

# 2025 C2 Steward's Worksheet



Name of Competition	Competition #
Dates	City/State
Name of Manager	USEF Membership # (Must be active member)
Manager's Phone	Email
Name of Secretary	USEF Membership # (Must be active member)
Secretary's Phone	Email

## COMPLIANCE WITH RULES

- |  | YES                   | NO                    |
|--|-----------------------|-----------------------|
| 1. Were you made aware of any instances of unethical treatment to a horse? (GR838).....  | <input type="radio"/> | <input type="radio"/> |
| If yes, please explain: _____  |                       |                       |
| _____  |                       |                       |
| 2. Are you attaching documents for the Federation to review for a possible Disciplinary Action Complaint?.....   | <input type="radio"/> | <input type="radio"/> |
| (Bylaws 701 & 705) If yes, please explain: _____   |                       |                       |
| _____  |                       |                       |
| 3. Were any Yellow Warning Cards issued? (GR1037).....   | <input type="radio"/> | <input type="radio"/> |
| If yes, please explain: _____  |                       |                       |
| _____  |                       |                       |
| 4. Were you made aware of any allegations of sexual, physical, or emotional misconduct?.....   | <input type="radio"/> | <input type="radio"/> |
| For allegations of sexual misconduct, please confirm that you made a report to the U.S. Center for SafeSport as well as the authorities if the victim was a minor when the alleged abuse occurred. For allegations of non-sexual misconduct, please provide details in an Addendum report. |                       |                       |
| 5. Were you made aware of any MAAPP violations? If yes, please provide details in an Addendum report.....  | <input type="radio"/> | <input type="radio"/> |
| 6. Did competition management communicate directly and in writing with all participants (including staff, officials, volunteers, vendors, etc.) within the last 30 days, as required by the USEF Safe Sport: Competition Quality Control System?.....                                      | <input type="radio"/> | <input type="radio"/> |
| Please identify the date that the communication was sent and the method it was communicated. _____   |                       |                       |
| _____  |                       |                       |
| 7. Were any divisions that were not approved by the Federation held on licensed dates?.....  | <input type="radio"/> | <input type="radio"/> |
| (See GR301 for exemptions.) If so, please indicate name(s) of class(es) or division(s): _____  |                       |                       |
| _____  |                       |                       |

## DURATION OF COMPETITION

- |  | YES                   | NO                    |
|--|-----------------------|-----------------------|
| 1. Did the competition comply with all time schedule requirements per GR829-830 and DR126.2b (if applicable)?..... | <input type="radio"/> | <input type="radio"/> |
| If no, please explain. If there were any cancelled days please explain: _____                                      |                       |                       |
| _____  |                       |                       |

2. Did weather conditions adversely affect the competition? .....☐ YES ☐ NO  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

## SAFETY AND WELFARE

1. Who was the designated safety coordinator? (GR846.1) \_\_\_\_\_  
Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_
2. Was the Accident Preparedness Plan distributed appropriately to all competition officials and competition staff? .....☐ YES ☐ NO
3. Was the Isolation Plan posted on the show grounds for events with onsite stabling? (GR874) .....☐ YES ☐ NO
4. Were any horses at the competition identified as showing symptoms of infectious disease, put into isolation, or transported to receive treatment for potential infectious disease? .....☐ YES ☐ NO  
If yes, please explain and include the date/time that it was reported to the USEF Equine Health and Biosecurity Veterinarian, Dr. Katie Flynn (GR874) \_\_\_\_\_  
\_\_\_\_\_
5. Were any horses at the competition identified as being febrile with an unexplained temperature of 101.5 or higher? ...☐ YES ☐ NO  
If yes, please explain and include the date/time it was reported to the USEF Equine Health and Biosecurity Veterinarian, Dr. Katie Flynn (GR873 and GR874). \_\_\_\_\_  
\_\_\_\_\_
6. Was an ambulance on the competition grounds? (GR847.2) .....☐ PRESENT ☐ ON CALL ☐ NONE
7. Were the required number of qualified medical personnel available in accordance with GR847.1 and GR847.3? .....☐ YES ☐ NO  
If yes, please list the number and type present at the competition:  
EMT \_\_\_\_\_ Paramedic \_\_\_\_\_ Certified First Responder \_\_\_\_\_ Physician/Nurse trained in pre-hospital trauma care \_\_\_\_\_ or  
Additional CPR Certified Personnel \_\_\_\_\_ If no, please explain: \_\_\_\_\_  
\_\_\_\_\_
8. Was a qualified veterinarian present or on call in accordance with GR1211.5, and DR125.5? .....☐ PRESENT ☐ ON CALL ☐ NONE  
Please provide the name of the veterinarian \_\_\_\_\_  
If no, please explain: \_\_\_\_\_
9. Was a farrier present or on call in compliance with the rules? (GR1211.6) .....☐ YES ☐ NO
10. Were any shoe regulated classes held at this competition? (GR1211.6.b) .....☐ YES ☐ NO

