



# USEF/ADS Technical Delegate's Report Form For Combined Driving Competitions



*Completed report must be postmarked within 10 days after the completion of each competition or a fine will be incurred. (GR1122.2j) It shall be forwarded to: USEF, 4047 Iron Works Parkway, Lexington, KY 40511 and/or ADS, 2324 Clark Rd., Lapeer, MI 48446, dependent on recognition. The form may be faxed within the 14 day period. USEF Fax: 859-231-6662; ADS Fax: 810-664-2405. It must be filled out completely and legibly.*

NAME OF COMPETITION: \_\_\_\_\_ USEF Competition Number: \_\_\_\_\_

LOCATION OF COMPETITION: \_\_\_\_\_ Dates: \_\_\_\_\_

SHOWMANAGERNAME: \_\_\_\_\_ USEF# \_\_\_\_\_

DAYTIMEPHONE: \_\_\_\_\_ EVENINGPHONE: \_\_\_\_\_

MANAGER'S EMAIL ADDRESS: \_\_\_\_\_

COMPETITION SECRETARY: \_\_\_\_\_ USEF# \_\_\_\_\_

Please fill in your answers in the space provided. \* Denotes items applicable to ADS competitions.

## Compliance with Rules

- \*1. Was competition conducted in accordance with applicable USEF, FEI (if applicable) and ADS Rules  Yes  No. If not, indicate violation and Rule/Article number and attach any documentation.
- 2. Were any charges or protests filed? If so, is relevant information included or is it being sent under separate cover? Note: protests must be received in accordance with GR602 or GR 603.  
 Yes  No.  
\_\_\_\_\_
- 3. Did you file any charges?  Yes  No.
- 4. Were any USEF warning cards or FEI yellow cards issued? If yes, copies of the warning cards should be attached. (GR 1125)  
 Yes  No.
- \*5. Were there any instances of equine cruelty or abuse reported or made known to you? (GR302) If so, is relevant information included or is it being sent under separate cover?  
 Yes  No  
\_\_\_\_\_
- \*6. Was there any instance of misrepresentation of horse's or trainer's identity or eligibility for a class? (GR 1501.4 and GR 501.5)  Yes  No. If yes, please indicate the violation, rule number, name and membership number(s) of competitor and whether a charge/protest was filed.  
\_\_\_\_\_  
\_\_\_\_\_  
Please attach a sheet if more space is needed.
- \*7. Did any competitor use illegal equipment or devices while schooling or competing? If yes, please explain actions taken.  Yes  No.  
\_\_\_\_\_  
\_\_\_\_\_

## Officials

- \*1a. Was a Qualified Veterinarian \_\_\_\_\_ present or \_\_\_\_\_ on call in compliance with the rules for dressage & cones? (GR1213.5)  Yes  No  N/A.
- \*1b. Was a Qualified Veterinarian present in compliance with the rules for a Marathon (DC 105.4)?  Yes  No If no, Please explain:  
\_\_\_\_\_
- \*2. Were the veterinary inspections and examinations performed properly?  Yes  No
- \*3. Was a qualified farrier \_\_\_\_\_ present \_\_\_\_\_ or on call in compliance with the rules? (GR1213.7)  Yes  No  N/A
- 4. Were completed medication report forms accepted by a Designated Competition Representative in compliance with the rules? (GR411 and GR1210)  Yes  No  N/A If yes, list name(s) and membership number(s) of the Designated Competition Representative(s): \_\_\_\_\_  
\_\_\_\_\_
- \*5. Were all judges and technical delegate(s) eligible to officiate in the divisions in which they were listed in the Omnibus?  Yes  No
- \*6. Were Guest Card, Special, or Learner Cards applied for and received? (GR1008 - GR1010, GR1107-GR1108)  Yes  No  N/A
- \*7. Was a licensed Course Designer required for levels offered? (DC 107)  Yes  No  N/A
- \*8. Were housing, travel and meal arrangements for the officials adequate and in compliance with the rules? (GR706, GR1040.5)  
 Yes  No  N/A

## USEF /ADS Technical Delegate's Report Form For Combined Driving Competitions, cont.

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

USEF NUMBER OF COMPETITION: \_\_\_\_\_

\*9. List each judge and their USEF and ADS number. If applicable, mark A for additional, or S for substitute:

**Judge:** \_\_\_\_\_

USEF # \_\_\_\_\_ ADS # \_\_\_\_\_  A;  S

**Judge:** \_\_\_\_\_

USEF # \_\_\_\_\_ ADS # \_\_\_\_\_  A;  S

**Judge:** \_\_\_\_\_

USEF # \_\_\_\_\_ ADS # \_\_\_\_\_  A;  S

**Judge:** \_\_\_\_\_

USEF # \_\_\_\_\_ ADS # \_\_\_\_\_  A;  S

**Judge:** \_\_\_\_\_

USEF # \_\_\_\_\_ ADS # \_\_\_\_\_  A;  S

**Judge:** \_\_\_\_\_

USEF # \_\_\_\_\_ ADS # \_\_\_\_\_  A;  S

\*10. List each Course Designer, licensed or unlicensed, his/her USEF and ADS number and levels designed: \_\_\_\_\_

**Course Designer:** \_\_\_\_\_

USEF # \_\_\_\_\_ ADS # \_\_\_\_\_

Levels Designed: \_\_\_\_\_

**Course Designer:** \_\_\_\_\_

USEF # \_\_\_\_\_ ADS # \_\_\_\_\_

Levels Designed: \_\_\_\_\_

**Course Designer:** \_\_\_\_\_

USEF # \_\_\_\_\_ ADS # \_\_\_\_\_

Levels Designed: \_\_\_\_\_

\*11. List all learner officials:

**Learner** \_\_\_\_\_

USEF # \_\_\_\_\_ ADS # \_\_\_\_\_

Official he/she worked with: \_\_\_\_\_

**Learner** \_\_\_\_\_

USEF # \_\_\_\_\_ ADS # \_\_\_\_\_

Official he/she worked with: \_\_\_\_\_

**Learner** \_\_\_\_\_

USEF # \_\_\_\_\_ ADS # \_\_\_\_\_

**Learner** \_\_\_\_\_

USEF # \_\_\_\_\_ ADS # \_\_\_\_\_

\*12. List each Technical Delegate:

**Technical Delegate:** \_\_\_\_\_

USEF # \_\_\_\_\_ ADS # \_\_\_\_\_

**Technical Delegate:** \_\_\_\_\_

USEF # \_\_\_\_\_ ADS # \_\_\_\_\_

**Technical Delegate:** \_\_\_\_\_

USEF # \_\_\_\_\_ ADS # \_\_\_\_\_

\*13. List any officials who were issued Guest Cards:

\_\_\_\_\_  
\_\_\_\_\_

### Safety and Welfare

1. At USEF events, were an adequate number of sharps containers available in compliance with the rules? (GR1211.5)  Yes  No

2. If no overnight stabling was available, where were sharps containers located? \_\_\_\_\_

\*3. Were emergency phone numbers and directions to the event posted in the office and by the telephone and/or emergency call equipment in compliance with the rules? (GR1213.6)

4. At USEF events, was an ambulance \_\_\_\_\_ on the competition grounds or \_\_\_\_\_ on call?

5. At USEF events, if the ambulance was only on call, was an accident preparedness plan in place in compliance with the rules? (GR1213.6)  Yes  No

\*6. At ADS events, were qualified medical personnel either \_\_\_\_\_ on the competition grounds or \_\_\_\_\_ on call for dressage and cones?

\*7. At ADS events, were qualified medical personnel on the competition grounds for the marathon?  Yes  No If no, explain: \_\_\_\_\_

\*8. Was equipment available and consistently used to maintain the footing in competition and warm-up arenas throughout the competition by dragging, watering, and, if necessary, raking? (GR1219.10)  Yes  No  N/A

\*9. Were qualified medical personnel provided with no other duties and with appropriate medical equipment in compliance with the rules? (GR1213.6)  Yes  No  N/A

\*10. Check one: \_\_\_ EMT; \_\_\_ Paramedic; \_\_\_ Physician trained in pre-hospital trauma care; \_\_\_ Nurse trained in pre-hospital trauma care; \_\_\_ Other, explain: \_\_\_\_\_

\*11. Did you verify the credentials of the medical personnel?  Yes  No  N/A

\*12. Is the medical personnel currently certified or licensed in his/her profession?  Yes  No  N/A

Medical Personnel name(s): \_\_\_\_\_

List current certification: \_\_\_\_\_

\*13. Did any accidents or injuries occur during this competition:  Yes  No

If yes, please indicate the number below and complete an accident/injury report form for each accident or injury:

