

***2012 Application for Accreditation***

***Racetrack Application***

Applicant

For NTRA Safety & Integrity Alliance Use only:

Date Received:

Received By:

***ALLIANCE ACCREDITATION APPLICATION INSTRUCTIONS***

## I. Completing This Form:

A. This form must be completed by a person who is a Principal[[1]](#footnote-1) of the Applicant. The Applicant is referred to herein as “You.” For purposes of this form, Applicant shall be defined to include any corporation, limited liability company, association, operation, firm, partnership, trust or other form of business association, as well as any sole proprietor or natural person.

B. Read each question carefully prior to answering. Answer every question completely. If a question does not apply to you, write “Does not Apply” in response to that question. If there is nothing to disclose in response to a particular question, write “None” in response to that question.

C. If you need additional space to answer any questions(s), you may include attachments; however, if you do, be sure to indicate on each page of each attachment the number(s) of the related question(s) that you are answering and reference the attachment on the form in the space provided.

D. Please do not make any modifications to the questions contained on the form.

E. Initial each page of this form in the space provided after you have checked your answers and are sure they are complete and correct.

## II. Before You Submit This Form To The NTRA Safety & Integrity Alliance, Be Sure That:

A. All attachments required for this form are included.

B. Copies of all the required documents identified in this application are attached to this form.

C. Every question has been answered truthfully and completely.

D. You retain a completed copy of this form for your own records.

## III. Filing Of This Form With The NTRA Safety & Integrity Alliance:

A. Submit the original form and attachments to:

NTRA Safety & Integrity Alliance

2525 Harrodsburg Rd.

5th Floor

Lexington, KY 40504

Mike Ziegler

Executive Director

(859) 422-2668

mziegler@ntra.com

## IV. Important Notices

Upon receipt of this completed Application and the filing fee, the Alliance will conduct a formal review of its contents. Following Application review, the Alliance may request additional information from Applicant.

A site inspection will be scheduled for the NTRA Safety & Integrity Alliance Accreditation Assessment Team (“Assessment Team”) prior to Accreditation. The Assessment Team will visit Applicant’s facility for the purpose of confirming that Applicant’s facilities and protocols are consistent with information included in Applicant’s application and otherwise consistent with the standards set forth in the Code.

Following review of this Application and completion of the site inspection, Applicant will be eligible for Accreditation and will be promptly notified of its status.

## V. Abbreviations And Definitions

***AAEP***: American Association of Equine Practitioners.

***Accreditation***: The process by which individual Members shall be certified to be in compliance with the Code. The levels of accreditation are as follows:

 Full Accreditation: Accreditation without condition or limitation.

Provisional Accreditation: Accreditation conditioned upon the future implementation of specifically identified standards according to a specified timetable in order to attain Full Accreditation.

Provisional Accreditation Pending Regulatory Conformity with Alliance Code of Standards: Accreditation awarded to Members meeting substantially all the standards as required by the Code with any exceptions due to non-compliance by local regulatory authority.

Denial of Accreditation: Non-compliance with the Code.

***ARCI***: Association of Racing Commissioners International.

***Application***: Refers to this 2012 Application for Accreditation including any and all attachments, supporting documents and all other information submitted to the Alliance by the Applicant pursuant hereto.

***Association Veterinarian***: A veterinarian employed by the racetrack association.

***Code***: Refers to the NTRA Safety & Integrity Alliance Code of Standards, as it may be amended from time to time (Attached as Exhibit A to this Document).

***Compliance Program:*** A program that is a coordinated system of organizational structures and processes managed by a dedicated Compliance Officer to help ensure compliance with the Alliance safety and integrity reform standards set forth in the Alliance Code as well as applicable laws and regulations as further described in the ***National Thoroughbred Racing Association Safety & Integrity Alliance Guidance for Racetrack Member Compliance Program*** (Attached as Exhibit B to this Document).

***Horse Handlers***: Trainers, jockeys, exercise riders, veterinarians, grooms, outriders, pony people and anyone else who comes into direct contact with a horse within Racetrack Member’s racetrack enclosure.

***House Rules***: Rules promulgated by racetracks concerning activities on racetrack grounds, including, without limitation, any interim measure consistent with the Code adopted by a Racetrack Member in advance of the promulgation of regulations and or legislation in racing jurisdictions.

***InCompass Solutions***: Technology solutions company that provides centralized software applications and systems that serve North American racetracks and simulcast outlets. Its central database also serves as a platform for several industry safety initiatives, including the Jockey Health Information Systems.

