

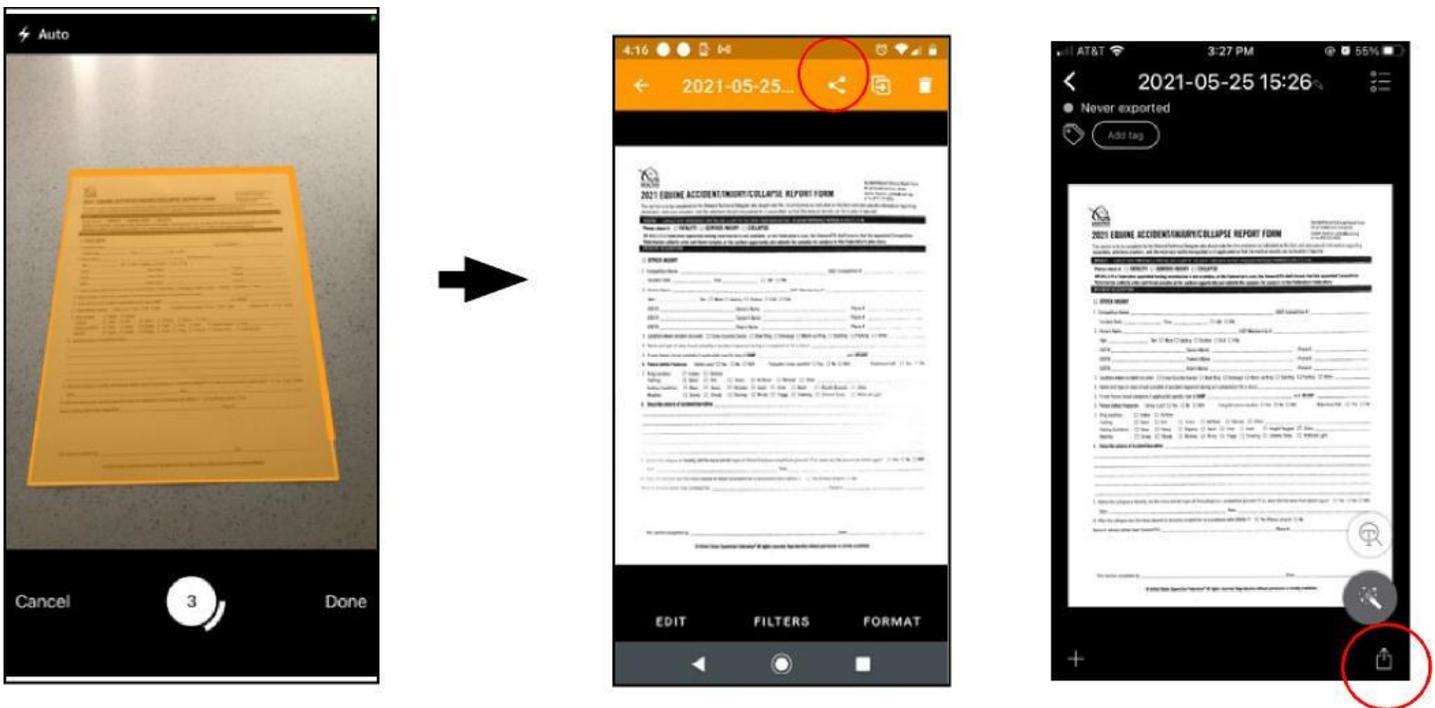
COMPETITION REPORT DOCUMENT SUBMISSION GUIDELINES



All documents that are submitted by a Steward or Technical Delegate are maintained as a part of the official competition record. When submitting documents electronically, please scan them using a desktop scanner or scanner application for mobile devices. Documents may also be faxed to the Federation. This guideline contains scanning apps for mobile devices and examples of document submissions.

FREE SCANNER APPS FOR MOBILE DEVICES

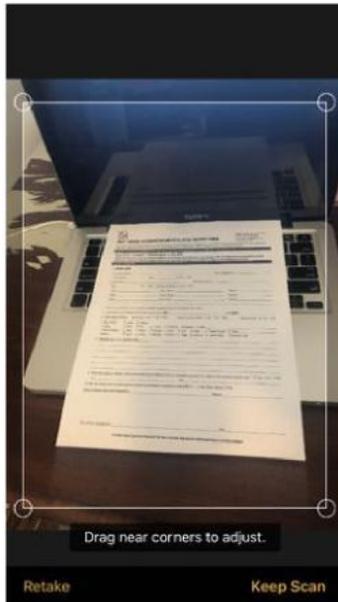
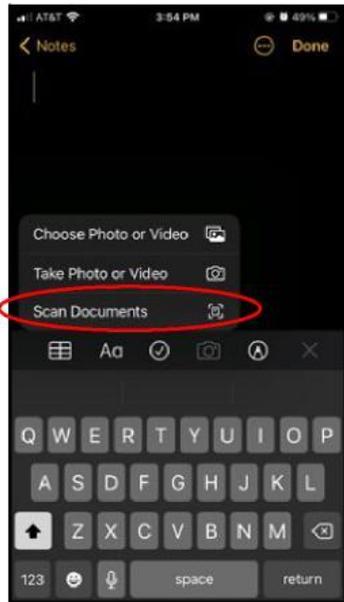
- Genius Scan
- CamScanner
- InstaPDF
- Notes App (Apple devices)



