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) .......................................................... ☐ ☐ ☐
   Explanation:

2. Were any charges or protests filed? (Bylaws 701 & 705) .......................................................... ☐ ☐ ☐
   Explanation:

3. Were any Yellow Warning Cards issued? (GR1037) .......................................................... ☐ ☐ ☐
   Explanation:

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 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:

SAFETY AND WELFARE

1. Who was the designated safety coordinator? (GR846.1)
   His/her phone number ____________________ Email address ____________________
   YES   NO   N/A

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) .......................................................... ☐ ☐ ☐

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? .......................................................... ☐ ☐ ☐
   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)? .......................................................... ☐ ☐ ☐

5. Were qualified medical personnel provided with no other duties? (GR847.1 & GR847.3) .......................................................... ☐ ☐ ☐
   Check one:  ☐ EMT  ☐ Paramedic  ☐ Physician trained in pre-hospital trauma care
   ☐ Nurse trained in pre-hospital trauma care  ☐ Other, explain: ____________________
   YES   NO   N/A

6. Did any accidents/injuries/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 .......................................................... ☐ ☐ ☐ ☐ ☐ ☐ ☐

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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? ................................................................. YES NO

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? .......................... YES NO

   Name of Veterinarians....................................................................................................................

10. Was a farrier present or on call in compliance with the rules? (GR1211.6) ............................... 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

   If no, please provide details including which areas were affected: ..................................................

2. Did competition management maintain the footing to ensure an appropriate surface? (GR1216.11) YES NO

   If no, please provide details including which areas were affected: ..................................................

3. Did any competitor raise concerns regarding footing during the competition? .......................... YES NO

   If yes, please provide details: ...........................................................................................................

4. Did you thoroughly inspect the competition facility each day in accordance with GR1033.2.e.? YES NO

   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) ......................................................................................................................... YES NO

   If no, please provide details: ..........................................................................................................

6. Did any competitor raise concerns regarding the facility and associated maintenance during the competition? ................................................................. YES NO

   If yes, please provide details: ........................................................................................................

7. Did you thoroughly inspect stabling areas each day in accordance with GR1033.2.e.? ............... YES NO

   If no, please explain: ......................................................................................................................

8. Did the competition provide suitable and maintained stabling (adequate drainage, safe electricity, adequate lighting, water sources, etc)? (GR1215) ......................................................................................................................... YES NO

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)? ............................................................... YES NO

   If yes, please provide details: ........................................................................................................

10. Did any competitor raise concerns regarding stabling during the competition? ......................... YES NO

    If yes, please provide details: ......................................................................................................

11. Did you have any concerns related to safety and welfare of horses and competitors during the competition? ................................................................................................................................. YES NO

    If yes, please provide details: ....................................................................................................

12. Were a sufficient number of sharps containers available and were they disposed of properly? (GR1210.4) ................................................................................................................................. YES NO

    If no, please provide details: .....................................................................................................

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**TABLE 1 - USEF LICENSE TYPES & CODES**

<table>
<thead>
<tr>
<th>AL</th>
<th>ENST</th>
<th>Endurance Steward</th>
<th>NS</th>
<th>National Show Horse</th>
<th>WS</th>
<th>Western</th>
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<tbody>
<tr>
<td>AR</td>
<td>EP</td>
<td>English Pleasure</td>
<td>PF</td>
<td>Paso Fino</td>
<td>WD</td>
<td>Western Dressage</td>
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<tr>
<td>CO</td>
<td>FR</td>
<td>Friesian</td>
<td>RN</td>
<td>Reining</td>
<td>LJ</td>
<td>Learner Judge</td>
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<tr>
<td>DC</td>
<td>HK</td>
<td>Hackney</td>
<td>RD</td>
<td>Roadster</td>
<td>SJ</td>
<td>Special Judge</td>
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<tr>
<td>DCTD</td>
<td>HU</td>
<td>Hunter</td>
<td>SE</td>
<td>Saddle Seat Equitation</td>
<td>GJ</td>
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<td>HB</td>
<td>Hunter Breeding</td>
<td>SB</td>
<td>Saddlebred</td>
<td>ST</td>
<td>Steward</td>
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<tr>
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<td>HE</td>
<td>Hunter Seat Equitation</td>
<td>SP</td>
<td>Shetland</td>
<td>A</td>
<td>Apprentice Steward</td>
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<tr>
<td>DTO</td>
<td>JP</td>
<td>Jumper</td>
<td>TCD</td>
<td>Trail Course Designer</td>
<td>B</td>
<td>Special Steward</td>
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<tr>
<td>EN</td>
<td>MO</td>
<td>Morgan</td>
<td>WL</td>
<td>Welsh/Cob</td>
<td>O</td>
<td>Other</td>
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1. List each official, his/her USEF number and the appropriate license code, from Table 1 (page 1).

<table>
<thead>
<tr>
<th>OFFICIALS</th>
<th>USEF #</th>
<th>LICENSE USED (code from Table 1)</th>
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**ADDITIONAL COMMENTS**

1. Were there any issues at this competition you wish to include in your report? Yes No N/A

If yes, please provide details below.

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

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

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) 758-2472

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  

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