

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: 27-APR-2013 TIME: 1030 HOURS

2. OPERATOR: **Black Elk Energy Offshore Operatio**
REPRESENTATIVE:
TELEPHONE:
CONTRACTOR:
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: **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: M.P.H.
12. CURRENT DIRECTION:
SPEED: M.P.H.
13. SEA STATE: FT.
14. PICTURES TAKEN: **YES**
15. STATEMENT TAKEN: **YES**

17. INVESTIGATION FINDINGS:

While removing a wireline tool box from the back deck of the Motor Vessel (M/V) Grand Isle Shipyard (GIS) Ashley, the tool box got caught up under binding chains across the deck causing the load to tilt while being lifted up by the crane. Suddenly the load came loose and jolted upwards, shock loading the crane. The results was "bird nesting" the auxiliary hoist winch and jumping the auxiliary cable outside of the winch drum.

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

1. According to witness statements the \$rane Operator had problems following the directions communicated to him by the 4ignalman/%eckhand down on the boat. -
2. When the tool box hung up under the binding chain and finally got free, the \$rane Operator continued without stopping to inspect the crane for any possible damages.
3. Without stopping the job to inspect for possible damages, the auxiliary cable continued to spool outside of the drum damaging and breaking cable strains. -

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

1. The \$rane Operator failed to control crane operations in a safe manner by not following the directions given to him by the 4ignalman. -
2. The \$rane Operator's actions shock loaded the crane.
3. The \$rane Operator failed to inspect the crane for possible damages and continued making lifts, further damaging the auxiliary cable until it finally binded up the winch. -
4. The Lead Operator/Crane Operator had only been assigned to MP 264A for only a couple of weeks prior to the crane incident. -

20. LIST THE ADDITIONAL INFORMATION:

21. PROPERTY DAMAGED:

NATURE OF DAMAGE:

Auxiliary hoist winch & cable auxiliary winch breaks.

Crane was shock loaded while attempting to make lift.

ESTIMATED AMOUNT (TOTAL): \$22,355

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-101 W 250.108 - Failure to operate crane in a safe manner by not following signalman's directions and failure to stop the job after the near miss incident.

25. DATE OF ONSITE INVESTIGATION:

06-MAY-2013 -

26. ONSITE TEAM MEMBERS:

Kimberly Criddle / 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:

INJURY/FATALITY/WITNESS ATTACHMENT

CITY: STATE:
WORK PHONE: TOTAL OFFSHORE EXPERIENCE: 23 YEARS
EMPLOYED BY:
BUSINESS ADDRESS:
CITY: STATE:
ZIP CODE:

OPERATOR REPRESENTATIVE INJURY
 CONTRACTOR REPRESENTATIVE FATALITY
 OTHER _____ 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?

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

Shock load crane. Bird nest auxiliary hoist winch. 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.)

Wireline tool box and wire basket

Approximate weight of load being lifted: **2000**

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

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

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 wireline tool box when the box got hung up under binding chains across the back deck of the boat. Once the load came free, jolting upwards, it shock loaded the crane and bird nesting the auxiliary hoist cable. The crane operations continued loading the tool box on the top deck of the platform and then another lift was attempted off the boat to remove a wire basket. During this lift the cable binded up on the winch stopping the operation. The load hung over the side for two days until a crane mechanic was available. They used the main hoist to take the weight off the auxiliary line and lift the basket to the deck of the platform.

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?

HAND SIGNAL

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 SOLUTION**

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

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? **18-APR-2013**

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

NOT AVAILABLE

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: