

# 2025 C1 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

## COMPLIANCE WITH RULES

### USEF HIGHEST HUNTER RATING:

**N/A**      **Regional**      **National**      **Premier**      **Special**  
☐      ☐      ☐      ☐      ☐

### USEF HIGHEST JUMPER RATING:

**N/A**      **1**      **2**      **3**      **4**      **5**      **6**      **Special**  
☐      ☐      ☐      ☐      ☐      ☐      ☐      ☐

**YES**      **NO**

1. Were you made aware of any instances of unethical treatment to a horse? (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? (GR1037).....☐.....☐

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. \_\_\_\_\_

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

1. Did the competition comply with all time schedule requirements per GR829-830?.....☐ YES ☐ NO  
If no, please explain. If there were any cancelled days, please explain: \_\_\_\_\_
2. Did weather conditions adversely affect the competition? .....☐ YES ☐ NO  
If yes, please explain: \_\_\_\_\_

## SAFETY AND WELFARE

1. Who was the designated safety coordinator? (GR846.1) \_\_\_\_\_  
Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_
2. Was the Accident Preparedness Plan distributed appropriately to all competition officials and competition staff?.....☐ YES ☐ NO
3. Was the Isolation Plan posted on the show grounds for events with onsite stabling? (GR874) .....☐ YES ☐ NO
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? .....☐ YES ☐ NO  
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? ...☐ YES ☐ NO  
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). \_\_\_\_\_
6. Was an ambulance on the competition grounds? (GR847.2) .....☐ PRESENT ☐ ON CALL ☐ NONE
7. Were the required number of qualified medical personnel available in accordance with GR847.1 and GR847.3? .....☐ YES ☐ NO  
(HJ105.1.h if applicable) 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: \_\_\_\_\_
8. Was a qualified veterinarian present or on call in accordance with GR1211.5, HU115, or JP105.5? .....☐ PRESENT ☐ ON CALL ☐ NONE  
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) .....☐ YES ☐ ON CALL ☐ NONE

## ACCIDENT/INJURY

YES NO

1. 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 \_\_\_\_\_

## 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, HJ106.2.h) .....○.....○  
If not, please provide details including which areas were affected. \_\_\_\_\_  
\_\_\_\_\_
2. Did competition management make appropriate efforts to maintain the best possible footing in all competition, schooling, exercise, and lunging areas? (GR1216.11, HJ106.2.h.1-2) .....○.....○  
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 GR1033.2.e? ...○.....○  
If no, please explain. \_\_\_\_\_  
\_\_\_\_\_
4. Was the competition facility maintained and in compliance with the minimum requirements for the applicable rating (restrooms, roads and pathways, fencing, facility equipment, trash containers, manure containment, wash areas, etc)?  
(GR1216, HJ107) .....○.....○  
If not, please provide details. \_\_\_\_\_  
\_\_\_\_\_
5. Were all requirements per HJ105-HJ107 met in accordance with the rating held (shelter, seating, etc)? .....○.....○
6. Did the competition provide suitable and maintained stabling (adequate drainage, safe electricity, adequate lighting, water sources, visible barn identification, etc)? (GR1215, HJ107.1.f) .....○.....○.....○
7. 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. \_\_\_\_\_  
\_\_\_\_\_
8. Did the competition provide 6 consecutive hours overnight of minimal lighting and noise for stabled horses per GR1215.4? .....○.....○.....○  
If no, please provide details \_\_\_\_\_  
\_\_\_\_\_
9. Did you have any concerns related to safety and welfare of horses and competitors during the competition? .....○.....○  
If yes, please provide any concerns that were raised. \_\_\_\_\_  
\_\_\_\_\_

- |  |                |
|--|----------------|
|  | YES   NO   N/A |
|--|----------------|
10. 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. \_\_\_\_\_
- 
11. Were a sufficient number of sharps containers available and were they disposed of properly? (HJ107.1.e) .....○.....○
12. Was a retirement ceremony held for any horse? (GR812) .....○.....○  
If yes, please list the horse's name, registration number and owner. \_\_\_\_\_
13. Were there any instances of prohibited materials or devices used in the schooling or competition rings? .....○.....○  
If yes, please explain. \_\_\_\_\_
- 
14. What was the maximum number of competition rings used simultaneously at any one time? \_\_\_\_\_
- |  |          |
|--|----------|
|  | YES   NO |
|--|----------|
15. Was the Competition Manager present and available at all times? .....○.....○  
If no, please name the individual who acted in this capacity \_\_\_\_\_

## HUNTER JUMPER STANDARDS COMPLIANCE

- |  |          |
|--|----------|
|  | YES   NO |
|--|----------|
1. Did this competition meet and offer all required standards for its rating? .....○.....○  
If no, please explain. Please reference the H/J Competition Requirements worksheets.

## HUNTER/JUMPER

- |  |          |
|--|----------|
|  | YES   NO |
|--|----------|
1. Were there any instances of non-compliance with USEF Rules or class specifications for Hunter, Jumper, or Hunter/Jumping Seat Equitation classes? .....○.....○  
If yes, please explain. \_\_\_\_\_
2. Were Safety Cup Requirements in compliance with the rules? (HU Appendix A, JP124.2, EQ109.13-15) .....○.....○  
If no, please explain. \_\_\_\_\_
3. Were any Outreach classes held at this competition? .....○.....○
4. Were there any Hunter classes held that offered \$10,000 or more in prize money? .....○.....○  
If yes, please confirm the number of competition rings running simultaneously at that time. \_\_\_\_\_
5. Were there any Jumper classes offering \$10,000 - \$24,999 in prize money? .....○.....○  
If yes, please confirm the number of competition rings running simultaneously at that time. \_\_\_\_\_
6. Were there any Jumper classes offering \$25,000 or more in prize money? .....○.....○  
If yes, please confirm the number of competition rings running simultaneously at that time. \_\_\_\_\_

## 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

FF-----Foreign FEI Official	HCD-----Hunter Course Designer	CO-----Connemara
HU-----Hunter Judge	JCD-----Jumper Course Designer	EP-----English Pleasure
HB-----Hunter Breeding Designation	ST-----Steward	WL-----Welsh
H/JE----Hunter/Jumper Seat Equitation Judge	SS -----Special Steward	O-----Other _____
JP-----Jumper Judge	CSS-----Certified Schooling Supervisor	
SJ-----Special Judge	ST/CSS---Steward Acting as a Certified	
GJ-----Guest Judge	Schooling Supervisor	

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

NAME	USEF #	LICENSE USED	NAME	USEF #	LICENSE USED

YES NO

1. Did any U.S. or foreign FEI officials officiate in national classes or schooling areas using only their FEI license? .....○.....○  
If yes, please provide their name, FEI ID number, and role at the competition. \_\_\_\_\_

2. What was the maximum number of Stewards on duty simultaneously at any one time? \_\_\_\_\_

3. What was the minimum number of Stewards on duty simultaneously at any one time? \_\_\_\_\_
4. Please list the names and USEF ID numbers for all apprentices that were present at the competition. \_\_\_\_\_  
\_\_\_\_\_
5. Were any opportunity or academy classes offered? .....☐.....☐.....**YES NO**  
If yes, please list the individuals that officiated the opportunity or academy classes. \_\_\_\_\_  
\_\_\_\_\_
6. Do you have any additional comments regarding Licensed Officials at the competition? .....☐.....☐  
If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_

COMMENTS

1. Were there any issues at this competition you wish to include in your report? .....☐.....☐.....**YES NO**  
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. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_