

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: 02-JAN-2012 TIME: 1638 HOURS

2. OPERATOR: Chevron U.S.A. Inc.

REPRESENTATIVE:

TELEPHONE:

CONTRACTOR:

REPRESENTATIVE:

TELEPHONE:

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

4. LEASE: G16942

AREA: WR LATITUDE:

BLOCK: 29 LONGITUDE:

5. PLATFORM:

RIG NAME: T.O. DISCOVERER INDIA

6. ACTIVITY:

EXPLORATION (POE)
 DEVELOPMENT/PRODUCTION
(DOCD/POD)

7. TYPE:

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

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

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: 5193 FT.

10. DISTANCE FROM SHORE: 144 MI.

11. WIND DIRECTION: NE
SPEED: 20 M.P.H.

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

13. SEA STATE: 7 FT.

14. PICTURES TAKEN: NO

15. STATEMENT TAKEN: NO

17. INVESTIGATION FINDINGS:

While running casing on the Transocean Discoverer India, a 42 foot long joint of 16 inch casing (which weighed 4600 pounds) fell across the rig floor. The joint involved was being held upright with the centralizing arm of the Pipe Laydown System (PLS). The operation was put on hold while function testing of the Pipe Racking System (PRS) was performed after having repair work done to it. At this time the PLS Operator decided to further secure the casing by engaging the upper and lower gripping jaws in addition to the centralizing arm. When he attempted to perform this function, he inadvertently pushed the button on the Cyber chair key pad to open the centralizer arm rather than close the gripper jaws. The centralizer was the only means for securing the joint of casing at the time, and this action allowed the casing to be released and it fell across the rig floor.

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

While attempting to better secure the casing joint, the PLS operator decided to close the upper and lower gripper arms in addition to the centralizing arm. The employee located the required button needed to perform function, but took his eyes off the control pad to look up and get a clear view of the arms and watch the function. As a result, the operator hit the button to open the centralizer arm instead of close the gripper arms and dropped the casing across the rig floor.

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

-The Task was interrupted. The decision for the operator to make an attempt to better secure the joint of casing standing vertical was due to the PRS operator switching focus to the forward PRS. Had the task not been interrupted the PLS operator would not have attempted to better secure the joint of casing.

20. LIST THE ADDITIONAL INFORMATION:

21. PROPERTY DAMAGED:

NATURE OF DAMAGE:

1 joint of 16 inch casing

Damage to threads on casing

ESTIMATED AMOUNT (TOTAL): \$

22. RECOMMENDATIONS TO PREVENT RECURRANCE NARRATIVE:

The BSEE Houma District makes no recommendations to the Agency.

23. POSSIBLE OCS VIOLATIONS RELATED TO ACCIDENT: YES

24. SPECIFY VIOLATIONS DIRECTLY OR INDIRECTLY CONTRIBUTING. NARRATIVE:

On Jan. 2, 2012, at approximately 16:40, while in the process of running 16 inch

casing, the employee operating the Pipe Laydown System (PLS) inadvertently pressed the wrong button causing the centralizer arm to open. As a result, the joint of casing was released and dropped to the rig floor.

A G-110 INC was issued on March 14, 2012 as a result of this incident.

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|-----------------------------------|------------------------------|
| 25. DATE OF ONSITE INVESTIGATION: | 28. ACCIDENT CLASSIFICATION: |
| 13-JAN-2012 | MINOR |
| 26. ONSITE TEAM MEMBERS: | 29. ACCIDENT INVESTIGATION |
| Jeramie Liner / Cedric Bernard / | PANEL FORMED: NO |
| James Richard / | OCS REPORT: |
| | 30. DISTRICT SUPERVISOR: |
| | Bryan Domangue |
| 27. OPERATOR REPORT ON FILE: YES | |

APPROVED
DATE: 20-JUN-2012

Crane/Other Material-Handling Equipment Attachment

Equipment Information

Installation date: 19-MAY-2009

Manufacturer: NATIONAL OILWELL VARCO

Manufacture date: 19-MAY-2009

Make/Model: NOV / PLS-5

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

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

Static: Dynamic:

Was a tag line utilized during the lift? N

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.)

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

Type of lift:

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.)

Approximate weight of load being lifted:

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.)

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?

If yes, date of last training:

How many years of rigger experience did rigger have?

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

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

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

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

Was rigger on medication when incident occurred?

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

Operator: **N**

Rigger:

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?

For crane only:

What crane training institution did crane operator attend?

Where was institution located?

Was operator qualified on this type of crane? **N**

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

Years: Months

List recent crane operator training dates.

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?

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Inspection/Maintenance Information

For crane only:

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

Was pre-use inspeciton conducted?

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

What was the date of the last inspection?

Who performed the last inspection?

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

Who qualified the inspector?

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

Which type of test was conducted prior to heavy lift?

Date of last pull test: Load test:

Results:

If fail explain why:

Test Parameters: Boom angle: Radius:

What was the date of most recent crane maintenance performed?

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

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

What type of maintenance was performed?

For other material-handling equipment only:

Was equipment visually inspected before the lift took place? **N**

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

before each use, weekly, monthly, semi-annually, and 5 year major Nondestructive Examination

Safety Management Systems

Does the company have a safety management program in place?

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

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?

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

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?

Did procedures cover the circumstances of this incident?

Was a copy available for review prior to incident?

Were procedures available to MMS upon request?

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

Additional observations or concerns: