



Midwest Public Risk  
19400 East Valley View Parkway  
Independence, MO 64055

## MINOR INJURY/EXPOSURE REPORT

Complete this form if medical attention is not required at the time of the accident or incident.

Indicate the type of incident:

- Injury
- Possible Infectious Disease Exposure
- Hazardous Material Exposure

If medical treatment is needed at a later date, the following steps need to be followed:

1. Employee notifies supervisor before seeing doctor.
2. Employee and/or Supervisor calls Nurse Triage 1-855-477-2266 for treatment

Employee: \_\_\_\_\_ Title: \_\_\_\_\_

Accident/Incident Date: \_\_\_\_\_ Time: \_\_\_\_\_

Location: \_\_\_\_\_

Description of accident, injury and/or exposure: \_\_\_\_\_

Part of body affected: \_\_\_\_\_

Describe hazardous/toxic material or infectious disease the employee came into contact with (container, color, writing on container, color of waste or material, origin):

\_\_\_\_\_  
\_\_\_\_\_

Was safeguard or safety equipment provided?  Yes  No  N/A

Was accident/incident witnessed?  Yes  No

Witness: \_\_\_\_\_ Phone: \_\_\_\_\_

Department Name: \_\_\_\_\_

\_\_\_\_\_  
Employee signature Title Date

\_\_\_\_\_  
Supervisor signature Title Date