoist winch drum. The crane operator continued lifting the pump to the top deck of the platform, cutting the sheave spacer, kinking the cable and further bird nesting the main hoist winch drum and tearing up the winch breaks.

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

1) Shock loading the crane.

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

- 1) Crane operator failed to operate crane under control and in a safe manner.
- 2) Not stopping the job after possibly shock loading the crane and looking for possible damage.

20. LIST THE ADDITIONAL INFORMATION:

1) The crane operator/Lead Operator had just been assigned to manage MP 264A just a couple of weeks prior to this incident.

21. PROPERTY DAMAGED:

NATURE OF DAMAGE:

Main hoist winch and cable, winch breaks,  
boom tip sheaves and pin.

ESTIMATED AMOUNT (TOTAL): \$24,633

22. RECOMMENDATIONS TO PREVENT RECURRENCE NARRATIVE:

The MMS New Orleans District makes no recommendations to the MMS Regional Office of Safety Management (OSM).

23. POSSIBLE OCS VIOLATIONS RELATED TO ACCIDENT: YES

24. SPECIFY VIOLATIONS DIRECTLY OR INDIRECTLY CONTRIBUTING. NARRATIVE:

I-102 C 250.180: Failure to operate crane in a safe manner.

25. DATE OF ONSITE INVESTIGATION:

05-MAY-2013

26. ONSITE TEAM MEMBERS:

Gerald Taylor /

29. ACCIDENT INVESTIGATION

PANEL FORMED: NO

OCS REPORT:

30. DISTRICT SUPERVISOR:

David Trocquet

APPROVED

DATE: 19-MAR-2014

## INJURY/FATALITY/WITNESS ATTACHMENT

OPERATOR REPRESENTATIVE

INJURY

CONTRACTOR REPRESENTATIVE

FATALITY

OTHER \_\_\_\_\_

WITNESS

NAME:

HOME ADDRESS:

CITY:

STATE:

# INJURY/FATALITY/WITNESS ATTACHMENT

WORK PHONE: TOTAL OFFSHORE EXPERIENCE: 23 YEARS

EMPLOYED BY:

BUSINESS ADDRESS:

CITY: STATE:

ZIP CODE:

<input type="checkbox"/> OPERATOR REPRESENTATIVE	<input type="checkbox"/> INJURY
<input checked="" type="checkbox"/> CONTRACTOR REPRESENTATIVE	<input type="checkbox"/> FATALITY
<input type="checkbox"/> OTHER _____	<input checked="" type="checkbox"/> WITNESS

NAME:

HOME ADDRESS:

CITY: STATE:

WORK PHONE: TOTAL OFFSHORE EXPERIENCE: 2 YEARS

EMPLOYED BY:

BUSINESS ADDRESS:

CITY: STATE:

ZIP CODE:

## Crane/Other Material-Handling Equipment Attachment

### Equipment Information

Installation date: 09-FEB-1990

Manufacturer: NAUTILUS

Manufacture date: 09-FEB-1990

Make/Model: NAUTILUS / 60B2-70

Any modifications since manufactured? Describe and include date(s).

**Shortened boom to increase load capability**

What was the maximum lifting capacity at the time of the lift?

Static:4530      Dynamic: 4530

Was a tag line utilized during the lift? Y

Were there any known documented deficiencies prior to conducting the lift? If yes, what were the deficiencies?

None

List specific type of failure that occurred during this incident. (e.g. cable parted, sticking control valve, etc.)

**Shock load crane. Bird nest hoist winch drum. Damages to cable.**

If sling/loose gear failure occurred does operator have a sling/loose gear inspection program in place? Y

Type of lift: MD

**For crane only:**

Type of crane: HYDRAULIC

Boom angle at time of incident: Degrees: 0      Radius: 0

What was load limit at that angle? 4530

Crane equipped with: B

Which line was in use at time of incident? F-

If load line involved, what configuration is the load block: 0 part.

## Load Information

What was being lifted?

Description of what was being lifted (e.g. 10 joints of 2 3/8-inch pipe, ten 500-lb. sacks of sand, 2 employees, etc.)

### **Coil tubing pump**

Approximate weight of load being lifted: **16500**

Was crane/lifting device equipped with an operable weight indicator? **Y**

Was the load identified with the correct or approximate weight? **Y**

Where was the lift started, where was it destined to finish, and at what point in the lift did the incident occur? Give specific details (e.g. pipe rack, riser cart, drill floor, etc.)