## ACCIDENT/INJURY

1. Did any accidents/injuries/collapses/fatalities occur during this competition? .....☐ YES ☐ NO  
If yes, please indicate the number below and complete an accident/injury report form for each accident or injury.  
Number of human accidents or injuries \_\_\_\_\_  
Number of human fatalities \_\_\_\_\_

Number of equine accidents, injuries, or collapses \_\_\_\_\_

Number of equine fatalities \_\_\_\_\_

## STANDARDS FOR MANAGEMENT AND FACILITIES

- |   | YES                   | NO                    | N/A                   |
|---|-----------------------|-----------------------|-----------------------|
| 1. Was the footing in all competition rings, schooling rings, exercise areas, and lunging areas safe, consistent, and appropriate for the classes held? (GR834.5) .....                             | <input type="radio"/> | <input type="radio"/> |                       |
| If not, please provide details including which areas were affected. _____   |                       |                       |                       |
| _____   |                       |                       |                       |
| 2. Did competition management make appropriate efforts to maintain the best possible footing in all competition, schooling, exercise, and lunging areas? (GR1216.11).....                           | <input type="radio"/> | <input type="radio"/> |                       |
| If not, please provide details including which areas were affected. _____   |                       |                       |                       |
| _____   |                       |                       |                       |
| 3. Did you thoroughly inspect the competition facility and stabling area each day in accordance with GR1033.2.e? .....  | <input type="radio"/> | <input type="radio"/> |                       |
| If no, please explain. _____  |                       |                       |                       |
| _____   |                       |                       |                       |
| 4. Was the competition facility maintained and in good condition (restrooms, roads and pathways, fencing, facility equipment, trash containers, manure containment, wash areas, etc)? (GR1216)..... | <input type="radio"/> | <input type="radio"/> |                       |
| If not, please provide details. _____   |                       |                       |                       |
| _____   |                       |                       |                       |
| 5. Did the competition provide suitable and maintained stabling (adequate drainage, safe electricity, adequate lighting, water sources, visible barn identification, etc)? (GR1215) .....           | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. Were there any safety issues noted within stabling (protruding nails or other hazards in stalls, holes in walls, uneven ground, tent poles in stalls with horses, etc)? .....                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| If yes, please provide details. _____   |                       |                       |                       |
| _____   |                       |                       |                       |
| 7. Did the competition provide 6 consecutive hours overnight of minimal lighting and noise for stabled horses per GR1215.4?.....  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| If no, please provide details _____   |                       |                       |                       |
| _____   |                       |                       |                       |
| 8. Did you have any concerns related to safety and welfare of horses and competitors during the competition? .....  | <input type="radio"/> | <input type="radio"/> |                       |
| If yes, please provide details. _____   |                       |                       |                       |
| _____   |                       |                       |                       |
| 9. Did any competitors raise concerns regarding the facility, stabling, or footing during the competition? .....  | <input type="radio"/> | <input type="radio"/> |                       |
| If yes, please provide details including actions taken by management, if any. _____   |                       |                       |                       |
| _____   |                       |                       |                       |
| 10. Were a sufficient number of sharps containers available and were they disposed of properly? (GR1210.4) .....  | <input type="radio"/> | <input type="radio"/> |                       |
| If no, please provide details _____   |                       |                       |                       |
| _____   |                       |                       |                       |
| 11. Was a retirement ceremony held for any horse? (GR812) .....   | <input type="radio"/> | <input type="radio"/> |                       |
| If yes, please list the horse's name, registration number and owner. _____  |                       |                       |                       |
| _____   |                       |                       |                       |
| 12. Did any competitor use illegal equipment or devices while schooling or competing?.....  | <input type="radio"/> | <input type="radio"/> |                       |
| If yes, please explain. _____   |                       |                       |                       |
| _____   |                       |                       |                       |

