

2026 USEF Lite 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 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. Competition Managers must send a direct communication to all participants within 30 days prior to the start date of each competition as required by the USEF Safe Sport: Competition Quality Control System. Please select all that apply regarding this communication to all riders, trainers, coaches, and owners. (Please be aware that communication posted in the Prize List, on a competition website, and/or social media alone do not comply with this requirement) | | |
| <input type="radio"/> Emailed | <input type="radio"/> Sent outside of 30 days (30+ days prior to first day of competition) | |
| <input type="radio"/> Emailed through entry system | <input type="radio"/> Letter posted on competition grounds and individuals directed to review | |
| <input type="radio"/> Prize List, Social Media, and/or Competition Website | <input type="radio"/> Included with Entry Packets | |
| <input type="radio"/> Written Letter | <input type="radio"/> No communication was sent | |
| <input type="radio"/> Sent within 30 days (1-29 days prior to first day of competition) | | |

7. Competition Managers must send a direct communication to all participants within 30 days prior to the start date of each competition as required by the USEF Safe Sport: Competition Quality Control System. Please select all that apply regarding this communication to all onsite vendors, volunteers, competition staff, credentialed media personnel, officials, and anyone else engaged by or authorized by the competition to perform or provide services or products. (Please be aware that communication posted in the Prize List, on a competition website, and/or social media alone do not comply with this requirement)

- | | |
|--|---|
| <input type="radio"/> Emailed | <input type="radio"/> Letter posted on competition grounds and individuals directed to review |
| <input type="radio"/> Prize List, Social Media, and/or Competition Website | <input type="radio"/> Included with Check-In Packet |
| <input type="radio"/> Written Letter | <input type="radio"/> Included with Contracts |
| <input type="radio"/> Sent within 30 days (1-29 days prior to first day of competition) | <input type="radio"/> No communication was sent |
| <input type="radio"/> Sent outside of 30 days (30+ days prior to first day of competition) | |

DURATION OF COMPETITION

- | | YES | NO |
|---|-----------------------|-----------------------|
| 1. Did the competition comply with all time schedule requirements per GR829-830?..... | <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? | <input type="radio"/> | <input type="radio"/> |
| If yes, please explain: _____ | | |
| _____ | | |

SAFETY AND WELFARE

1. Who was the designated safety coordinator? (GR846.1) _____
 Phone Number _____ Email Address _____
- | | YES | NO |
|---|-----------------------|-----------------------|
| 2. Was the Accident Preparedness Plan distributed appropriately to all competition officials and competition staff?..... | <input type="radio"/> | <input type="radio"/> |
| 3. Was the Isolation Plan posted on the show grounds for events with onsite stabling? (GR874) | <input type="radio"/> | <input type="radio"/> |
| 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? | <input type="radio"/> | <input type="radio"/> |
| 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? ... | <input type="radio"/> | <input type="radio"/> |
| 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): _____ | | |
| _____ | | |
- | | PRESENT | ON CALL | NONE |
|---|-----------------------|-----------------------|-----------------------|
| 6. Was an ambulance on the competition grounds? (GR848.2) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

7. Please confirm the type and total number of Qualified Medical Personnel present at this competition in accordance with GR848.1 and GR848.3. Select all that apply.

☐ EMT ☐ Paramedic ☐ Nurse trained in pre-hospital trauma care ☐ Physician trained in pre-hospital trauma care
☐ Additional CPR Certified Personnel ☐ None of the above Total Number _____

PRESENT ON CALL NONE

8. Was a qualified veterinarian present or on call in accordance with GR1211.5?☐.....☐.....☐
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)☐.....☐.....☐

ACCIDENT/INJURY

YES NO

1. Did any accidents/injuries/collapses/fatalities occur during this competition?☐.....☐

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)☐.....☐

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).....☐.....☐

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? ..☐.....☐

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: _____

- YES NO N/A**
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:_____
- YES NO**
10. Were a sufficient number of sharps containers available and were they disposed of properly? (GR1210.4)☐.....☐
If no, please provide details:_____
11. Was the Competition Manager present and available at all times?☐.....☐
If no, please name the individual who acted in this capacity:_____

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	ENST----Endurance Steward	NS-----National Show Horse	WS-----Western
AR-----Arabian	EP-----English Pleasure	PF-----Paso Fino	WD-----Western Dressage
CO-----Connemara	FR-----Fresian	RN-----Reining	LJ-----Learner Judge
DC-----Combined Driving	HK-----Hackney	RD-----Roadster	SJ-----Special Judge
DCTC---Combined Driving TD	HU-----Hunter	SE-----Saddle Seat Equitation	GJ-----Guest Judge
DR-----Dressage	HB-----Hunter Breeding	SB-----Saddlebred	ST-----Steward
DSHB---Dressage Sport	HE-----Hunter Seat Equitation	SP-----Shetland	A-----Apprentice Steward
Horse Breeding			
DTD-----Dressage Technical	JP-----Jumper	TCD-----Trail Course Designer	B-----Special Steward
Delegate			
EN-----Endurance	MO-----Morgan	WL-----Welsh/Cob	Other_____

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

NAME	USEF #	LICENSE USED	NAME	USEF #	LICENSE USED

- YESNO

1. Were any opportunity or academy classes offered?☐.....☐

If yes, please list the individuals that officiated the opportunity or academy classes: _____

2. Please list the names and USEF ID numbers for all apprentices that were present at the competition: _____
- _____
3. Do you have any additional comments regarding Licensed Officials at the competition?☐.....☐
- If yes, please explain: _____
- _____

COMMENTS

- YESNO

1. Were there any issues at this competition you wish to include in your report?☐.....☐

If yes, please provide details below: _____

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: _____
- _____
- _____
- _____
- _____

YES NO

3. Were any USEF staff onsite and available during the competition?○.....○

If yes, please provide any feedback you wish to share_____

4. Do you have any positive comments regarding this competition?○.....○

Please provide any positive feedback below:_____
