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

ACCIDENT INVESTIGATION REPORT

For Public Release

DATE: 11-FEB-2019 TIME: 1640 HOURS CR 2. OPERATOR: Fieldwood Energy LLC REPRESENTATIVE: TELEPHONE: H2 RE CONTRACTOR: Petroleum Helicopters Inc.	RUCTURAL DAMAGE ANE HER LIFTING MAGED/DISABLED SAFETY SYS. CIDENT >\$25K S/15MIN./20PPM QUIRED MUSTER UTDOWN FROM GAS RELEASE HER
3. OPERATOR/CONTRACTOR REPRESENTATIVE/SUPERVISOR ON SITE AT TIME OF INCIDENT:	x PRODUCTION
4. LEASE: 00050 AREA: EI LATITUDE: BLOCK: 120 LONGITUDE: 5. PLATFORM: CF-QTR RIG NAME:	DRILLING WORKOVER COMPLETION HELICOPTER MOTOR VESSEL PIPELINE SEGMENT NO. OTHER
EXPLORATION(POE)	9. CAUSE:
T DEVELOPMENT/PRODUCTION (DOCD/POD) 7. TYPE: THISTORIC INJURY X REQUIRED EVACUATION 1 LTA (1-3 days) LTA (>3 days RW/JT (1-3 days) X RW/JT (>3 days) 1	EQUIPMENT FAILURE X HUMAN ERROR EXTERNAL DAMAGE X SLIP/TRIP/FALL WEATHER RELATED LEAK UPSET H20 TREATING OVERBOARD DRILLING FLUID OTHER
☐ Other Injury	10. WATER DEPTH: 37 FT.
FATALITY POLLUTION FIRE EXPLOSION	11. DISTANCE FROM SHORE: 21 MI. 12. WIND DIRECTION: SPEED: M.P.H.
LWC HISTORIC BLOWOUT UNDERGROUND SURFACE DEVERTER	13. CURRENT DIRECTION: SPEED: M.P.H.
☐ SURFACE EQUIPMENT FAILURE OR PROCEDURES COLLISION ☐ HISTORIC ☐ >\$25K ☐ <=\$25K	15. PICTURES TAKEN:
	16 STATEMENT TAKEN:

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On February 11, 2019 at approximately 1640 hours, a helicopter mechanic (HM) fell while attempting to perform a helicopter inspection.

Prior to the incident, the HM purchased a new pair of work boots online. The work boots were much larger than expected and did not provide the same fit as his previous pair.

The HM had just completed a 50 hour Air-frame Inspection on helicopter N438PH. The HM was utilizing a three-step work stand in order to reach the top of the aircraft to complete the lubrication inspection. When the lubrication inspection was complete, the HM folded the three step work stand and stored it on the lower deck.

As the HM began storing the tools, he realized the two grease guns that were used prior were still on the top of the aircraft. The HM brought a two-step work stand to the helicopter to retrieve the grease guns. The HM positioned the two-step work stand next to the aircraft. While on the two-step work stand, the HM could not reach the grease guns and utilized the helicopter fold out step (fold out step is 2 ½" x 4"). The HM grabbed the pitch change link with his left hand and was able to grab the smaller grease gun. He placed the grease gun on the helideck and climbed back up to grab the larger grease gun. While climbing back up to grab the larger grease gun, The HM's left foot slipped off the helicopter fold out step. Due to the HM's new boots, the boot folded in the front because of the larger boot size. As he attempted to place his foot back on the step, he lost his grip on the pitch change link causing him to let go of the grease gun and fall backwards.

The HM's lower back came in contact with the boarding step prior to landing on his back on the heliport. Immediately after the HM landed on his back, the larger grease gun landed on the HM's nose and above his right eye. The HM was wearing a safety helmet and safety glasses that reduced the severity of his injuries.

The HM managed to go to the lower deck to find the pilot and report what occurred. The HM was examined by a medic at the facility. Directions were given to transport the HM to a medical facility for additional treatment. Due to unfavorable weather conditions, two SAR helicopters were unsuccessful in evacuating the HM. A motor vessel transported the HM to a shore base. An ambulance transported the HM to Lafayette General Medical Center. The physician discovered a broken Coccyx (tailbone), nose and a laceration that required eight stitches above the right eye.

Due to this incident, the lessee has discontinued the helicopter mechanics rotation on the offshore facilities. All aircraft maintenance will be performed onshore.

The BSEE Lafayette conducted an onsite investigation March 4, 2019.

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

Prior to the incident, the HM purchased a new pair of work boots online. The work boots were much larger than expected and did not provide the same fit as his previous pair. As the HM attempted to climb down, the boot failed to support the HM causing him to slip off the fold out step. The fold out step was 2 ½" x 4".

- 19. LIST THE CONTRIBUTING CAUSE(S) OF ACCIDENT:
- HM failed to maintain 3 points of contact at all times while climbing on aircraft.
- HM failed to follow standard maintenance best practices of removing all tools and equipment from the aircraft prior to clearing the work area.

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21. PROPERTY DAMAGED: NATURE OF DAMAGE:

None NA

ESTIMATED AMOUNT (TOTAL):

22. RECOMMENDATIONS TO PREVENT RECURRANCE NARRATIVE:

The BSEE Lafayette District office makes no recommendations to the Regional Office of Incident Investigations (OII).

- 23. POSSIBLE OCS VIOLATIONS RELATED TO ACCIDENT: NO
- 24. SPECIFY VIOLATIONS DIRECTLY OR INDIRECTLY CONTRIBUTING. NARRATIVE:

No

25. DATE OF ONSITE INVESTIGATION: 28. ACCIDENT CLASSIFICATION:

04-MAR-2019 29. ACCIDENT INVESTIGATION

PANEL FORMED: NO

26. INVESTIGATION TEAM MEMBERS:

Estaban Ortiz / Wade Guillotte /

30. DISTRICT SUPERVISOR:

Robert Ranney

OCS REPORT:

27. OPERATOR REPORT ON FILE: APPROVED DATE: 31-MAY-2019

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