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: 17-DEC-2013 TIME: 1045 HOURS	STRUCTURAL DAMAGE CRANE OTHER LIFTING DEVICE
2.	OPERATOR: EPL Oil & Gas, Inc. REPRESENTATIVE: TELEPHONE: CONTRACTOR: Spartan Offshore Drilling, LLC REPRESENTATIVE: TELEPHONE:	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: G04473 AREA: WD LATITUDE: BLOCK: 27 LONGITUDE:	PRODUCTION DRILLING WORKOVER COMPLETION HELICOPTER MOTOR VESSEL
5.	PLATFORM: B RIG NAME: SPARTAN 303	PIPELINE SEGMENT NO. OTHER
	ACTIVITY: EXPLORATION (POE) DEVELOPMENT/PRODUCTION (DOCD/POD) TYPE: HISTORIC INJURY X REQUIRED EVACUATION 1 LTA (1-3 days) X LTA (>3 days 1 RW/JT (1-3 days) RW/JT (>3 days)	EQUIPMENT FAILURE HUMAN ERROR EXTERNAL DAMAGE X SLIP/TRIP/FALL WEATHER RELATED LEAK UPSET H20 TREATING OVERBOARD DRILLING FLUID OTHER
	Other Injury	9. WATER DEPTH: 41 FT.
	FATALITY POLLUTION FIRE EXPLOSION	10. DISTANCE FROM SHORE: 6 MI.
	LWC HISTORIC BLOWOUT UNDERGROUND SURFACE	11. WIND DIRECTION: SPEED: M.P.H.
	DEVERTER SURFACE EQUIPMENT FAILURE OR PROCEDURES	12. CURRENT DIRECTION: SPEED: M.P.H.
	COLLISION HISTORIC >\$25K <=\$25K	13. SEA STATE: FT.

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17. INVESTIGATION FINDINGS: -

On December 17, 2013 at approximately 2245 hours an employee was injured while preparing the Texas Deck to install the pollution pan around the Blow Out Preventer (BOP). At approximately 2130 hours a meeting was held on the drill floor to review the Job Safety Analyses (JSA) for installing the pollution pan around the BOP. In attendance for this meeting were the Driller, Derrickman, and 3 Floorman. After the meeting but before the job started, one of the Floorman was sent to help the Rig Welder. Needing another person to assist with installing the pollution pan, the Driller contacted the Crane Operator to send one of his Roustabouts. This Roustabout is the injured employee (IE) and was not in attendance during the JSA meeting.

The IE was working on the Texas Deck with a Floorman to remove a piece of chain that was caught under a section of grating. According to witnesses, both employees were wearing fall protection. The Floorman was wearing a harness with a self-retracting lifeline (SRL) and the IE was wearing a harness with a lanyard. The IE and the Floorman lifted the grating and pulled the chain free. While the Floorman was putting away the loose chain the IE was exiting the Texas Deck. While attempting to exit the Texas Deck, the unsecured grating shifted and the IE fell an estimated 55 feet to the production platform below.

The IE was flown to West Jefferson Medical Center where it was discovered that he sustained the following injuries; broken pelvis, fractured wrist, multiple lacerations and bruises.

- 18. LIST THE PROBABLE CAUSE(S) OF ACCIDENT:
 - 1) Fall protection not used properly.
 - 2) The grating was not secured at the time of the incident. -
- 19. LIST THE CONTRIBUTING CAUSE(S) OF ACCIDENT:
 - 1) The injured employee was not involved in the JSA meeting that was conducted for installing the pollution pan. -
 - 2) The IE was not tied off with an SRL. The SRL allows personnel to move freely on the-Texas Deck without having to move anchor points.
- 20. LIST THE ADDITIONAL INFORMATION:
 - 1) The IE did not have Fall Protection Including Rescue Planning (OSHA 1926.500) and/or Society of Professional Access Technicians Training (SPRAT). According to Spartan Offshore Drilling's training matrix this fall protection training was required-for his position.
 - 2) At the time of the incident, there were 4 SRL's available for use when working on the Texas Deck. The Floorman was utilizing one of them and three were ready for use.

