

Pre-Ride Checklist for AERC Head Control Judges

This checklist is helpful for reviewing ride information with the ride manager long before the day of the event. Advance knowledge of a ride's planned volunteer coverage, control checks and supply availability, and predetermined ride criteria can make ride day much smoother for the control judge. Be sure to go over all information on this form, and let the AERC Veterinary Committee know if there are other items you would consider helpful to add.

Event _____ Date(s) _____

Organization _____ Location _____

Ride Manager:

Name _____ Telephone _____ Fax _____

Address _____

City _____ State/Province _____ Zip _____

Ride Secretary:

Name _____ Telephone _____ Fax _____

Address _____

City _____ State/Province _____ Zip _____

Ride Mileage(s) _____ Anticipated
number of riders _____

Fee: Head Control Judge \$ _____ Associate Judge(s) \$ _____

Dates/Times of Duties _____

Travel Arrangements: Self Management Reimbursement: Yes No

Transportation on Course: Self Management

Maps: To Event: Yes No Trail Maps: Yes No

Pre-Ride Exam Time _____ Closing Time _____ Ride Start Time _____ Exceptions _____

Water Availability _____

Expected Ambient Conditions _____ Control Checkpoint Lighting _____

Number, Location and Accessibility of Control Check Sites _____

Secretary Supplies: Highlighters Pens Stock Crayons Chairs

Treatment Veterinarian: Control Judge Other Experienced: Yes No

Major Veterinary Facility on Call: Yes No Name/Phone _____

Associate Control Judges:

Name _____ Phone Number _____

Name _____ Phone Number _____

Name _____ Phone Number _____

Treatment Veterinarians:

Name _____ Phone Number _____

Name _____ Phone Number _____

Check Point Supervisors:

Name _____ Experienced: Yes No

Name _____ Experienced: Yes No

Name _____ Experienced: Yes No

Name _____ Experienced: Yes No

Veterinary Secretaries:

Name _____ Experienced: Yes No

Name _____ Experienced: Yes No

Name _____ Experienced: Yes No

Timers:

Name _____ Experienced: Yes No

Name _____ Experienced: Yes No

Name _____ Experienced: Yes No

P&R Personnel: Number _____ Experienced: Yes No

Communications: Experienced with Ride Events: Yes No

Control Check Criteria:

Posted in Writing at the Event: Yes No

Pulse _____ Respiration _____ Maximum Rectal Temperature _____ °F

Type(s) of Holds: _____ Maximum Recovery Time _____

Finish Criteria _____ Best Condition _____ HRRI Post-Finish Time _____

Other Special Criteria _____
