2024 Carriage Pleasure Driving TD 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

	COM Entitle With Notes
1.	YES NO Were there any instances of equine cruelty or abuse reported or made known to you? (GR838)
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)
4.	Were you made aware of any allegations of sexual, physical, or emotional misconduct?
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?
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.	YES NO Did the competition comply with all time schedule requirements per GR829-830?

2.	Did any Junior Exhibitors sections exceed 12 hours, excluding intermissions? (GR829.3)	YES	NO
3.	Did any classes start after midnight? (GR829.4)		
4.	Did weather conditions adversely affect the competition?		
	SAFETY AND WELFARE		
	Who was the designated enfatry approximater 2 (CD0.4C.1)		
L.	Who was the designated safety coordinator? (GR846.1) Phone Number Email Address		
2.	Was the Accident Preparedness Plan and Isolation Protocol distributed appropriately to all competition officials a staff?	-	
	Were any horses at the competition identified as showing symptoms of infectious disease, put into isolation, or t		
3.	receive treatment for potential infectious disease?	_	
	·	GR845.1) ON CALL	NON
l.	If yes, please explain and include the date/time that it was reported to the USEF Drugs & Medications Program (ON CALL YES or	NON:
1. 5.	PRESENT (Was an ambulance on the competition grounds? (GR847.2)	ON CALL YES or	NONI NO

STANDARDS FOR MANAGEMENT AND FACILITIES

VFS 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. 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 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 a retirement ceremony held for any horse? (GR812) If yes, please list the horse's name, registration number and owner._____ 12. What was the maximum number of competition rings used simultaneously at any one time?______ 13. Was the Competition Manager present and available at all times?

If no, please name the individual who acted in this capacity_______

CARRIAGE PLEASURE DRIVING STANDARDS

1.	Were there any instances of non-compliance with USEF rules?								
2.	Were all Carriage Driving classes that were offered on USEF licensed days conducted under USEF rules?								
3.	Did any competitor use illegal equipment or devices while schooling or competing?								
4.	Were any unrecognized classes, or classes advertised as unrecognized, held on a USEF licensed day?	_	_						
5.	Were the start times and order of go made clear to all parties concerned?								
6.	6. Were there any scoring or results issues noted within the period of jurisdiction?								
	OFFICIALS								
	USEF LICENSE TYPES &CODES								
PD Bre	DJPleasure Driving Judge C2C2 Steward CoachCoaching DTDPleasure Driving Technical Delegate GJGuest Judge OOther eed Judge (Licensed in) t each official, their USEF number and the appropriate license code from above.								

NAME	USEF#	LICENSE USED	NAME	USEF#	LICENSE USED

	NAIVIE	USEF#	USED	NAME	USEF#	USED
						YES NO
1.		t officiated th	e opportunity	or academy classes		
2.	What was the maximum number or	f Technical Del	egates on dut	y simultaneously at any one time?		
3.	What was the minimum number of	Technical Del	egates on duty	simultaneously at any one time?		
4.	Please list the names and USEF ID r	numbers for al	l apprentices t	hat were present at the competition	•	
5.	Do you have any additional comme			als at the competition?		_
			COMN	MENTS		
1.		•		n your report?		
2.	Do you have any positive comment Please provide any positive feedback		•	?		.00