***Member***: Racetracks, owners, breeders, horsemen, jockeys, sales companies, vets, racing fans, breed registries and the associations that represent these stakeholders who agree to uphold and support the goals and objectives of the Alliance.

***Model Rules***: A set of rules adopted by the Association of Racing Commissioners International as models for use by the various racing regulatory bodies in crafting their own administrative rules. (Model Rules referenced in this Document and the Code are attached as Exhibit 1 to this Document).

***Non-Race Day***: Any day or period of time not part of a Race Day.

***Non-Race Period***: Any day or period of time not part of a Race Period.

***Official Veterinarian***: A licensed veterinarian employed by the state regulatory body who is qualified to objectively and competently perform the regulatory duties as detailed by the Model Rule ***ARCI-006-070***. Some duties of the Official Veterinarian, as indicated by an asterisk (\*) in the Model Rule ***ARCI-006-070*** may be performed by an Association Veterinarian as long as the Association Veterinarian has no employment history or business relationship that could constitute a conflict of interest or impede in the performance of official duties.

***Phase II***: Refers to the implementation of certain standards set forth in the Code upon the commencement of live racing at a Racetrack Member’s track, no sooner than calendar year 2013.

***Plan(s)***: Any request for a plan or plans in this Document will be satisfied by a written Document that includes but is not limited to: a definitive series of measures to be taken, a list of responsible personnel to implement those measures, resources needed to carry out those measures, a reporting system, a compliance mechanism and a reasonable timetable for instituting change.

***Post-Mortem Veterinary Examinations***: Examinations of fatally injured horses that are conducted substantially in conformity with the recommended protocols of the AAEP including, but not limited to the identification of drugs, racing plates and any pre-existing conditions; however, such examinations shall not require full veterinary necropsies.

***Practicing Veterinarian***: A veterinarian in private practice, responsible for the day-to-day medical care of a horse.

***Race Day***: The period of time twenty-four hours prior to post time of a race in which a horse is entered to run through the release of a horse from post-race testing.

***Race Period***: The period of time beginning when a horse is entered in a race through release of the horse from post-race testing.

***Racing Participants***: People who engage in and derive income directly from horse racing activities at Racetrack Member facilities. This includes, but is not limited to racehorse owners, trainers, jockeys and breeders.

***RMTC***: Racing Medication and Testing Consortium.

***Standard Procedures***: Any request for a statement of standard procedures will be satisfied by a written document that includes but is not limited to: a definitive series of measures taken to meet an objective, a list of personnel responsible for implementing those measures, a reporting system that includes a list of individuals or agencies that regularly receive information about the program (if applicable), a compliance mechanism and a timetable.

***Starter***: The racing official responsible for dispatching the horses for a race.

***Starter’s List:*** A list maintained by the starter that identifies horses that are ineligible to be entered in any race because of poor, erratic or inconsistent behavior or performance in the starting gate. Any horse on the Starter’s List shall be refused entry until it has been demonstrated to the starter that it has been satisfactorily loaded, schooled in, and broken away from the gate.

***Steward***: A duly appointed racing official with powers and duties specified by statute or rules.

***Stewards’ List:*** A list maintained by the stewards of horses that are ineligible to be entered in a race because of poor, erratic or inconsistent performance; or because of behavior on the racetrack that endangers the health or safety of other participants in racing; or there exists a question as to the exact identification or ownership of said horse, or for any other reason at the judgement of the Stewards. Such horse shall remain on the Stewards’ List and be refused entry until it has been demonstrated to the Stewards that the horse can compete satisfactorily, or the question of identity or ownership has been corrected to the Stewards’ satisfaction.

***Veterinarian in Charge (“VIC”)***: Veterinarian with controlling authority over a program or procedure.

***Wagering Incident***: Any incident that might reasonably affect the public’s confidence in Member’s wagering pools including, but not limited to suspicious wagering patterns, totalisator and data communications malfunctions, substantial late ticket cancellations, and failures to stop betting after the official start of a race.

All other capitalized terms not defined above shall have the meanings attributed to such terms in the Code.

## VI. QuestionNaire

A. General Information

List the following:

1. Applicant’s Executive Offices:

2. URL of Applicant’s Web Site:

3. Mailing Address:

4. Identify the Senior Management individual or individuals to whom the compliance officer will report
under your Compliance Program.

