UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF SAFETY AND ENVIRONMENTAL ENFORCEMENT GULF OF MEXICO REGION

ACCIDENT INVESTIGATION REPORT

For Public Release

ι.	DATE: 30-JAN-2013 TIME: 0100 HOURS	STRUCTURAL DAMAGE CRANE OTHER LIFTING DEVICE
2.	OPERATOR: Anadarko Petroleum Corporation REPRESENTATIVE: TELEPHONE: CONTRACTOR: Maersk Drilling USA Inc. REPRESENTATIVE: TELEPHONE:	DAMAGED/DISABLED SAFETY SYS. INCIDENT >\$25K H2S/15MIN./20PPM REQUIRED MUSTER SHUTDOWN FROM GAS RELEASE X OTHER Tugger
3.	OPERATOR/CONTRACTOR REPRESENTATIVE/SUPERVISOR ON SITE AT TIME OF INCIDENT:	6. OPERATION:
	LEASE: G27779 AREA: SE LATITUDE: BLOCK: 39 LONGITUDE:	PRODUCTION X DRILLING WORKOVER COMPLETION HELICOPTER MOTOR VESSEL PIPELINE SEGMENT NO.
	RIG NAME: MAERSK DEVELOPER	OTHER
	ACTIVITY: X EXPLORATION (POE) DEVELOPMENT/PRODUCTION (DOCD/POD) TYPE: HISTORIC INJURY X REQUIRED EVACUATION 1 LTA (1-3 days) LTA (>3 days 1 RW/JT (1-3 days) RW/JT (>3 days)	8. CAUSE: EQUIPMENT FAILURE X HUMAN ERROR EXTERNAL DAMAGE SLIP/TRIP/FALL WEATHER RELATED LEAK UPSET H20 TREATING OVERBOARD DRILLING FLUID OTHER
	Other Injury	9. WATER DEPTH: 8553 FT.
	POLLUTION FIRE EXPLOSION	10. DISTANCE FROM SHORE: 247 MI.
	LWC HISTORIC BLOWOUT UNDERGROUND SURFACE	11. WIND DIRECTION: SSE SPEED: 24 M.P.H.
	DEVERTER SURFACE EQUIPMENT FAILURE OR PROCEDURES	12. CURRENT DIRECTION: SPEED: M.P.H.
	COLLISION HISTORIC >\$25K <=\$25K	13. SEA STATE: FT.

MMS - FORM 2010 PAGE: 1 OF 6

17. INVESTIGATION FINDINGS: -

At approximately 0100 hours on 30 January 2013, a Maersk Drilling USA Inc. (Maersk) Roustabout sustained an ankle injury on board the Maersk Developer semi-submersible rig while conducting drilling operations for Anadarko Petroleum Corporation (Anadarko) in Sigsbee Escarpment Block 39.

The injury occurred while the Roustabout assisted with the lifting of a 7.625-inch sub from a metal basket located on the rig floor with the use of a tugger. The Roustabout had positioned himself between a rotator stand and a PS-500 power slips during lifting operations. As the sub was being lifted out of the basket, it hung up on the shoulder of the basket causing it to shift pushing the rotator stand towards the PS-500 power slips and pinning the Roustabout's right ankle. The Roustabout was treated at the rig and evacuated to the Occupational Medicine Services in Houma, Louisiana where x-rays revealed that he had sustained a fracture to his right ankle. On 5 February 2013, the injured Roustabout was diagnosed with a double fracture in his right ankle and he was consulting with a physician to determine if surgery will be necessary.

The probable cause of the accident was attributed to lack of employee training since the injured Maersk Roustabout was listed as a Short Service Employee (SSE) and he had not received the level of training required to work on the rig floor. In addition, Maersk stated that they made an error in summoning a SSE Roustabout to assist with lift operations on the rig floor.

Contributing causes of the accident was lack of supervision and the failure to recognize the injured Maersk roustabout was a SSE who lacked the skill and knowledge for conducting lifting operations on the rig floor.

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

The probable cause of the accident was attributed to lack of employee training since the injured Maersk Roustabout was listed as a SSE and he had not received the level of training required to work on the rig floor. In addition, Maersk stated that they made an error in summoning a SSE Roustabout to assist with lift operations on the rig floor.

