



# STEWARD'S REPORT AND EVALUATION

Maryland Horse Shows Association

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

NAME OF COMPETITION \_\_\_\_\_

DATES \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

NAME OF MANAGER \_\_\_\_\_ MHSA # (Must be active MHSA member) \_\_\_\_\_

MANAGER'S PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

NAME OF SECRETARY \_\_\_\_\_ MHSA # \_\_\_\_\_

SECRETARY'S PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

PLEASE DARKEN THE APPROPRIATE CIRCLE FULLY AND FILL IN THE APPLICABLE BLANKS. IF A RESPONSE NEEDS FURTHER EXPLANATION, PLEASE ATTACH DOCUMENTATION

MHSA Highest Hunter Rating:

N/A    C    B    A    REGIONAL

              

**PART I: COMPLIANCE WITH RULES** (Current MHSA and USEF Rule Book and Supplements) **YES** **NO**

1. Were there any instances of equine cruelty or abuse reported or made known to you? (GR839) . . . . .  . . . . .

Indicate if an addendum is attached to this report. . . . .  . . . . .

Explanation: \_\_\_\_\_

2. Were any charges or protests filed? (GR602 - GR604) . . . . .  . . . . .

Indicate if an addendum is attached to this report. . . . .  . . . . .

Explanation: \_\_\_\_\_

3. Was there any instance of misrepresentation of owner's, rider's, trainer's, or horse's identity or eligibility for a class? (GR907.3 and GR907.4) . . . . .  . . . . .

Indicate if an addendum is attached to this report. . . . .  . . . . .

Explanation: \_\_\_\_\_

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 already described in this report, please indicate violation(s) and rule number(s) \_\_\_\_\_

Indicate if an addendum is attached to this report . . . . .  . . . . .

**WHITE COPY TO MHSA. YELLOW TO COMPETITION. PINK YOUR COPY.**

**PART II: DURATION OF COMPETITION**

Competition Date	Starting Time	Ending Time
____/____/____	_____ am	_____ pm
____/____/____	_____ am	_____ pm
____/____/____	_____ am	_____ pm
____/____/____	_____ am	_____ pm
____/____/____	_____ am	_____ pm
____/____/____	_____ am	_____ pm
____/____/____	_____ am	_____ pm

- |  | YES                   | NO                    | N/A                   |
|--|-----------------------|-----------------------|-----------------------|
| 6. Did any Junior Exhibitors section exceed 12 hours, excluding intermissions? (GR829.2) ..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7. Did any class start after midnight? (GR829.3) .....   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 8. Did weather conditions adversely affect the competition? .....                              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
- Explanation: \_\_\_\_\_

**PART III: SAFETY AND WELFARE**

- |   | YES                   | NO                    | N/A                   |
|---|-----------------------|-----------------------|-----------------------|
| 9. Was stabling in good condition and safe for horses? (GR1215.2) ..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
- 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? (GR1211.5) .....

Check one:  EMT  Paramedic  Physician trained in pre-hospital trauma care  
 Nurse trained in pre-hospital trauma care  Other, explain: \_\_\_\_\_

14. Was appropriate medical equipment present per state or local regulations? (GR1211.5) .....
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 accident or injury.

	0	1	2	3	4	5	other
Number of human injuries .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Number of human fatalities .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Number of equine injuries .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Number of equine fatalities .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- |   | PRESENT               | ON CALL               | NONE                  |
|---|-----------------------|-----------------------|-----------------------|
| 16. Was a qualified veterinarian present or on call? (GR1211.4) ..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
- Name of veterinarian \_\_\_\_\_

17. Was a farrier present or on call in compliance with the rules? (GR1211.7) .....

**PART IV: PRIZE LIST AND REPORTS**

- |  | YES                   | NO                    | N/A                   |
|--|-----------------------|-----------------------|-----------------------|
| 18. Was the prize list received prior to the competition? (GR1212.1) ..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 18. Were competition evaluation forms available to all exhibitors? .....   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**PART V: STANDARDS FOR MANAGEMENT AND FACILITIES**

	YES	NO	N/A
20. Were copies of the current MHSA and USEF rules (via hardcopy, online, or memory stick) available for reference during the competition? (GR1217.1) .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. Was stabling in compliance with the rules? (GR1215) .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. Were schooling and exercise areas in compliance with the rules? (GR834, GR835, GR837, GR838) .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. Were all warm-up, exercise and schooling areas supervised as required by the rules? (GR837 & GR838) .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. Was there adequate parking for:	<b>YES</b>	<b>NO</b>	
Officials: .....	<input type="radio"/>	<input type="radio"/>	
Spectators: .....	<input type="radio"/>	<input type="radio"/>	
Exhibitors: .....	<input type="radio"/>	<input type="radio"/>	
25. Were water and toilet facilities in compliance with the rules? (GR1216)			
Convenient .....	<input type="radio"/>	<input type="radio"/>	
Adequate .....	<input type="radio"/>	<input type="radio"/>	
Sanitary .....	<input type="radio"/>	<input type="radio"/>	
Permanent .....	<input type="radio"/>	<input type="radio"/>	
Portable .....	<input type="radio"/>	<input type="radio"/>	

**SCHOOLING/EXERCISE AREAS:**

	YES	NO	N/A
26. Were there any problems (footing, safety, size, equipment, etc.) in any schooling exercise area? .....	<input type="radio"/>	<input type="radio"/>	
If yes, please designate the area(s) and nature of the problem: _____			
_____			
Was management made aware of the problem? .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Was the problem attended to? .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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) .....

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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28. Was there sufficient lighting in warm-up areas if scheduling required riding before sunrise or after sunset? (GR1216.10 & GR834.2) .....

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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**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? .....

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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If yes, please designate the area(s) and nature of the problem: \_\_\_\_\_

\_\_\_\_\_

Was management made aware of the problem? .....

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Was the problem attended to? .....

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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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) .....

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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32. Was there sufficient lighting in competition areas if scheduling required riding before sunrise or after sunset? (GR1216.10) .....

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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33. Were the following available?

a. Signaling Devices .....

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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b. Electronic Timers .....

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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d. USEF Approved Measuring Stick # \_\_\_\_\_ .....

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Name of Competition \_\_\_\_\_

**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.

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52. Were there any outstanding features of this competition? \_\_\_\_\_

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**HAVE YOU INCLUDED ANY OR ALL OF THE FOLLOWING?**

**ENCLOSURES: (\* = Required form)**

- \*  STEWARD'S REPORT
- COMPETITION EVALUATION FORMS
- MEASUREMENT FORMS
- PROTESTS/CHARGES
- MISCELLANEOUS EXPLANATIONS

**RETURN WITHIN 14 DAYS TO:**

**MHSA**  
9603 Northwind Road  
Parkville, MD 21234

I certify that I have completed this report to the best of my knowledge.

STEWARD'S NAME (please print) \_\_\_\_\_ MHSA/USEF # \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ EMAIL \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**WHITE COPY TO MHSA. YELLOW TO COMPETITION. PINK YOUR COPY.**