

HORSE RIDING CLUBS ASSOCIATION OF VICTORIA INC.**CROSS COUNTRY COURSE ACCREDITOR & TECHNICAL DELEGATE
EVENT CHECK LIST**

NAME OF EVENT: _____

DATE OF EVENT: _____

PURPOSE:

To determine whether or not facilities are in proper order. If any question is answered as 'No', a comment should be made indicating what corrective action was taken.

Cross Country Course Accreditor**1. CROSS COUNTRY**

Preliminary inspection _____ Date: _____

Final Inspection

(To be performed prior to the time published for the course to be open for walking).

- a) Are all obstacles constructed with safety in mind and within allowable limits and reasonable and jumpable and without undue surprise or hazard horse or rider? Yes ☐ No ☐

If the answer is no, the CCCA must insist on changes or elimination of the obstacle(s) from the competition.

- b) Are the obstacles numbered properly? Yes ☐ No ☐

- c) Are the obstacles flagged properly? Yes ☐ No ☐

- d) If more than one class jumping the same obstacle but with different flagging, are the indicators used on the flags for each class? Yes ☐ No ☐

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- e) Is the starting box adequate? Yes ☐ No ☐
- f) Is the distance from the last obstacle to the finish line within the limits? Yes ☐ No ☐
- g) Is the finish line well marked with flags far enough apart as not to cause undue confusion? Yes ☐ No ☐
- e) Has the mathematics associated with calculating the optimum time and the time limit been checked? Yes ☐ No ☐
- f) Has emergency veterinary care been provided for? Yes ☐ No ☐
- g) Has emergency medical care been provided for? Yes ☐ No ☐
- h) Is the time scheduled adequate and does it give the competitors enough time between phases, especially those with multiple riders? Yes ☐ No ☐
- i) Is there an adequate warm-up area with fences that are correctly flagged? Yes ☐ No ☐
- j) Is there an Official Plan of the cross country course showing the course to be followed, its length, optimum time, time limit and numbering of obstacles? Yes ☐ No ☐
- k) Is there any outstanding items to be checked by the Technical Delegate on the day of competition? Yes ☐ No ☐

Details _____

Cross country coordinator: _____

Cross country course controller: _____

How will the course be managed? (ie checking jump judges are in position, placement of radios, stopping and restarting horses) _____

How will vet be transported from vet check to an incident? _____

Horse ambulance and screens: Yes ☐ No ☐

Crisis management plan: Yes ☐ No ☐

Spare mulch/gravel/sand available? Yes ☐ No ☐

Contingency plan for deterioration of surface (hard/soft/wet etc)? Yes ☐ No ☐

Documentation ie incident forms, protest, queries etc Yes ☐ No ☐

Radios available for all jump judges? Yes ☐ No ☐

Technical Delegate

a) Will officials on the finish be able to easily see riders' numbers? Yes ☐ No ☐

b) Is adequate timing equipment available to cover emergency situations (minimum 6 synchronized stopwatches)? Yes ☐ No ☐

c) Are adequate communications available to cover emergency situations? Yes ☐ No ☐

d) Have the following people been adequately briefed? Yes ☐ No ☐

Cross Country Fence Stewards	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Time Keepers	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Starters	Yes <input type="checkbox"/>	No <input type="checkbox"/>
First/Final jump stewards	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Scorers	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Runners	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Marshals	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Fence Repair Stewards	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Radio instructions	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Who will conduct the briefing?

It is highly desirable that the TD attend all briefings

- e) Has an adequate plan been devised in the event that climatic conditions make some of the obstacles or part of the course unsafe? Yes ☐ No ☐
- f) Have quiet and dry facilities with adequate equipment and scoring sheets been provided for the scorers? Yes ☐ No ☐
- g) Final check of cross country flagging and numbers Yes ☐ No ☐
- h) Check outstanding items/issues from Course Accreditor completed Yes ☐ No ☐
- i) Check the following are in place and in radio contact:
- | | | |
|--|------------------------------|-----------------------------|
| medical | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| vet | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| starter | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| finish | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Complicated jumps – check judge is confident | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

2. SHOW JUMPING (if no Chief Course Designer has been appointed)

(To be performed at least 30 minutes prior to the opening the course for walking by competitors).

Time: _____ Date: _____ this inspection was made.

- a) Is the showjumping ring of the proper size? Yes ☐ No ☐
- b) Is the number and variety of obstacles adequate? Yes ☐ No ☐
- c) Is the plan of the course long enough with sufficient changes of rein to test the horse? Yes ☐ No ☐
- d) Are the obstacles within limits of height, spread and combination spacing? Yes ☐ No ☐
- e) Are the obstacles properly numbered? Yes ☐ No ☐
- f) Are break away cups used on back rails of oxers for levels 1, 2 and 3? Yes ☐ No ☐

- g) Are the start and finish lines properly marked, flagged and sufficiently wide so as not to present a trap? Yes ☐ No ☐
- h) Are they within distance limits from the first and last obstacle? Yes ☐ No ☐
- i) Has the optimum time been properly calculated? Yes ☐ No ☐
- j) Are the obstacles reasonable jumpable? Yes ☐ No ☐
- k) Is there an adequate warm-up area with vertical and spread fences that are correctly flagged? Yes ☐ No ☐
- l) Have timing and recording personnel been provided? Yes ☐ No ☐
- m) Are there adequate stewards and is there repair and replacement equipment? Yes ☐ No ☐
- n) Has the plan of the course, showing time allowed been posted not less than 30 minutes before jumping commences? Yes ☐ No ☐

NOTE: If any of the above are answered in the negative, the TD should insist upon a change.

NAME OF CROSS COUNTRY COURSE ACCREDITOR (Please Print): _____

SIGNATURE OF CCCA: _____ **DATE:** _____

PHONE: _____

NAME OF TECHNICAL DELEGATE (Please Print): _____

SIGNATURE OF TECHNICAL DELEGATE: _____ **DATE:** _____

PHONE: _____