5. List the telephone number and e-mail address for each person named above.

6. Provide the name and address of government agency(ies) that licenses(license) Applicant.

7. List dates of live racing to be held in 2012.

8. List expected dates of live racing to be held in 2013.

***B. Injury And Fatality Reporting and Prevention***

1. Do you participate in the InCompass Equine Injury Database (EID)?

 Yes  No

If YES,

• When did you begin participation in EID?

• List veterinarian(s) responsible for completion of injury reports and indicate veterinarian’s employment status (Official Veterinarian/Commission Veterinarian/Association Veterinarian).

• If applicable, list personnel responsible for data entry (if other than veterinarian(s) listed above).

 – Describe how, and by whom, information is provided to data entry personnel for EID submission.

• Provide confirmation from InCompass verifying your current participation in the EID.

• For which of the following circumstances do you enter data into the EID?

 Scratches

 • AM – Official Veterinarian Scratches related to racing soundness?

 – If no, provide a Plan for commencement of such reporting.

 • AM – Scratches submitted by trainers or private practicing veterinarians relating to illness,

 racing soundness or other medical conditions?

 – If no, provide a Plan for commencement of such reporting.

 • PM – Veterinary scratches relating to horses injured traveling to, in, or exiting the paddock

 or saddling enclosure?

 – If no, provide a Plan for commencement of such reporting.

 • PM – Veterinary scratches relating to horses injured or determined to be unsound in the

 post parade?

 – If no, provide a Plan for commencement of such reporting.

 • PM – Veterinary scratches relating to gate incidents or flipped horses (Injury status unclear)?

 – If no, provide a Plan for commencement of such reporting.

 Racing

 • Fatal Conditions (musculoskeletal injuries and/or sudden death)?

 – If no, provide a Plan for commencement of such reporting.

 • Non-Fatal Conditions (musculoskeletal and/or otherwise)?

 – If no, provide a Plan for commencement of such reporting.

 Training

 • Fatal Conditions (musculoskeletal injuries and/or sudden death)?

 - If no, provide a Plan for commencement of such reporting.

 • Non-Fatal Conditions (musculoskeletal and/or otherwise)?

 - If no, provide a Plan for commencement of such reporting.

 • When training data is submitted, who is responsible for providing information?

 • Is follow up conducted to confirm the accuracy of the data received from “second-hand” sources?

• Please provide EXCEL spreadsheet (downloaded from EID Web site) of EID participation for the previous 60 days of live racing. If unable to complete for preceding 60 days because it is the beginning of a race meet or the race meet is less than 60 days, provide previous meet’s EID data. Horse and trainer names may be redacted.

If NO,

• Explain reasons for current non-participation and Plans for future participation.

2. Are all racehorses subject to a pre-race examination by a Regulatory or Association Veterinarian?

 Yes  No

If YES,

• List veterinarian(s) responsible for examinations and indicate veterinarian’s job title (Official Veterinarian, Association Veterinarian).

• Provide written documentation of the protocols utilized for pre-race veterinary examination, signed by Veterinarian in Charge (VIC).

• Provide written documentation of the protocols detailing lines of communication and procedures enlisted between the examining veterinarian and the stewards when the examining veterinarian determines a horse is unsuitable to participate.

• Does your examining veterinarian utilize the InCompass Pre-Race Examination module to collect and share examination data on all horses subjected to pre-race examination?

If NO,

• Explain why all horses are not subject to a pre-race examination by a Official or Association Veterinarian and describe any other measures taken to examine horses pre-race and provide Plans for future pre-race examination programs.

• Describe your efforts in advocating for adoption of pre-race examination protocols.

***3. Are all racehorses subject to post-race observation by an Official or Association Veterinarian?***

 Yes  No

If YES,

• List Veterinarian(s) in Charge (VIC) of observing horses following each race and indicate veterinarian’s job title (Official Veterinarian, Association Veterinarian).

• Provide written documentation of protocols involved in post-race veterinary observation, signed by Veterinarian in Charge (VIC).

• Provide written explanation of follow-up involved with horses observed to potentially have an injury and/or other medical condition, signed by Veterinarian in Charge (VIC).

If NO,

• Explain why all horses are not subject to post-race observation by a Official or Association Veterinarian and describe any other measures taken to examine horses post-race and describe future Plans for implementing a post-race examination program.

4. Are all racehorses that suffer catastrophic injury during the Race Day at your facility subject to Post Mortem Veterinary Examination?

