



# 2023 COMPETITION LITE REPORT

NAME OF COMPETITION	COMPETITION #
DATES	LOCATION (City, St)
NAME OF MANAGER	USEF MEMBERSHIP # (Must be a member)
MANAGER'S PHONE ( )	EMAIL
NAME OF SECRETARY	USEF MEMBERSHIP # (Must be a member)
SECRETARY'S PHONE ( )	EMAIL

**PLEASE DARKEN THE APPROPRIATE CIRCLE FULLY AND FILL IN THE APPLICABLE BLANKS. IF A RESPONSE NEEDS FURTHER EXPLANATION, PLEASE ATTACH DOCUMENTATION.**

**COMPLIANCE WITH RULES** (Current USEF Rule Book and Supplements)

	YES	NO
1. Were there any instances of equine cruelty or abuse reported or made known to you? (GR838) .....	<input type="radio"/>	<input type="radio"/>
Indicate if an addendum is attached to this report.....	<input type="radio"/>	<input type="radio"/>
Explanation: _____		
2. Were any charges or protests filed? (Bylaws 701 & 705) .....	<input type="radio"/>	<input type="radio"/>
Indicate if an addendum is attached to this report.....	<input type="radio"/>	<input type="radio"/>
Explanation: _____		
3. Were any Yellow Warning Cards issued? (GR1037) .....	<input type="radio"/>	<input type="radio"/>
Indicate if an addendum is attached to this report.....	<input type="radio"/>	<input type="radio"/>
Explanation: _____		
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? .....	<input type="radio"/>	<input type="radio"/>
If yes, please provide details in an Addendum report.		
6. Did competition management communicate directly and in writing with all participants (including 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: _____		

**SAFETY AND WELFARE**

1. Who was the designated safety coordinator? (GR846.1) _____			
His/her phone number _____ Email address _____			
2. Were an accident preparedness plan and isolation protocol plan in place and communicated to competition staff and officials prior to the start of the competition?(GR845) .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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? .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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)? .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Were qualified medical personnel provided with no other duties? (GR847.1 & GR847.3) .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Check one: <input type="radio"/> EMT <input type="radio"/> Paramedic <input type="radio"/> Physician trained in pre-hospital trauma care			
<input type="radio"/> Nurse trained in pre-hospital trauma care <input type="radio"/> Other, explain: _____			
6. Did any accidents/injuries/fatalities occur during this competition? .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Number of human fatalities .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Number of equine accidents, injuries or collapses.....○.....○.....○.....○.....○.....○.....○

Number of equine fatalities.....○.....○.....○.....○.....○.....○.....○

- 7. Were all reports relating to possible concussions and/or loss of consciousness submitted to the Federation within 24 hours of the fall/accident per GR848.4e? .....○.....○.....○
- 8. Did you report to the Competition Management and the Federation within one hour of learning of a horse/pony's collapse? (GR849.3) .....○.....○.....○

YES NO

- 9. Was a qualified veterinarian present or on call in accordance with GR1211.5? .....○.....○  
Name of Veterinarians \_\_\_\_\_
- 10. Was a farrier present or on call in compliance with the rules? (GR1211.6) .....○.....○

STANDARDS FOR MANAGEMENT AND FACILITIES

YES NO

- 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 no, please provide details including which areas were affected: \_\_\_\_\_
- 2. Did competition management maintain the footing to ensure an appropriate surface? (GR1216.11) .....○.....○  
If no, please provide details including which areas were affected: \_\_\_\_\_
- 3. Did any competitor raise concerns regarding footing during the competition? .....○.....○  
If yes, please provide details: \_\_\_\_\_
- 4. Did you thoroughly inspect the competition facility each day in accordance with GR1033.2.e.? .....○.....○  
If no, please explain: \_\_\_\_\_
- 5. 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 no, please provide details: \_\_\_\_\_
- 6. Did any competitor raise concerns regarding the facility and associated maintenance during the competition? .....○.....○  
If yes, please provide details: \_\_\_\_\_
- 7. Did you thoroughly inspect stabling areas each day in accordance with GR1033.2.e.? .....○.....○  
If no, please explain: \_\_\_\_\_
- 8. Did the competition provide suitable and maintained stabling (adequate drainage, safe electricity, adequate lighting, water sources, etc)? (GR1215) .....○.....○
- 9. 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: \_\_\_\_\_
- 10. Did any competitor raise concerns regarding stabling during the competition? .....○.....○  
If yes, please provide details: \_\_\_\_\_
- 11. Did you have any concerns related to safety and welfare of horses and competitors during the competition? .....○.....○  
If yes, please provide details: \_\_\_\_\_
- 12. Were a sufficient number of sharps containers available and were they disposed of properly? (GR1210.4).....○.....○  
If no, please provide details: \_\_\_\_\_



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

Please provide any positive feedback below.

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**HAVE YOU INCLUDED ANY OR ALL OF THE FOLLOWING?**

**ENCLOSURES:** (\* = Required Form)

- \*  ACCIDENT PREPAREDNESS PLAN
- HUMAN ACCIDENT/INJURY REPORTS
- EQUINE ACCIDENT/INJURY/COLLAPSE REPORTS
- PROTESTS/CHARGES
- MISCELLANEOUS EXPLANATIONS
- ABUSE FORMS
- \*  ISOLATION PROTOCOL

**RETURN WITHIN 14 DAYS TO**

USEF  
4047 Iron Works Parkway  
Lexington, Kentucky 40511  
Phone (859) 258-2472

**MEDICATION REPORTS MUST BE SENT TO THE DRUGS  
AND MEDICATIONS OFFICE AT:**

USEF Drugs & Medications  
956 King Avenue  
Columbus, OH 43212-2655

I certify that I have completed this report to the best of my knowledge.

**STEWARD'S NAME**(please print)

**USEF#**

**PHONE #** (daytime) (        )

**E-MAIL**

**SIGNATURE**

**DATE**