

## STEWARD'S REPORT AND EVALUATION

Maryland Horse Shows Association

Please indicate if this report contains sensitive information and should be handled accordingly

Name of 0	Competition:						
Dates:				City:	State:		
Nane of M	Nane of Manager: MHSA #(must be active MHSA Membe			):			
Manager's Phone: Email:							
Name of Secretary: MHSA #							
Secretary'					Email:		
	elect the appro ach documen		rcle and	d complete the applicable	blanks. If response needs further explaination	on,	
	ghest Hunter F						
N/A	С	В	Α	Regional			
PART I: 0	COMPLIANC	E WIT	H RUL	ES (Current MHSA &	USEF Rule Book and Supplements)	Yes	No
1. Were the	ere any instanc	es of equ	uine crue	elty or abuse reported or ma	de known to you? (GR839)		
Explanation	n:						
						_	
2. Were an	y charges or pr	otests fil	ed? (GR	602 - GR604)			
Indicate if a	an addendum is	attache	d to this	report			
Explanation	n:						
3. Was the	re any instance	of misre	present	ation of owner's, rider's, trai	iner's, or horse's identity or	_	
eligibility for a class? (GR907.3 and GR907.4).							
4. Did any competitor use illegal equipment or devices while schooling or competing?							
Indicate if an addendum is attached to this report							
Explanation:							
5. Was the competition run in accordance with MHSA rules?							
If not alread	f not already described in this report, please indicate violation(s) and rule number(s)						
Indicate if a	an addendum is	attache	d to this	report		<u>—</u>	
PART II:	DURATION	OF C	OMPE	TITION			
Con	npetition Dat	е		Starting Time	Ending Time		
					am	pm	
				_	am	pm	
					am	pm	
					am	pm	

6. Did any Junior Exhibitors section exceed 12 hours, excluding intermissions? (GR829.2)						
7. Did any class start after midnight? (GR829.3).						
8. Did weather conditions adversely affect the competition?						
Explanation:	_					
PART III: SAFETY AND WELFARE						
9. Was stabling in good condition and safe for horses? (GR1215.2)		_				
Explanation:		_				
10. Were an adequate number of sharps containers available in compliance with the rules?		_				
Sharps containers must be provided whether or not overnight stabling is offered.						
11. Were sharps containers located in barns housing competition horses? (GR1210.4).						
12. Were sharps containers emptied when full? (GR1210.4)						
13. Were qualified medical personnel provided with no other duties? (GR848)						
Check one: EMT Paramedics						
Nurse trained in pre-hospital trauma care Other, explain:		_				
Physician trained in pre-hospital trauma care						
14. Was appropriate medical equipment present per state or local regulations? (GR848)						
15. 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 acc	ident or injury.					
0 1 2 3 4 5	Other					
Number of human injuries						
Number of human fatalities						
Number of equine injuries						
Number of equine fatalities.						
		Present	On Call	None		
16. Was a qualified veterinarian present or on call? (GR1211.4).						
Name of Veterinarian:		=				
17. Was a farrier present or on call in compliance with the rules? (GR1211.5)						
PART IV: PRIZE LIST AND REPORTS		Yes	No	N/A		
18. Was the prize list received prior to the competition? (GR1212.1)						
19. Were competition evaluation forms available to all exhibitors?						
PART V: STANDARDS FOR MANAGEMENT AND FACILITIES						
20. Were copies of the current MHSA and USEF rules (via hardcopy, online, or memory stick) ava	ailable for					
reference during the competition?(GR1217.1)						
21. Was stabling in compliance with the rules? (GR1215).						
22. Were schooling and exercise areas in compliance with the rules? (GR834, GR835, GR837, G						