 Yes  No

If YES,

• Provide written documentation from your racing commission confirming that Post Mortem Veterinary Examinations are being performed on all horses suffering catastrophic injuries, signed by the Official Veterinarian or other appropriate racing commission representative.

• Provide written documentation of standard procedures for all horses undergoing Post Mortem Veterinary Examination, including the taking of blood, urine, and/or tissue samples for drug testing, signed by the Official Veterinarian.

• Attach an example of a Post Mortem Veterinary Examination report for a Race Day racehorse, with all identifying information redacted.

• Describe how Post Mortem Veterinary Examination information is used (e.g., racing commission annual statistical reports) and list individuals or organizations authorized to receive Post Mortem Veterinary Examination information.

If NO,

• List any circumstances under which a Post Mortem Veterinary Examination may be authorized and attach an example of a Post Mortem Veterinary Examination report for a Race Day racehorse, with all identifying information redacted.

5. Are racehorses that suffer catastrophic injury during any Non-Race Day activity at your facility subject to Post Mortem Veterinary Examination?

 Yes  No

If YES,

• Explain the circumstances under which a horse that suffers catastrophic injury during any Non-Race Day would have a Post Mortem Examination performed.

If NO,

• Describe any future Plans where Post Mortem Veterinary Examinations will be conducted on any horse suffering catastrophic injury during any Non-Race Day.

• Describe your efforts in advocating for adoption of Post Mortem examination protocols.

6. Do you maintain a Veterinarian’s List?

 Yes  No

If YES,

• List veterinarian(s) in charge of maintaining such list and indicate veterinarian’s job title (Official Veterinarian, Association Veterinarian).

• Provide written explanation of the protocols involved to determine if a horse warrants addition to the List, signed by Veterinarian in Charge.

• Provide written explanation of the protocols and procedures for a horse being removed from the Veterinarian’s List, signed by Veterinarian in Charge, including what personnel are capable of physically removing a horse from the Veternarian’s List.

• Provide documentation of states or jurisdictions with whom you share Veterinarian’s List information, signed by Veterinarian in Charge.

• Provide confirmation that you utilize InCompass Solutions Race Track Operating System (“RTO”) for sharing Veterinarian’s Lists among jurisdictions.

If NO,

• Explain why you do not maintain a Veterinarian’s List and list alternative resources upon which you rely and provide a Plan for your future participation in a Veterinarian’s List.

C. Safety Equipment and Safer Racing Environment

1. Do you prohibit horses from wearing horseshoes on their front feet that have certain traction devices such as toe grabs that may restrict the natural forward slide of the hoof upon impact?

 Yes  No

If YES,

• Provide a copy of the state regulatory body rule or regulation or House Rule, signed by the appropriate issuing authority, outlining all banned traction devices.

• Provide written documentation of standard procedures for pre-race shoe inspections/changes, and the recording thereof, signed by the person(s) responsible for enforcing rules on horseshoes.

• Attach one example of your communications regarding shoe standards to your personnel with a need-to-know (such as an in-house memo) and at least one example of your communications to horsemen (e.g., overnight or condition book page) regarding shoe standards.

If NO,

• Explain why you have not adopted a horseshoe policy and describe Plans for future policy adoption.

2. Do you require all licensed jockeys to only use cushioned riding crops in accordance with the RCI Model Rules during all races?

 Yes  No

If YES,

• Provide a copy of your House Rule or state regulatory body rule or regulation requiring cushioned riding crops, signed by appropriate issuing authority.

• Provide written documentation of standard procedures for ensuring compliance with the riding crop specifications and use of the riding crop regulations, and name(s) of individual(s) responsible for enforcement.

• Attach one example of your communications regarding riding crop standards and use of the riding crop regulations to your personnel with a need-to-know (such as an in-house memo) and an example of your communications to jockeys and trainers (e.g., overnight or condition book page) regarding riding crop standards and observance/enforcement of the riding crop regulations.

If NO,

• Explain why cushioned riding crops are not in general use and provide a Plan for their adoption in the future.

3. Are all assistant starters and other licensees mounted on a horse or stable pony on association grounds at any time required to wear safety helmets?

 Yes  No

If YES,

• Provide a copy of your state regulatory body rule or regulation or House Rule requiring safety helmets for designated licensees, signed by appropriate issuing authority.

• Provide written documentation of standard procedures for ensuring compliance with the safety helmet rule(s) and name(s) of individual(s) responsible for enforcement.