INSTRUCTIONS FOR CONVERTING IMAGES TO SCANS VIA NOTES APP ON APPLE DEVICES

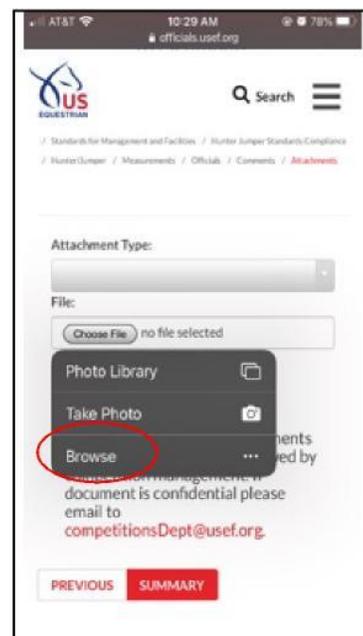
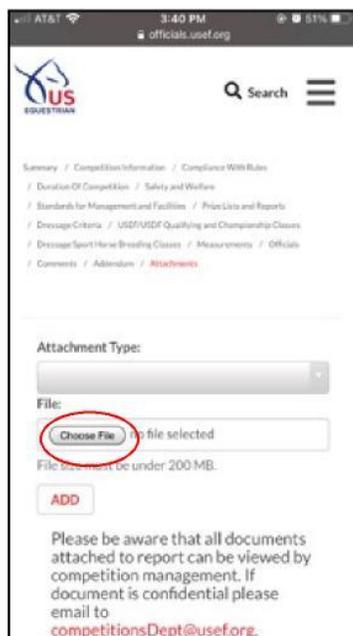
Please note that software must be up to date.

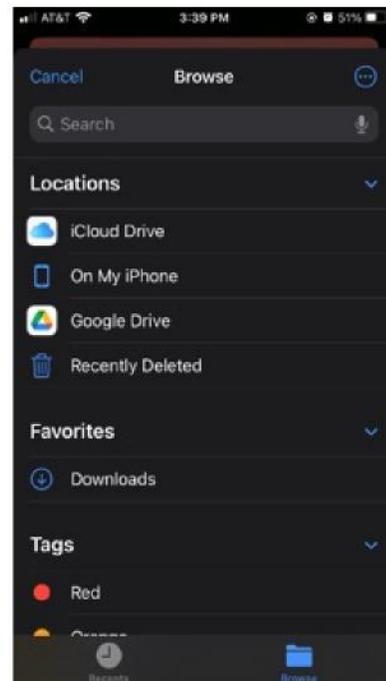
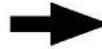
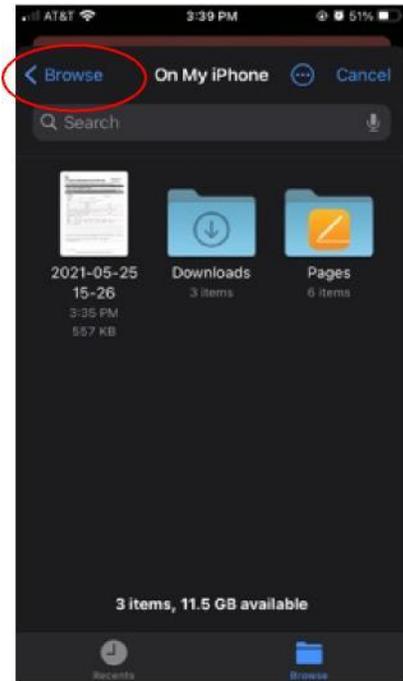
1. Open the Note App > press New Note
2. Press the Camera at the bottom > select Scan Documents
3. Hold phone over the paper and press the white button
4. Adjust the grid to crop background > press Keep Scan
5. Press Save once all pages are scanned
6. Press the three dots in a circle in the top corner > press send a copy
7. The image can be emailed or saved to Files