23. Were all warm-up, exercise and schooling areas supervised as required by the rules? (GR837 & GR838).

24. Was there adequate parking for:

Officials
Spectators
Exhibitors

Yes

No

N/A

25. Were water and toilet facilities in compliance with the rules? (GR1216)					
Convenient					
Adequate					
Sanitary					
Permanent					
Portable					
SCHOOLING/EXERCISE AREAS:					
26. Were there any problems (footing, safety, size, equipment, etc.) in any schooling exercise area?					
If yes, please designate the area(s) and nature of the problem:					
Was management made aware of the problem?					
Was the problem attended to?					
Additional Comments:					
27. Was equipment available and consistently used to maintain the footing in warm-up arenas throughout the					
competition by dragging, watering, and, if necessary, raking? (GR1216.11)					
28. Was there sufficient lighting in warm-up areas if scheduling required riding before sunrise or after sunset?					
(GR1216.10 & GR834.2)					
COMPETITION RINGS:					
29. What was the maximum number of competition rings used at any one time?					
30. Were there any problems (footing, safety, size, equipment, etc.) in any competition rings?					
If yes, please designate the area(s) and nature of the problem:					
Was management made aware of the problem?					
Was the problem attended to?					
Additional Comments:					
31. Was equipment available and consistently used to maintain the footing in competition arenas throughout					
the competition? by dragging, watering, and, if necessary, raking? (GR1216.11).					
32. Was there sufficient lighting in competition areas if scheduling required riding before sunrise or after sunset?					
(GR1216.10).					
33. Were the following available?					
a. Signaling Devices					
b. Electronic Timers					
c. USEF Approved Measuring Stick #					
PART VII: HUNTER/JUMPER					
34. Were courses and/or jump orders posted? (HU110 & JP132)					
35. Did fence heights for hunter and hunter seat equitation classes conform to that of the prize list and/or					
rule book?					
If no, please explain:					

Yes	No	N/A

36. Were there any Jumper classes for which the level did not conform to that of th				
or governing rules or specifications? (Subchapter JP-5).				
37. Were there any Equitation or Medal classes for which the level did not conform				
or governing rules or specifications?				
38. If you answered yes to any of questions 35–37, list question numbers and expla				
addendum to this report.	_			
39. Were FEI approved safety mechanisms used for oxers in compliance with the r				
40. Were FEI approved safety release cups used in compliance with the jumper rul				
41. Were FEI approved safety cups properly used during all Equitation classes? (E				
42. Were FEI approved safety cups and adaptors readily available in each Hunter,				
warm up ring? (HU112.5, JP123.2, and EQ109.14)				
43. Please explain any "No" answer to the above:		_		
44. Were all MHSA Medal classes held at the right height and were all required tes	ts included?.	_		
PART VIII: MEASUREMENTS				
45. Was a level surface area available for measuring? (GR507, GR1210.2, HU131	).			
Measurement forms for the following animals must be enclosed:  HORSE/PONY MEASURED	HEIGHT			
HORSE/ POINT WIEASURED	ныст	•		
	-	_		
	-	_		
		_		
	-	_		
		_		
		_		
		_		
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		_		
		_		
PART IX: JUDGES, COURSE DESIGNERS & STEWARDS		Yes	No	N/A

- 46. Were all officials eligible for the divisions assigned?
- 47. Were Guest, Special, or Learner Cards applied for and received? (GR1010 GR1011
- 48. Were housing arrangements for the officials adequate and in compliance with the rules?
- 49. To the best of your knowledge, were the contractual obligations between the competition and the officials met?.

50. List each official, his/her MHSA or USEF number and the appropriate license code, from Table 1.

Mark "P" if the official was listed in the prize list. If applicable, mark "A" for additional or "S" for substitute

STEWARD'S NAME

NAME	MHSA/USEF#	LICENSED USED	Р	S	Α
			_		
			_		
			_		
_			_		
			_ _		
PART X: ADDITIONAL COMMENTS					
51. Use this area only for additional comments that	do not require filing of charges. If you	wish to file charges, complete	an official		
charge form and return it to the MHSA office:					
52. Were there any outstanding features of this	competition?				
HAVE YOU INCLUDED ANY OR ALL OF THE	FOLLOWII ENCLOSURES: (* = F	Required form)			
	STEWARD'S I				
	COMPETITION	N EVALUATIONS FORMS			
	MEASUREME	NT FORMS			
	PROTESTS/C	HARGES			
	MISCELLANE	OUS EXPLANATIONS			
	RETURN WIT	HIN 14 DAYS TO:			
	MHSA				
	PO BOX 127				
	HAMPSTEAD	, MD 21074			
I certify that I have completed this report to the best	of my knowledge.				

MHSA/USEF#

PHONE NUMBER	EMAIL
SIGNATURE	DATE