

HERITAGE EVENTS & COMPETITION Steward Report Form

145 Pacific Avenue, Winnipeg, MB R3B 2Z6 Phone: 204-925-5718 email: mhc.admin@sportmanitoba.ca www.manitobahorsecouncil.ca

This report must be completed by the Show Steward and submitted to the MHC office within 5 days of the competition

Name of Competition	Competition #
Dates	Location
Does this report require immediate follow up by MHC?	Yes No

Safety, Welfare and Emergency Preparedness

EQUINE:

Was there a veterinarian present or on call?	Yes	No
Was there a farrier present or on call?	Yes	No
Were there any reported instances of cruelty, abuse, or neglect? (If yes, attach Incident and Urgent Care Report)	Yes	No

HUMAN:

Name of individual/company providing qualified medical assistance:

Basic First Aid (Red Cross or Equivalent)	Paramedic	
First Aid plus CPR C (Red Cross or Equivalent)	Registered Nurse	
First Aid plus CPR C + AED (Red Cross or Equivalent)	Nurse Practitioner	
First Responder (Red Cross or Equivalent)	Medical Doctor	

Was there qualified medical assistance present?	Yes	No
Are the competition and warmup areas easily accessible to the medic?	Yes	No
Was there an ambulance present or on call?	Yes	No
Were there any accidents or injuries? (If yes, attached the Incident and Urgent Care Report)	Yes	No

Rule Compliance and Competition Administration

Did any problems arise from the printed prize list?	Yes	No
Did any officials officiate who were not listed in the prize list?	Yes	No

If yes, list here:		
Was the competition run in accordance with Heritage Classic rules?	Yes	No
Were all entrants MHC members or if out of province, members of their PTSO?		No
Was the necessary equipment available: scales, measuring stick, stopwatch, times, etc.	Yes	No
Were courses, orders of go, or ride times posted in accordance with Heritage Classic rules?		No
Were championship points and/or scores posted?	Yes	No
Did any official levy any fines? If yes, attach details	Yes	No

Facilities

Were there enough schooling or warm-up areas		No
Were schooling/ warm up areas accessible to the main rings?	Yes	No
Were there any problems in the schooling or warm up areas? If yes, attach details and recommendations	Yes	No
Was the footing acceptable in the warm-up areas and show ring?	Yes	No
Were there sufficient stewards/volunteers in attendance to monitor all rings?	Yes	No
Was the competition interrupted or affected by weather events?		No
Were courses, orders of go, or ride times posted in accordance with Heritage Classic rules?		No
Was there a suitable tack check area for each competition ring?		No
Was the location of the judge suitable and correctly placed?		No
Was the field of play correctly constructed and marked as required?		No
Were there facilities provided for Equine Medication Control Testing if required?	Yes	No

Recommendations & Additional Comments

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Please provide any additional comments or recommendations such as: show administration, communications equipment, timing equipment, fencing,
lettering, lighting, ring crew, decorations, judging facilities, tack check area, parking, signage, spectator seating, washroom facilities.

Forms

Please indicate all accompanying forms / attachments by checking the box(es) below. Attach a copy of the form(s) to this report.

Additional Comments			
Incident and Urgent Care Report			
MHC Warning Card	MHC Warning Card		
Alleged Abuse – Witness Report	Alleged Abuse – Witness Report		
Emergency Medication Form			
Details and recommendations for problems in schooling or warm up areas			
Date Report completed:	Name of Steward (please print):		
Manitoba Horse Council Membership #:	Signature of Steward:		

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Manitoba Horse Council Inc.
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or email: mhc.admin@sportmanitoba.ca

