



# 2023 USEF 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"/>





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  
4001 Wing Commander Way  
Lexington, Kentucky 40511  
Phone: (859) 810-8733  
Fax: (859) 721-1151  
reports@usef.org

**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**