

2025 Endurance Steward's 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

COMPETITION CATEGORY

1. Please confirm all levels offered and provide the distance that was held. (EN108)

- ☐ Limited Distance (less than 80km in a single day) _____
- ☐ Open 1 (80km-119km in a single day) _____
- ☐ Open 2 (80km-100km/day over 2 days) or (64km-89km/day over 3 days or more) _____
- ☐ Open 3 (120km-139km in a single day) _____
- ☐ Open 4 (140km-160km in a single day) _____

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 Yellow 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. 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?..... | <input type="radio"/> | <input type="radio"/> |
| Please identify the date that the communication was sent and the method it was communicated: _____ | | |
| _____ | | |

- YES NO**
7. Were any divisions that were not approved by the Federation held on licensed dates?.....○.....○
(See GR301 for exemptions.) If so, please indicate name(s) of class(es) or division(s): _____

DURATION OF COMPETITION

- YES NO**
1. Did the competition comply with all time schedule requirements per GR829-830?.....○.....○
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 distributed appropriately to all competition officials and competition staff?.....○.....○
3. Was the Isolation Plan posted on the show grounds for events with onsite stabling? (GR874)○.....○
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?○.....○
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? ...○.....○
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? (GR847.2)○.....○.....○
- YES NO**
7. 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: _____

- PRESENT ON CALL NONE**
8. Were the required number of Federation licensed Endurance Veterinarians present in accordance with EN107.1.b-c and 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 and EN107.1.d) **PRESENT** **ON CALL** **NONE**
.....☐.....☐.....☐

ACCIDENT/INJURY

1. Did any accidents/injuries/collapses/fatalities occur during this competition? **YES** **NO**
.....☐.....☐
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

1. Was the footing in all exercise areas, inspection areas, and on all loops safe and appropriate for an Endurance event?
(GR834.5) **YES** **NO** **N/A**
.....☐.....☐
If not, please provide details including which areas were affected:.....
.....
2. Did competition management properly maintain the footing to ensure an appropriate surface? (GR1216.11).....☐.....☐
If not, please provide details including which areas were affected:.....
.....
3. Did you thoroughly inspect the competition facility, stabling and or/paddock 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 and/or paddock areas (adequate drainage, safe electricity, adequate lighting, water sources, visible barn identification, etc)? (GR1215)☐.....☐.....☐
6. Were there any safety issues noted within stabling and/or paddock areas (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:.....
.....

- YES NO**
9. Did any competitors raise concerns regarding the facility, stabling and/or paddock area, 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. Did any competitor use illegal equipment or devices while competing? (EN103).....○.....○
 If yes, please explain: _____
12. Was a retirement ceremony held for any horse? (GR812)○.....○
 If yes, please list the horse's name, registration number and owner. _____
13. Was the Competition Manager present and available at all times?○.....○
 If no, please name the individual who acted in this capacity _____

ENDURANCE CRITERIA

- YES NO**
1. Were there any instances of non-compliance with USEF rules, or class specifications for any Endurance levels held?....○.....○
 If yes, please explain: _____
2. Were all veterinary inspections and examinations of horses conducted in accordance with EN116.1?.....○.....○
 If no, please explain: _____
3. Was there water available for the combinations on course every 10km? (EN110.6)○.....○
 If no, please explain: _____

OFFICIALS

USEF LICENSE TYPES & CODES

USEF Endurance Steward
 USEF Endurance Veterinarian
 FEI Foreign Official

FEI Endurance Judge
 FEI Endurance Steward
 FEI Endurance TD

FEI Endurance Veterinarian
 FEI Endurance Treatment Veterinarian

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

NAME	USEF #	LICENSE USED	NAME	USEF #	LICENSE USED

NAME	USEF #	LICENSE USED	NAME	USEF #	LICENSE USED

YES NO

1. Did any U.S. or foreign FEI officials officiate for national rides using only their FEI license?☐.....☐
 If yes, please provide their name, FEI ID number, and role at the competition: _____

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. 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: _____

3. Do you have any positive comments regarding this competition?☐.....☐
 Please provide any positive feedback below: _____