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

Contributing causes of the accident was lack of supervision and the failure to recognize the injured Maersk Roustabout was a SSE who lacked the skill and knowledge for conducting lifting operations on the rig floor.

20. LIST THE ADDITIONAL INFORMATION:

MMS - FORM 2010 PAGE: 2 OF 6-

EV2010R 12-JUL-2013 -

21. PROPERTY DAMAGED:

NATURE OF DAMAGE:

No property was damaged during this accident.

None

ESTIMATED AMOUNT (TOTAL):

\$

22. RECOMMENDATIONS TO PREVENT RECURRANCE NARRATIVE:

The BSEE Lafayette District makes no recommendations to the Agency.

- 23. POSSIBLE OCS VIOLATIONS RELATED TO ACCIDENT: YES
- 24. SPECIFY VIOLATIONS DIRECTLY OR INDIRECTLY CONTRIBUTING. NARRATIVE:

Based on the accident investigation findings, a G-110 Incident of Non-Compliance (INC) was issued "After the Fact" to document that Anadarko failed to perform all operations in a safe and workmanlike manner and to provide for the preservation and conservation of property and the environment. On 30 January 2013, a Maersk roustabout, listed as a Short Service Employee (SSE), sustained a fractured right ankle during lifting operations on the rig floor. The Roustabout was injured because the operator failed to recognize that he was a SSE that was not properly trained who was not supervised during lifting operations on the rig floor.

25. DATE OF ONSITE INVESTIGATION:

14-FEB-2013

26. ONSITE TEAM MEMBERS:

Troy Naquin /

29. ACCIDENT INVESTIGATION PANEL FORMED: NO

OCS REPORT:

30. DISTRICT SUPERVISOR:

Elliott S. Smith

APPROVED

DATE: 04-APR-2013

MMS - FORM 2010 PAGE: 3 OF 6-

EV2010R 12-JUL-2013 -

INJURY/FATALITY/WITNESS ATTACHMENT

X CONTRACTOR REPRESENTATIVE OTHER	x INJURY FATALITY WITNESS	
NAME:		
HOME ADDRESS:		
CITY:	STATE:	
WORK PHONE:	TOTAL OFFSHORE EXPERIENCE:	YE
EMPLOYED BY:		
BUSINESS ADDRESS:		
CITY:	STATE:	
ZIP CODE:		
OPERATOR REPRESENTATIVE	INJURY	
OPERATOR REPRESENTATIVE CONTRACTOR REPRESENTATIVE OTHER	FATALITY	
X CONTRACTOR REPRESENTATIVE	FATALITY	
X CONTRACTOR REPRESENTATIVE OTHER NAME:	FATALITY	
CONTRACTOR REPRESENTATIVE OTHER	FATALITY	
X CONTRACTOR REPRESENTATIVE OTHER NAME: HOME ADDRESS:	FATALITY X WITNESS	ΥE
X CONTRACTOR REPRESENTATIVE OTHER NAME: HOME ADDRESS: CITY:	FATALITY X WITNESS STATE:	ΥE
CONTRACTOR REPRESENTATIVE OTHER NAME: HOME ADDRESS: CITY: WORK PHONE:	FATALITY X WITNESS STATE:	YE
X CONTRACTOR REPRESENTATIVE OTHER NAME: HOME ADDRESS: CITY: WORK PHONE: EMPLOYED BY:	FATALITY X WITNESS STATE:	ΥE

MMS - FORM 2010 PAGE: 4 OF 6-

INJURY/FATALITY/WITNESS ATTACHMENT

OPERATOR REPRESENTATIVE	INJURY	
X CONTRACTOR REPRESENTATIVE	FATALITY	
OTHER	X WITNESS	
NAME:		
HOME ADDRESS:		
CITY:	STATE:	
WORK PHONE:	TOTAL OFFSHORE EXPERIENCE:	YEARS
EMPLOYED BY:		
BUSINESS ADDRESS:		
CITY:	STATE:	
ZIP CODE:		

MMS - FORM 2010 PAGE: 5 OF 6-

MMS - FORM 2010 PAGE: 6 OF 6 - EV2010R 12-JUL-2013 -