Number of human injuries: \_\_\_\_\_

Number of human fatalities: \_\_\_\_\_

Number of equine injuries: \_\_\_\_\_

Number of equine fatalities: \_\_\_\_\_



**USEF /ADS Technical Delegate's Report Form For Combined Driving Competitions, cont.**

NAME OF COMPETITION: \_\_\_\_\_  
 USEF NUMBER OF COMPETITION: \_\_\_\_\_

- \*5. Were all schooling and exercise areas in compliance with the rules? (GR313-GR317)  Yes  No  N/A
- \*6. Were all warm-up, exercise and schooling areas supervised as required by the rules? (GR313.5)  Yes  No  N/A
- \*7. Was the footing in the competition arena(s) adequate?  Yes  No  N/A If not, please explain: \_\_\_\_\_
- \*8. Was the footing in the schooling and warm-up arena(s) adequate?  Yes  No  N/A If not, please explain: \_\_\_\_\_
- 9. Were USEF Evaluation Forms available in compliance with the rules?(GR1122.2.o)  Yes  No  N/A
- \*10. Were ADS Evaluation Forms available?  Yes  No  N/A
- 11. Were required announcements regarding the availability of evaluation forms made at least once each session? (GR1122.2.o)  Yes  No  N/A If no public announcement system was available, how did management advise competitors of the availability of the forms? \_\_\_\_\_
- \*12. Were convenient, adequate and sanitary water and toilet facilities available in compliance with the rules? (GR1219.2)  Yes  No  N/A
- \*13. Was food provided on competition grounds in compliance with the rules? (GR1219.4)  Yes  No  N/A
- \*14. Reasonable hours of food service?  Yes  No  N/A
- \*15. Was there sufficient lighting in the warm-up and competition areas if scheduling required driving before sunrise or after sunset in compliance with the rules? (GR1219.9)
- \*16. Was there a telephone or emergency call system available during show hours in compliance with the rules? (GR1213.6)
- \*17. Was there a telephone available to competitors if overnight stabling was offered in compliance with the rules? (GR1219.8)  Yes  No  N/A
- \*18. Did the scoring desk function properly?  Yes  No.
- \*19. Was the master scoreboard in public view and kept up to date?  Yes  No.
- \*20. What was the time lapse between the last horse on the marathon course and posting of scores? \_\_\_\_\_
- \*21. Did the competition comply with all the time schedule requirements?  Yes  No.

Give starting and finishing times for each competition (GR308-GR310):

	Date	Starting Time	Ending Time
Presentation	_____	_____	_____
Dressage:	_____	_____	_____
Dressage:	_____	_____	_____
Marathon:	_____	_____	_____

- Obstacles: \_\_\_\_\_
- \*22. Was the marathon course fully and correctly marked before the official course inspection?  Yes  No
  - \*23. Did the marathon course(s) comply with the correct standards?  Yes  No.
  - \*24. Were competitors competing in the appropriate levels for their abilities?  Yes  No
  - \*25. Did management stop the competition in accordance with GR311 if weather appeared to be imminently affecting the safety and welfare of horses and/or exhibitors.  Yes  No  N/A

**Prize List/Omnibus and Reports**

- \*1. Were suggestions made at your 4-6 week assistance visit?  Yes  No
- \*2. Were Prize List/Omnibus "Comments" received?  Yes  No  N/A
- \*3. Were any changes requested or necessary as a result of the "Comments"?  Yes  No  N/A If yes, what changes were made: \_\_\_\_\_
- \*4. Were any requested changes not made?  Yes  No  N/A If no, why not? \_\_\_\_\_
- \*5. Were the required changes/announcements posted?  Yes  No  N/A
- \*6. Was a copy of last year's Technical Delegate's Report received?  Yes  No  N/A
- 7. Was the prize list/Omnibus distributed to Judges prior to the event? (GR1214.1)  Yes  No  N/A
- 8. Was the prize list/Omnibus distributed to all T.D.s prior to the event? (GR1214.1)
- \*9. Did you, as Technical Delegate, review the prize list/Omnibus for compliance with the rules?  Yes  No  N/A
- \*10. Please complete the following to indicate the overall quality of the competition:

A = Above average; B = Average; C = Below average; N/A = Not applicable

- |                                                                                  |                                 |
|----------------------------------------------------------------------------------|---------------------------------|
| <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C | Management Personnel:           |
| <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C | Competition Office Personnel    |
| <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C | Communication                   |
| <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C | Spectator Services              |
| <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C | Food Service                    |
| <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C | Footing                         |
| <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C | Medical Personnel and Equipment |
| <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C | Schooling/Exercise Area         |

USEF /ADS Technical Delegate's Report Form For Combined Driving Competitions, cont.