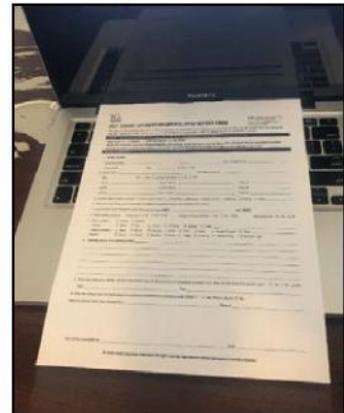
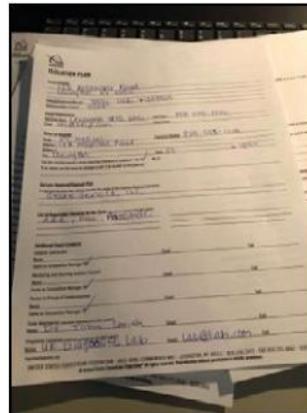
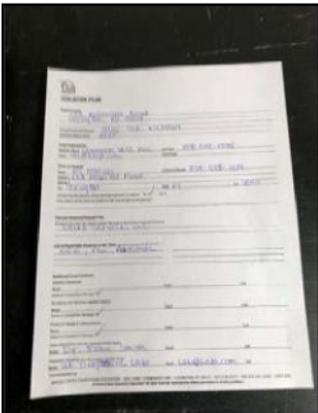
ATTACHING SCANNED FILES ON MOBILE DEVICE TO THE ONLINE REPORT

1. Once in the Attachments section of the online report, select the attachment type. Then Click Choose File > Browse
2. The Recents folder will open first > the file may appear here if it was saved earlier in the day
Helpful Tip: Name the files accordingly to ensure the correct file is attached to the report.
3. Click Browse again > Device Files will appear. Find and select the folder where the file was saved. Select the file to attach.





EXAMPLES OF UNACCEPTABLE DOCUMENT SUBMISSIONS



EXAMPLE OF AN ACCEPTABLE DOCUMENT SUBMISSION

USEF
PROFESSIONAL

2021 EQUINE ACCIDENT/INJURY/COLLAPSE REPORT FORM

Accident/Injury/Collapse Report Form
for all breeds and disciplines
Submit form to: usef@usef.org
or fax 829.221.0862

This section is to be completed by the Steward/Technical Delegate who should note the circumstances as indicated on the form and also provide information regarding witnesses, veterinary providers, and the veterinary facility (transmitted to if applicable) so that the medical records can be located if required.

INCIDENT - CONTACT USEF IMMEDIATELY AND INCLUDE A COPY OF THE OTHER FORM WITH ANY/ALL RELEVANT EMERGENCY NUMBERS TO 438-332-0100

Please check if: FATALITY SERIOUS INJURY COLLAPSE

NR 843.3 If a Federation appointed testing veterinarian is not available, at the Federation's cost, the Steward/TD shall ensure that the appointed Competition Veterinarian collects urine and blood samples at the earliest opportunity and submits the samples for analysis to the Federation's laboratory.

INCIDENT DESCRIPTION

OTHER INJURY

1. Competition Name _____ USEF Competition # _____
Incident Date _____ Time _____ AM PM

2. Horse's Name _____ USEF Membership # _____
Age _____ Sex: Mare Gelding Stallion Colt Filly
USEF# _____ Owner's Name _____ Phone # _____
USEF# _____ Trainer's Name _____ Phone # _____
USEF# _____ Rider's Name _____ Phone # _____

3. Location where incident occurred: Cross-Country Course Show Ring Dressage Warm-up Ring Stabling Parking Other _____

4. Name and type of class (must complete if accident happened during or in preparation for a class) _____

5. If over fences (must complete if applicable) specify type of BUMP _____ and HEIGHT _____

6. Fence Safety Features: Safety rope? Yes No N/A Fragible cross-country? Yes No N/A Rotational Fall: Yes No

7. Ring Location: Indoor Outdoor
Footing: Sand Dirt Grass Artificial Natural Other _____
Footing Condition: Deep Heavy Slippery Good Firm Hard Rough/Blurred Other _____
Weather: Sunny Cloudy Rainy Windy Foggy Snowing Extreme temp. Artificial light

8. Describe nature of incident/narrative: _____

9. Before the collapse or fatality, did the horse exhibit signs of illness/injury or competition grounds? If so, when did the horse first exhibit signs? Yes No NA
Date _____ Time _____

10. After the collapse was the horse cleared to return to competition in accordance with ORSS.7? Yes (Please attach) No

Name of witness (other than Steward/TD) _____ Phone # _____

This section completed by _____ Date _____

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