这是一个政府报告的节选

Oversight

• Permitting – Minerals Management Service (MMS)

The federal Minerals Management Service gave permission to BP and dozens of other oil companies to drill in the Gulf of Mexico without first getting required permits from another agency that assesses threats to endangered specie

Agency records also show permission for those projects and plans was granted without getting the permits required under federal law.

The minerals agency has also given BP and other drilling companies in the gulf blanket exemptions from having to provide environmental impact statements.

In joint MMS-Coast Guard hearings into the Deepwater Horizon accident, Michael Saucier, an MMS official, testified that the agency “highly encouraged,” but didn’t require, companies to have back-up systems to trigger blowout preventers in case of an emergency.

• Vessel Itself:

In addition to the minerals agency and the Coast Guard, the Deepwater Horizon was

overseen by the Marshall Islands, the “flag of convenience” under which it was registered.

No one from the Marshall Islands ever inspected the rig. The nongovernmental organizations that did were paid by the rig’s operator, in this case Transocean

– Classification Society: ABS

– Registry: Marshall Islands

• Vessel Operations – Underway

– When Towed or Lifted, parent vessel is subject to registry oversight

– Licensed marine officers and crew, registry oversight

• Vessel Operations - Drilling

– Functions like a ship in port

– General life safety and operation under Offshore Installation Manager (OIM)

– No published industry standards for offshore drilling

CAUSAL FACTOR CONCLUSIONS

• Although the Administrator does not have oversight responsibility for drilling operations on the us OCs, based on its assessment of the evidence in the investigative record and the attached Well Control Report, the Administrator concludes that the proximate cause of the casualty was a loss of well control resulting from

1.deviation from standards of well control engineering;

2.deviation from the well abandonment plans submitted to and approved by the Minerals

3.Management service (MMs); and failure to react to multiple indications that a well control event was in progress

The above factors contributed to the substantial release of liquid and gaseous hydrocarbons, which culminated in explosions, fire, the loss of 11 lives, the eventual sinking and total loss of the DEEPW A TER HORIZON, and the release of hydrocarbons into the gulf of Mexico.

NON-CAUSAL FACTOR CONCLUSIONS

Better communication and coordination between the flag state and the coastal state regarding inspections and surveys could help to ensure that both the flag and coastal states are aware of conditions or requirements that could affect the safety of MODus and their personnel.

• The unit withstood the forces of the explosions and resulting fire, providing a sufficiently stable and

protected platform to facilitate the evacuation of 115 of the 126 persons on board.

• The electrical power failed at the time of the first explosion or immediately thereafter. The failure of the

primary power source added to the confusion during evacuation and complicated evacuation of the unit.

• The total loss of electrical power compromised the functioning of the fire suppression systems; however, any attempts at suppression would have been futile given the intensity and magnitude of the fire and the uncontrolled fuel supply. It is unlikely that any ship borne system would have been effective at extinguishing the fire onboard the DEEPW A TER HORIZON.

• The Emergency Disconnect system (EDs) did not function as intended and the unit was unable to disconnect. Without any ability to stop or reduce the flow of hydrocarbons, and without power for vital systems, the crew was forced to evacuate the unit.

• There were instances of confusion regarding decision making authority during the casualty. While such instances highlight the fact that the integration of drilling and marine operations presents challenges for maintaining a clear command hierarchy, especially in emergency situations, there is no indication that any confusion as to the chain of command was a causal factor in the casualty.

• Ideally, the evacuation of a unit occurs in phases. However, the speed at which the casualty progressed provided limited time for reaction, control, mitigation efforts, and response. That 115 individuals were able to safely evacuate the DEEPW A TER HORIZON is due in part to the robustness of the underlying regulatory system, including requirements for redundancy of life saving equipment, routine fire and emergency drills, and safety orientations for all visitors to the unit.

• The proximity of the DAMON B. BANKsTON and the timely and effective response of its crew substantially contributed to the successful evacuation of the DEEPWA TER HORIZON.