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None

ESTIMATED AMOUNT (TOTAL):

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22. RECOMMENDATIONS TO PREVENT RECURRANCE NARRATIVE:

The BSEE New Orleans District makes no recommendations to the Agency.

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

G-110 INC Issued 3-24-2014 - On 12/17/13 the lessee did not perform all operations in safe and workmanlike manner. An accident occurred that could have resulted in loss of life. A Spartan Offshore employee fell approximately 55 feet from the Texas Deck to the production platform below. BSEE investigators found the following during the investigation. 1) Grating on the Texas Deck was not secured at the time of the incident. 2) Injured employee was not introduced into the JSA. 3) Injured employee did not utilize fall protection properly. 4) Injured person did not have "Fall Protection Including Rescue Planning (OSHA 1926.500) and/or SPRAT Training" as stated in Spartan Offshore training matrix.

25. DATE OF ONSITE INVESTIGATION:

19-DEC-2013

26. ONSITE TEAM MEMBERS:

Michael "Joe" Sonnier / Lance Benedietto / 29. ACCIDENT INVESTIGATION PANEL FORMED: NO

OCS REPORT:

30. DISTRICT SUPERVISOR:

David J. Trocquet

APPROVED

DATE:

03-JUL-2014

INJURY/FATALITY/WITNESS ATTACHMENT

х	OPERATOR REPRESENTATIVE		INJURY
	CONTRACTOR REPRESENTATIVE		FATALITY
	OTHER	x	WITNESS

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INJURY/FATALITY/WITNESS ATTACHMENT

NAME:			
HOME ADDRESS:			
CITY:		STATE:	
WORK PHONE:	TOTAL	OFFSHORE EXPERIENCE:	YE
EMPLOYED BY:	EPL Oil & Gas, Inc. /	02266	
BUSINESS ADDRESS	: 201 St. Charles Av	renue	
	Suite 3400		
CITY:	New Orleans	STATE: LA	
ZIP CODE:	70170-3400		
ZIP CODE:	70170-3400		
		□ INJURY	
OPERATOR REPR	ESENTATIVE	INJURY	
OPERATOR REPR	ESENTATIVE	FATALITY	
OPERATOR REPR	ESENTATIVE		
OPERATOR REPR	ESENTATIVE	FATALITY	
OPERATOR REPR	ESENTATIVE	FATALITY	
OPERATOR REPR CONTRACTOR RE OTHER NAME:	ESENTATIVE	FATALITY	
OPERATOR REPR CONTRACTOR RE OTHER NAME: HOME ADDRESS:	ESENTATIVE EPRESENTATIVE	FATALITY X WITNESS	YE
OPERATOR REPR CONTRACTOR RE OTHER NAME: HOME ADDRESS: CITY: WORK PHONE:	ESENTATIVE EPRESENTATIVE	FATALITY X WITNESS STATE: OFFSHORE EXPERIENCE:	YE
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INJURY/FATALITY/WITNESS ATTACHMENT

OPERATOR REPRES CONTRACTOR REPR OTHER		INJURY FATALITY WITNESS	
NAME: HOME ADDRESS: CITY: WORK PHONE:	artan Offshore Dri	STATE: AL OFFSHORE EXPERIENCE: lling, LLC / 21942	ΥΙ
ZIP CODE:	Metairie	STATE: LA	
OPERATOR REPRES CONTRACTOR REPR OTHER NAME:		x INJURY FATALITY WITNESS	
HOME ADDRESS: CITY: WORK PHONE:	TOTA	STATE: AL OFFSHORE EXPERIENCE:	YI
EMPLOYED BY: BUSINESS ADDRESS:			

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