NAME OF COMPETITION: \_\_\_\_\_  
USEF NUMBER OF COMPETITION: \_\_\_\_\_

- A  B  C  N/A Stabling \_\_\_\_\_
- A  B  C  N/A Dressage Arena(s) \_\_\_\_\_
- A  B  C  N/A Cones Course \_\_\_\_\_
- A  B  C  N/A Marathon Course \_\_\_\_\_
- A  B  C  N/A Other Competition Rings \_\_\_\_\_
- A  B  C  N/A Scoring Office \_\_\_\_\_

Were the following available:

- A  B  C  N/A Signaling Device
- A  B  C  N/A Electronic Timers
- A  B  C  N/A USEF Approved Measuring Stick

\*11. Were the USEF and ADS Banners displayed in a prominent place:  
 Yes  No If no, please explain why: \_\_\_\_\_  
\_\_\_\_\_

**Personnel/Volunteers**

- \*1. Were sufficient competent personnel provided to manage all three phases of the competition?  Yes  No
- \*2. Were all personnel properly briefed?  Yes  No

**Dressage**

- \*1. Were the grounds and equipment ready for the competition?  
 Yes  No  N/A
- \*2. Was the competition run in compliance with the rules?  
 Yes  No  N/A
- \*3. Were there any unusual circumstances in the presentation phase?  
 Yes  No If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
- \*4. Was the dressage arena the correct size, properly constructed and with good footing?  Yes  No
- \*5. Were classes run in their entirety except as provided for in DC?  Yes  No  N/A

**Marathon**

- \*1. Were the grounds and equipment ready for the competition?  
 Yes  No  N/A
- \*2. Was the competition run in compliance with the rules?  
 Yes  No  N/A
- \*3. Was a serviceable map of the course available to the participants?  
 Yes  No
- \*4. Did the course comply with current rules?  Yes  No
- \*5. Was hazard judging adequate?  Yes  No
- \*6. Was ground timing performed properly?  Yes  No
- \*7. Was the vet box conducted in an efficient manner?  Yes  No
- \*8. Were there any unusual circumstances during the marathon phase?  
 Yes  No If yes, please explain: \_\_\_\_\_

**Cones**

- \*1. Were the grounds and equipment ready for the competition?  
 Yes  No  N/A
- \*2. Was the competition run in compliance with the rules?  
 Yes  No  N/A
- \*3. Was course posted and participants given sufficient time to walk the course?  Yes  No
- \*4. Were both the starting time and order of go made clear to all parties concerned?  Yes  No
- \*5. Did the course comply with current rules?  Yes  No
- \*6. Were enough cone setters present?  Yes  No
- \*7. Were there any unusual circumstances during the obstacle phase?  
 Yes  No If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Additional comments**

- \*1. Comment on the weather and pertinent footing on the days of competition (i.e. 85 degrees, humid, thunderstorms, slick footing.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- \*2. Were there any unusual factors or circumstances (such as weather) that caused any major changes to the competition's operation?  
\_\_\_\_\_  
\_\_\_\_\_
- \*3. List any features that require correction or improvement:  
\_\_\_\_\_  
\_\_\_\_\_
- \*4. Can you make any recommendations to improve safety at this event?  
\_\_\_\_\_  
\_\_\_\_\_

USEF /ADS Technical Delegate's Report Form For Combined Driving Competitions, cont.

NAME OF COMPETITION: \_\_\_\_\_  
USEF NUMBER OF COMPETITION: \_\_\_\_\_

\*5. List any outstanding positive features of the event:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*6. Comments from Competitors:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*7. Comments from Officials:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*8. Comments from Spectators (if any):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Additional Comments: Use this area only for additional comments that do not require filing charges. If you wish to file charges, complete an official charge form and return it to the USEF office. If a violation has occurred but no charges are filed, please explain in full the reason for not taking such action. \_\_\_\_\_

10. If applicable, was the competition or any portion of the competition run in accordance with FEI rules?  Yes  No  N/A

11. Was the competition run in accordance with USEF rules? If not already described in this report, please indicate violation(s) and rule number(s):

Yes  No  N/A \_\_\_\_\_  
\_\_\_\_\_

\*12. Was the competition run in accordance with ADS rules? If not already described in this report, please indicate violation(s) and rule number(s):

Yes  No  N/A \_\_\_\_\_  
\_\_\_\_\_

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

Technical Delegate's Name (please print): \_\_\_\_\_ USEF # \_\_\_\_\_ ADS # \_\_\_\_\_

Phone number (daytime) \_\_\_\_\_ Email: \_\_\_\_\_

Signature of Technical Delegate: \_\_\_\_\_

Date: \_\_\_\_\_