



ADS TECHNICAL DELEGATE CHECK LIST: COMBINED DRIVING

Use Prior to Event

The purpose of this form is to determine if the facilities are in proper order for:

1. The official walking of the course
2. The Ground Jury to assume responsibility for the Event

Name of Event: _____

Date of Event: _____

Type of Event: Combined Test ADT HDT CDE

MARATHON (To be performed at least 6 hours before the official course walk)

Date and time this inspection was made: _____

Are all hazards constructed with safety in mind and within allowable elimination of hazard(s) from the competition?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Are all hazards numbered and flagged properly?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Are mandatory gates on course in correct order?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Are there adequate directional arrows?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Are all start and finish gates correct and properly spaced?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Is adequate ground timing gear available and functioning?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Are weight scales available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Is sufficient water available at rest areas and end of course?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Have adequate provisions been made for ice?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Are adequate communications available to cover emergency situations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Has an alternative plan been devised in the event that climatic conditions make some of the course/hazards unsafe?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Has the ground jury been briefed on the alternative plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Have quiet, dry facilities been provided by scorers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Has emergency medial care been provided for?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Have you checked the calculations for minimum, maximum, and time allowed for each section and division?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Is the time schedule adequate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

When will the following volunteers be briefed?

Obstacle/hazard judges: When: _____ By Whom? _____

Timers: When: _____ By Whom? _____

Other: When: _____ By Whom? _____

DRESSAGE (To be completed at least 30 minutes prior to start of competition)

Date and time this inspection was made: _____

Are arenas of proper size?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Are letters properly placed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Is the letter A at least 5m back to permit straight entry, or is someone available to move A?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Are centerpoints of the ring (such as X or G) marked?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Is there room for the turnout to drive around the arena?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Are provisions made to keep spectators back?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Are warmup areas provided?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Is the time schedule adequate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Have people been assigned as Scribes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Have people been assigned as Gate Openers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Have people been assigned as Dressage Stewards?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Have people been assigned as Score Runners?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Are there sufficient copies of the correct tests for all divisions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Have pens, pencils, and clipboard been provided?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Has a bell or whistle been provided for each ring?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Is there adequate shelter for judges?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
If more than one ring is used, are rings marked by number?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
If multiple rings are close, has a different signaling device been used in each?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

CONES (To be completed at least 1 hour prior to opening the course for competitor inspection)

Date and time this inspection was made: _____

Was measuring of vehicle track width carried out correctly and is the addition correct for each division?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Is cones area the correct size for number of obstacles?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Is the course laid out to allow sufficient areas to maintain a reasonable speed for divisions offered?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Are obstacles laid out within limits of size?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Are obstacles appropriate for the divisions offered?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Are warmup areas provided?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Are start and finish within correct distances from first and last cones?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Are all obstacles correctly flagged and numbered?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Is there a sufficient warmup area for competitors to practice through spare cones?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Are there sufficient personnel to handle cone setting, timing, etc?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Has time allowed been correctly calculated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Comments on any items above marked "No"

Technical Delegate: _____ Date: _____

Please submit to ADS with your TD Report after the show.

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