



Minor Injury/Exposure Report

Coverage Through Risk Pool: Midwest Public Risk | Claims Administrator (TPA): Thomas McGee, L.C.
(* = Required Information)

MEMBER INFORMATION*

Preparer's Name: _____ Phone: _____

Entity: _____

Address: _____ City: _____ State: _____ Zip: _____

Complete this form if medical attention is not required at the time of the 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

INCIDENT INFORMATION*

Employee: _____ Title: _____

Incident Date: _____ Time: _____

Location: _____

Description of Incident, 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 incident witnessed? Yes No

Witness: _____ Phone: _____

Department: _____

Employee Signature Title Date

Supervisor Signature Title Date

E-mail completed form to reportonly@mprisk.org or Fax to 816-842-1276

For questions call 816-858-6380 or 816-842-4800 (Please specify you are with MPR)

Please attach any additional pertinent information in relation to the claim (photos, police report, estimates, etc.)