



Participant Safety Consultation - WISE

Participant & Site Details			
Participant Name		Participant ID	
Host Site			
Visit Type: <input type="checkbox"/> Initial (if initial skip the Re-visit section) <input type="checkbox"/> Re-visit			
Initial Visit			
Does the participant feel safe performing your assigned duties?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the participant know who to notify if an injury occurs?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the participant have the equipment and training to perform your assignment safely? Details, if applicable:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there any hazards or concerns the participant would like to report? Details, if applicable:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the participant know emergency procedures and evacuation procedures?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Additional Comments:			
Re-visit (skip if Initial Visit)			
Have you experienced any workplace injury or near misses? Details, if applicable:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have your job duties changed? Details, if applicable:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Additional Comments:			
Signature			
Staff name (please print)			
Staff signature		Date	

Form Date: 07.08.26

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