### 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: 01-OCT-2015 TIME: 1240 HOURS		STRUCTURAL DAMAGE
	VI OCI 2015 TIME. 1240 MOORB		CRANE OTHER LIFTING DEVICE
2.	OPERATOR: Black Elk Energy Offshore Operation	I	DAMAGED/DISABLED SAFETY SYS.
	REPRESENTATIVE:		INCIDENT >\$25K
	TELEPHONE:		H2S/15MIN./20PPM
	CONTRACTOR:		REQUIRED MUSTER
	REPRESENTATIVE:		SHUTDOWN FROM GAS RELEASE
	TELEPHONE:		OTHER
3.	OPERATOR/CONTRACTOR REPRESENTATIVE/SUPERVISOR ON SITE AT TIME OF INCIDENT:	6.	OPERATION:
			PRODUCTION
1	LEASE: <b>G11383</b>		DRILLING
4.	AREA: HI LATITUDE:		WORKOVER
	BLOCK: A 442 LONGITUDE:		COMPLETION HELICOPTER
	BLOCK: A 112 LONGITUDE		MOTOR VESSEL
5.	PLATFORM: A		PIPELINE SEGMENT NO.
	RIG NAME:		X OTHER maintenance - fell off ladder
6.	ACTIVITY: EXPLORATION(POE)	8.	CAUSE:
	X DEVELOPMENT/PRODUCTION		C EQUIPMENT FAILURE
7.	(DOCD/POD) TYPE:		X HUMAN ERROR
	_		EXTERNAL DAMAGE
	HISTORIC INJURY		X SLIP/TRIP/FALL WEATHER RELATED
	LTA (1-3 days)		
	$\mathbf{x}$ LTA (>3 days <b>1</b>		UPSET H20 TREATING
	RW/JT (1-3 days)		OVERBOARD DRILLING FLUID
	RW/JT (>3 days)		OTHER
	Other Injury	9.	WATER DEPTH: <b>172</b> FT.
	FATALITY		
	POLLUTION	10.	. DISTANCE FROM SHORE: 80 MI.
	FIRE EXPLOSION		
		11.	. WIND DIRECTION:
	LWC HISTORIC BLOWOUT		SPEED: M.P.H.
	UNDERGROUND SURFACE		
	DEVERTER	12.	. CURRENT DIRECTION:
	SURFACE EQUIPMENT FAILURE OR PROCEDURES		SPEED: M.P.H.
	COLLISION HISTORIC >\$25K <- \$25K	13.	. SEA STATE: FT.

EV2010R

#### 17. INVESTIGATION FINDINGS:

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On October 1, 2015 at approximately 1240 hours, a contract employee sustained a minor injury at Black Elk Energy's High Island A442 A facility. The Injured Party (IP) had finished applying silicone caulk around a newly installed window air conditioning unit and was descending a 4' step ladder when he lost his footing (slipped). When the IP fell, he landed on a lifting pad eye on the potable water skid which was adjacent to the 4' step ladder. The IP struck the left side of his ribs on the lifting pad eye. The IP was working without assistance and no witnesses were present. The IP stated he felt fine with no pain or discomfort and did not need to go in for medical evaluation.

On October 5, 2015 the IP reported that he sneezed hard twice, which caused discomfort and a grinding sensation in his left ribcage.

On October 6, 2015 the IP was flown in for medical evaluation at Cameron Memorial Hospital. X-rays determined the IP's ribs were bruised but not broken. The IP's work schedule is 14 days on and 14 days off. The IP went home to recuperate and did not return to work for the remainder of his 14 day work schedule, resulting in a lost time accident (LTA) of 8 days.

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

Human error, the IP failed to recognize the hazards of descending a ladder while holding a caulk gun and lost his footing.

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

The IP failed to recognize the hazards of descending a ladder while holding a caulk gun and lost his footing. Landed on pad eye which was close to the ladder. 20. LIST THE ADDITIONAL INFORMATION:

The IP was flown via the field helicopter to Cameron, LA. and evaluated at Cameron Memorial Hospital. The IP's ribs were bruised but not broken. LTA 8 days.

21. PROPERTY DAMAGED:

NATURE OF DAMAGE:

None.

ESTIMATED AMOUNT (TOTAL):

22. RECOMMENDATIONS TO PREVENT RECURRANCE NARRATIVE:

The Lake Jackson District has no recommendations to the Regional office.

23. POSSIBLE OCS VIOLATIONS RELATED TO ACCIDENT:

MMS - FORM 2010

PAGE: 2 OF 3 22-JAN-2016 25. DATE OF ONSITE INVESTIGATION:

07-OCT-2015

26. ONSITE TEAM MEMBERS: Steven Cline / 29. ACCIDENT INVESTIGATION PANEL FORMED: NO

OCS REPORT:

30. DISTRICT SUPERVISOR:

John McCarroll

APPROVED DATE: 22-DEC-2015

# **INJURY/FATALITY/WITNESS ATTACHMENT**

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