



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: _____ MHS # (must be active MHS Member): _____

Manager's Phone: _____ Email: _____

Name of Secretary: _____ MHS # _____

Secretary's Phone: _____ Email: _____

Please select the appropriate circle and complete the applicable blanks. If response needs further explanation, please attach documentation

MHS Highest Hunter Rating:

N/A C B A Regional

PART I: COMPLIANCE WITH RULES (Current MHS & USEF Rule Book and Supplements) **Yes** **No**

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

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).

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 MHS 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

PART II: DURATION OF COMPETITION

Competition Date	Starting Time	Ending Time
_____	_____ 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)
- 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 accident 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) available 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, GR838).

- 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: _____

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

NAME	MHSA/USEF #	LICENSED USED	P	S	A

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 FOLLOWING ENCLOSURES: (* = Required form)

- STEWARD'S REPORT
- COMPETITION EVALUATIONS FORMS
- MEASUREMENT FORMS
- PROTESTS/CHARGES
- MISCELLANEOUS EXPLANATIONS

RETURN WITHIN 14 DAYS TO:

MHSA
PO BOX 127
HAMPSTEAD, MD 21074

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

STEWARD'S NAME _____ MHSA/USEF # _____

PHONE NUMBER

EMAIL

SIGNATURE

DATE