

2024 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 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. _____

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?
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 and Isolation Protocol distributed appropriately to all competition officials and competition staff?.....○.....○
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)

- PRESENT ON CALL NONE**
4. Was an ambulance on the competition grounds? (GR847.2)○.....○.....○
- YES NO**
5. Were the required number of qualified medical personnel available in accordance with GR847.1 and GR847.3?○.....○
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?○.....○
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 _____
- YES NO N/A**
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 GR848.4.e?○.....○.....○
8. Did you report to the Competition Management and the Federation within one hour of learning of a horse/pony's collapse? (GR849.3)○.....○.....○
- PRESENT ON CALL NONE**
9. Was a qualified veterinarian present or on call in accordance with GR1211.5?○.....○.....○
Please provide the name of the veterinarian _____
If no, please explain: _____
10. Was a farrier present or on call in compliance with the rules? (GR1211.6)○.....○.....○

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. _____

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 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 Horse Breeding	HE-----Hunter Seat Equitation	SP-----Shetland	A-----Apprentice Steward
DTD-----Dressage Technical Delegate	JP-----Jumper	TCD----Trail Course Designer	B-----Special Steward
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

- YES NO**
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

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. _____