13. What was the maximum number of competition rings used simultaneously at any one time? \_\_\_\_\_

14. Was the Competition Manager present and available at all times? .....☐ YES ☐ NO  
If no, please name the individual who acted in this capacity \_\_\_\_\_

## BREEDS, WESTERN, WESTERN DRESSAGE, DRESSAGE, AND HUNTER/JUMPER

1. Were there any instances of non-compliance with USEF Rules or class specifications for Breed, Western, Western Dressage, Dressage, or Hunter/Jumper classes? .....☐ YES ☐ NO ☐ N/A  
If yes, please explain. \_\_\_\_\_
2. Were any dressage classes held at fourth level or above? If yes, a separate Dressage TD Report is required. Exception: A C2 Steward may officiate Breed Restricted Dressage through Fourth Level and all Western Dressage Divisions. If this is the case, no Dressage TD report is needed. (DR125.4).....☐ YES ☐ NO ☐ N/A
3. Were safety mechanisms and cups used and in compliance with the rules? (HU Appendix A, JP124.2).....☐ YES ☐ NO ☐ N/A  
If no, please explain. \_\_\_\_\_

## MEASUREMENTS

1. Were there any measurements conducted for horses/ponies? .....☐ YES ☐ NO  
If yes, how many were conducted at this event? \_\_\_\_\_

HORSE/PONY MEASURED	HEIGHT	HORSE/PONY MEASURED	HEIGHT

## OFFICIALS

### USEF LICENSE TYPES & CODES

AL-----Andalusian/Lusitano	HU-----Hunter	SE-----Saddle Seat Equitation	ST----Steward
AR-----Arabian	HB-----Hunter Breeding	SP-----Shetland	SS----Special Steward
CO-----Connemara	H/JSE----Hunter/Jumper Seat	TCD----Course Designer	O-----Other _____
DR-----Dressage	Equitation Judge	WL-----Welsh	_____
DSHB-----Dressage Sport Horse Breeding	JP-----Jumper	WS-----Western	
DTD-----Dressage Technical Delegate	MO-----Morgan	WD----Western Dressage	
FR-----Friesian	PF-----Paso Fino	SJ-----Special Judge	
HK/RD/SB---Hackney/Roadster/Saddlebred	RN-----Reining	GJ-----Guest Judge	

List each official, their USEF number and the appropriate license code from above.

NAME	USEF #	LICENSE USED	NAME	USEF #	LICENSE USED

YES NO

1. Were any opportunity or academy classes offered? .....☐.....☐  
 If yes, please list the individuals that officiated the opportunity or academy classes. \_\_\_\_\_

2. What was the maximum number of Stewards on duty simultaneously at any one time? \_\_\_\_\_

3. What was the minimum number of Stewards on duty simultaneously at any one time? \_\_\_\_\_

4. Please list the names and USEF ID numbers for all apprentices that were present at the competition. \_\_\_\_\_

5. Do you have any additional comments regarding Licensed Officials at the competition? .....☐.....☐  
 If yes, please explain. \_\_\_\_\_

## COMMENTS

YES NO

1. Were there any issues at this competition you wish to include in your report? .....☐.....☐  
 If yes, please provide details below. \_\_\_\_\_

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**YES   NO**

2. Were you contacted by the Compliance Department, requesting feedback regarding any remediations implemented following a previous Compliance Inspection, or member feedback from previous competitions? .....○.....○  
If yes, please provide information regarding your observations on the status of these items, including any photos. \_\_\_\_\_

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3. Do you have any positive comments regarding this competition? .....○.....○  
Please provide any positive feedback below. \_\_\_\_\_

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