

# 2024 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 there any instances of equine cruelty or abuse reported or made known to you? (GR838).....☐.....☐  
If yes, please explain: \_\_\_\_\_
  2. Are you attaching documents for the Federation to review for a possible Disciplinary Action Complaint?.....☐.....☐  
(Bylaws 701 & 705) If yes, please explain: \_\_\_\_\_
  3. Were any Yellow Warning Cards issued? (GR1038).....☐.....☐  
If yes, please explain: \_\_\_\_\_
  4. Were you made aware of any allegations of sexual, physical, or emotional misconduct?.....☐.....☐  
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.....☐.....☐
  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?.....☐.....☐  
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?.....☐.....☐  
(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)?.....☐.....☐  
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 and Isolation Protocol distributed appropriately to all competition officials and competition staff? .....☐ YES ☐ NO
3. 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 Drugs & Medications Program (GR845.1) \_\_\_\_\_  
\_\_\_\_\_
4. Was an ambulance on the competition grounds? (GR847.2) .....☐ PRESENT ☐ ON CALL ☐ NONE
5. 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: \_\_\_\_\_  
\_\_\_\_\_
6. 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 \_\_\_\_\_
7. 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: \_\_\_\_\_
8. Was a farrier present or on call in compliance with the rules? (GR1211.6) .....☐ PRESENT ☐ ON CALL ☐ NONE
9. Were any shoe regulated classes held at this competition? (GR1211.6.b) .....☐ YES ☐ NO

## STANDARDS FOR MANAGEMENT AND FACILITIES

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) .....☐ YES ☐ NO ☐ N/A  
If not, please provide details including which areas were affected. \_\_\_\_\_  
\_\_\_\_\_

YES NO N/A

2. Did competition management make appropriate efforts to maintain the best possible footing in all competition, schooling, exercise, and lunging areas? (GR1216.11).....☐.....☐  
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 GR1034.2.e? ..☐.....☐  
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).....☐.....☐  
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) .....☐.....☐.....☐
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)? .....☐.....☐.....☐  
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?.....☐.....☐.....☐  
If no, please provide details \_\_\_\_\_  
\_\_\_\_\_
8. Did you have any concerns related to safety and welfare of horses and competitors during the competition? .....☐.....☐  
If yes, please provide details. \_\_\_\_\_  
\_\_\_\_\_
9. Did any competitors raise concerns regarding the facility, stabling, or footing during the competition? .....☐.....☐  
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) .....☐.....☐  
If no, please provide details \_\_\_\_\_  
\_\_\_\_\_
11. Was a retirement ceremony held for any horse? (GR812) .....☐.....☐  
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?.....☐.....☐  
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? .....☐.....☐  
If no, please name the individual who acted in this capacity \_\_\_\_\_

YES NO

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

YES NO N/A

1. Were there any instances of non-compliance with USEF Rules or class specifications for Breed, Western, Western Dressage, Dressage, or Hunter/Jumper classes? .....☐.....☐  
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).....☐.....☐
3. Were safety mechanisms and cups used and in compliance with the rules? (HU Appendix A, JP124.2).....☐.....☐.....☐  
If no, please explain. \_\_\_\_\_

## MEASUREMENTS

YES NO

1. Were there any measurements conducted for horses/ponies? .....☐.....☐  
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

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