**The lift started on the back deck of the M/V GIS Ashley. The crane operator attempted to offload a coil tubing pump weighing 16,500 lbs. The load was to be placed on the top deck of the platform. After the main hoist line was attached to the load, the boat suddenly dropped, or the crane operator did not pick up or time his pick up as needed. The result was shock loading the crane. The main hoist cable jumped outside of the boom tip sheaves while bird nesting the main hoist drum. The operations continued lifting the pump to the top deck of the platform, cutting the sheave spacer, kinking the cable and further bird nesting the main hoist winch drum. And tearing up the winch breaks.**

If personnel was being lifted at the time of this incident, give specific details of lifting device and riding apparatus in use (e.g. 1) crane-personnel basket, 2) air hoist-boatswain chair, other)

Were personnel wearing a safety harness?

Was a lifeline available and utilized?

List property lost overboard.

## Rigger/Operator Information

Has rigger had rigger training? **Y** -

If yes, date of last training: **10-JUL-2011** -

How many years of rigger experience did rigger have? **2**

How many hours was the operator on duty prior to the incident? **11**

Was operator on medication when incident occurred? **N**

How many hours was the rigger on duty prior to the incident? **11**

How much sleep did rigger have in the 24 hours preceding this incident? **8**

Was rigger on medication when incident occurred? **N**

Were all personnel involved in the lift drug tested immediately following this incident?

Operator: **N**                      Rigger: **N**                      Other:

While conducting the lift, was line of sight between operator and load maintained? -

**N** -

Does operator wear glasses or contact lenses? **N** -

If so, were glasses or contacts in use at time of the incident? **N** -

Does operator wear a hearing aid? **N** -

If so, was operator using hearing aid at time of the incident? **N** -

What type of communication system was being utilized between operator and rigger at time of this incident?

**RADIO/VHF**

### For crane only:

What crane training institution did crane operator attend?

**FALCK ALFORD**

Where was institution located? **HOUMA** -

Was operator qualified on this type of crane? **Y** -

How much actual operational time did operator have on this particular crane involved in this incident?

Years: 0

Months: 1

List recent crane operator training dates.

**NOT AVAILABLE**

**For other material-handling equipment only:**

Has operator been trained to operate the lifting device involved in the incident? **N**

How many years of experience did operator have operating the specific type of lifting device involved in the incident? -



## Inspection/Maintenance Information

### For crane only:

Is the crane involved classified as Heavy, Moderate or Infrequent use.

**M**

Was pre-use inspection conducted? **Y**

For the annual/quarterly/monthly crane inspections, please fill out the following information:

What was the date of the last inspection? **25-JAN-2013**

Who performed the last inspection? **PHOENIX**

Was inspection conducted in-house or by a 3rd party? **TP**

Who qualified the inspector? **PHOENIX OFFSHORE SOLUTIONS**

Does operators' policy require load or pull test prior to heavy lift? **N**

Which type of test was conducted prior to heavy lift? **L**

Date of last pull test: **25-JAN-2013** Load test: **25-JAN-2013**

Results: **P**

If fail explain why:

Test Parameters: Boom angle: **0** Radius: **0**

What was the date of most recent crane maintenance performed? **25-JAN-2013**

Who performed crane maintenance? (Please clarify persons name or company name.)

**HYDRADYNE HYDRAULICS**

Was crane maintenance performed in-house or by a third party? **TP -**

What type of maintenance was performed? -

**Not Available**

**For other material-handling equipment only:**

Was equipment visually inspected before the lift took place?

What is the manufacture's recommendation for performing periodic inspection on the equipment involved in this incident?

## Safety Management Systems

Does the company have a safety management program in place? **N**

Does the company's safety management program address crane/other material-handling equipment operations?

**Y**

Provide any remarks you may have that applies to the company's safety management program and this incident?

Did operator fill out a Job Safety Analysis (JSA) prior to job being performed?

**Y**

Did operator have an operational or safety meeting prior to job being performed?

**Y**

What precautions were taken by operator before conducting lift resulting in incident?

Procedures in place for crane/other material-handling equipment activities:

Did operator have procedures written? **Y**

Did procedures cover the circumstances of this incident? **Y**

Was a copy available for review prior to incident? **Y**

Were procedures available to MMS upon request? **Y**

Is it documented that operator's representative reviewed procedures before conducting lift?

**Y**

Additional observations or concerns: