



Adler Hot Oil Service LLC. INCIDENT INVESTIGATION REPORT

Please ensure form is completely filled out and signed

SEE REVERSE SIDE OF REPORT FOR INSTRUCTIONS

THIS REPORT MUST BE SUBMITTED TO: HUMAN RESOURCES MANAGER & GENERAL MANAGER WITHIN 48 HOURS.

A	Employee Name: _____	LOCATION OF INCIDENT:
	Address: _____	Location: <u>Grizzly 3-32 H</u>
	Home Phone: _____ Dept Phone: _____	Room/Floor: _____
	Position/Title: _____ Years Experience in Position: _____	Department/Program: _____

DATE OF INCIDENT: <u>9-19-2014</u> <u>9am</u>	DATE REPORTED: <u>9-19-2014</u> <u>9am</u>
(YYYY/MM/DD) (HOUR)	(YYYY/MM/DD) (HOUR)

DESCRIPTION OF INJURY:	Employee <input type="checkbox"/>
Part of Body: <u>Hands and face of Troy. Hands of Seth Dalburg</u> Left <input type="checkbox"/> Right <input type="checkbox"/>	Staffing Agency <input type="checkbox"/>
First Aid Treatment: <u>Seth Dalburg</u>	Contractor <input type="checkbox"/>
Property Damage: <u>Hot Oil Coil over heated, Air lines melted, Transfer Hoses burned, Containments melted, Frac tanks heated and ashed out, Turbo on HO Unit burned, Air system burned on HO Unit.</u>	

DESCRIPTION OF OCCURRENCE/HAZARD:
(What occurred? Task performed? Sequence of events? Who was involved? Type, size, weight or equipment, height from ground, personal protective equipment?)

Does the operation require a SOP? Yes What is the Title of the SOP? Hot Oiler Tank Heating

Was SOP Followed? No Was the SOP a standard SOP or a Specialized SOP? Standard

Was all parties trained in SOP's? Yes Who was the Senior Member on Location? Seth Dalburg

Who was the Operations Manager for Area? Steve Stanger Were all SSE's marked and accounted for? Yes

Was a JSA/Tailgate meeting held before project started? No Who led the JSA? Tailgate Meeting? _____

Who was assigned steward over SSE? Seth Dalburg Hours worked before accident? _____

Detailed description of what happened. Seth and Troy had just rigged in to the third tank of the project on the Grizzley Ridge 3-32H. Seth had gotten into the cab of the truck once Troy had started the pumps. Troy had noticed that the discharge temp was sitting bout 105 degrees. This was noted. Then Troy heard a boom sound then saw fire all around him and it coming out of the burner box. Troy screamed and ran away from unit. Seth jumped out of the cab and grabbed a fire extinguisher and discharged it under the the hot oil unit and the fire went out across the whole area but at the tanks. Then Seth Isolated the Hot Oil Unit. The fire department was called by Jordan Ares. The Fire department arrived in twenty minutes and put out the fires on the Frac Tanks that Adler was heating. The fire was put out on the tanks by closing the hatch doors on the front of the tanks. Then the tanks were cooled by spraying a foaming agent on to the tanks. The fire department pulled the hot oil unit away from the tank battery some time during the cooling process. Troy was flown to the Greeley Colorado Burn Center from location. Seth was treated and released at location.

Findings by investigators on location. Paul Briggs and Ryan Runolfson are the investigators. Findings on location are numbered based on priority and listed. #1. Tracks indicate that Hot Oil Unit was parked exactly 50 feet from the tank battery. #2. The SSE was operating the truck without being supervised by Stward. #3. High Possibility of tank valve being closed thus preventing circulation. #4. Hot Oil coil was overheated indicating that unit was overheated due to a no flow situation. #5. The fluid levels of the tank that was being heated was only 61 inches. #6. 9 Energy drinks were found in unit and on ground around unit. 6 were empty. #7. No ash or soot was found in the burner box. #8. No indication of the coil being breached. #10. Minimal soot on the ground around the unit indicates that the fire was only a fume fire and had no actual liquid hydrocarbons to feed off of. #11. Flow back crew saw fumes coming out at a high rate of the tanks that were being heated and the one that the flow back crew was flowing into. #12. Gas monitor was on Seths belt as he was sitting in the cab. Troys monitor was being charged also in the cab. #13. The flame that all witnesses saw under the unit and on location was "Blue" in color also indicating a fume only burn. #14. No Tail gate meeting was conducted. #15. The Fire was out on location in less then 20 seconds, again indicating a fume only burn. #16. Roy with FMC had offered Seth a root beer but Seth refused and said that he had a rockstar in the truck. #17. Wind had died off and the air was still on location. Thus letting a build up of fumes on location. #18. Operation was being done after dark and fumes and wind direction were impossible to detect. #19. The suction and discharge lines were reversed for heating hydrocarbons in a frac tank. The discharge was supposed to be on the bottom and the suction was supposed to be on the circulation line.

EMPLOYEE AND SUPERVISOR / MANAGER

B

Diagram of location and what happened. See Attached

NO WITNESSES: [] WITNESSES: (Name, address, telephone #): __Roy Oakley FMC Technologies. 307-789-4227__

(attach statements)

RELATED OR CONTRIBUTING FACTORS:

(What conditions contributed to the cause of the occurrence – facts only)

- #1 SOP was not followed. Parked unit to close to tank battery.
- #2. An SSE was operating the unit un supervised and in adequately trained.
- #3 Heating oil tanks after dark.
- #4. Gas monitors not being used.
- #5. JSA meeting not held.
- #6. Discharging into the circulation line of the tank just a few inches from the fluid level.

CORRECTIVE / PREVENTATIVE ACTION:

Short Term:

Seth Dalburg was terminated.

Long Term:

More thorough training and Change in SOP for heating at night.

Person Responsible:

Seth Dalburg

Target Date:

C Have you received instruction or training concerning the task you were performing? Yes [] No []

If yes, please describe: _____

Previous or similar injury/ disability? Yes [] No [] Explain: _____

SIGNATURES:	NAME (please print)	SIGNATURE	DATE (YYYY/MM/DD)
Employee	_____	_____	_____
Supervisor / Manager	_____	_____	_____

This is to certify that the above answers are full, complete and true to the best of my knowledge.

NAME OF IN-HOUSE TREATMENT PROVIDER: _____

Employee seen/called: _____ Date (YYYY/MM/DD): _____ Hour: _____

Description of injuries: _____

D First Aid Treatment provided: _____

Signature: _____

Position: _____ Date (YYYY/MM/DD): _____

Near Miss (no injury) [<input type="checkbox"/>]	Medical Aid (WCB) [<input type="checkbox"/>]
First Aid [<input type="checkbox"/>]	Lost Time (WCB) [<input type="checkbox"/>]

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FIRST AID PROVIDER