• Attach an example of your communications regarding riding helmets to your personnel with a need-to-know (such as an in-house memo) and at least one example of your communications to horsemen, jockeys, exercise riders and other backstretch workers (e.g., overnight or condition book page) regarding safety helmets.

If NO,

• List any licensee not required to wear a safety helmet while mounted on a horse or a stable pony on association grounds and give detailed explanation why such licensee is not required to wear a safety helmet.

• Explain why a safety helmet rule is not currently in place and provide a Plan for future implementation.

4. Are all assistant starters and all licensees who are mounted on a horse or stable pony on association grounds at any time, required to wear safety vests?

 Yes  No

If YES,

• Provide a copy of your state regulatory body rule or regulation or House Rule requiring safety vests, signed by appropriate issuing authority.

• Provide written documentation of standard procedures for ensuring compliance with the safety vest rule(s) and name(s) of individual(s) responsible for enforcement.

• Attach one example of your communications regarding safety vests to your personnel with a need-to-know (such as an in-house memo) and to backstretch licensees such as exercise riders or jockeys.

If NO,

• Explain why a rule for safety vests for assistant starters or certain other licensees who may perform certain job functions on horseback is not in place, and provide a Plan for future implementation.

5. Are all your starting and training gates equipped with padding?

 Yes  No

If YES,

• Provide the manufacturer or other specifications for gate/padding utilized in your starting and training gates.

If NO,

• Explain why padded starting gates are not in use and provide a Plan for future implementation.

6. Do you have an on-site equine ambulance?

 Yes  No

If YES,

• Provide a copy of your state regulatory body rule or regulation or House Rule requiring an equine ambulance, signed by appropriate issuing authority.

• Attach a copy of the ambulance manufacturer’s specifications for your equipment, if available.

• Attach a copy of the list of standard medical triage equipment contained in the equine ambulance.

If NO,

• Explain why you do not have an on-site equine ambulance and detail your alternative measures for providing emergency care to injured horses, and provide a Plan for securing an on-site equine ambulance.

7. Does your regulatory body have a policy for addressing substance abuse and addiction for licensees in a manner similar to the Model Rule ARCI-008-010?

 Yes  No

If YES,

• Provide a copy of your state regulatory body rule or regulation concerning substance abuse and addiction.

• Provide examples of communications to horsemen and/or employees in which you provide information on where individuals can seek assistance, if needed.

• Provide a description of any human care/social services facility or organization with which your racing facility is associated and/or funds for purposes of assisting individuals with substance abuse or addiction issues.

If NO,

• Provide a Plan for advocating your regulatory body to adopt a rule or regulation concerning substance abuse or addiction.

8. Does your track have a program to assist personnel with Problem Gambling?

 Yes  No

If YES,

• Does your program include support for both frontside and backstretch personnel?

• Does your program reflect recommendations as provided in the ARCI model rule on Problem Gambling and the Responsible Wagering Resources Guide for Race Track Managers published by the Winners Federation?

• Please describe your in place program and provide any support materials utilized in ensuring awareness of the program and provide a plan for implementing such a program.

If NO,

• Explain why you do not have an in place program to support both front side and backstretch personnel with gambling problems.

9. Do you fund and/or participate in independent research to promote a safer racing environment?

 Yes  No

If YES,

• Provide written documentation of your participation in/funding of independent safety research within the past 12 months.

• Attach one example of your communications regarding safety research program participation to your personnel with a need-to-know.

• Provide a list of responsible personnel, job titles and contact information.

If NO,

• Explain why you do not participate in safety research and your Plan for participating in such programs in the future.

***10. Do you have standard operating procedures for managing track surface maintenance?***

 Yes  No

If YES,

 • Provide written documentation of your track maintenance program including equipment used and water applied.

 • Provide examples of weather data collected.

 • Provide examples of daily measurement data collected and the methods used to collect data.

 • Provide examples of surface sampling analysis.

 • Describe equipment used on racing surfaces.

If NO,

 • Explain why you do not have written standard operating procedures for your racing surface maintenance.

11. Do you participate in racetrack surface research studies and the uniform recording of daily track maintenance focusing on safety of dirt, turf and synthetic surfaces?

 Yes  No

If YES,

• Attach one example of your communications regarding racetrack surface research study participation to your personnel with a need-to-know.

• Provide a list of responsible personnel, job titles and contact information.

If NO,

• Explain why you do not participate in racetrack surface research studies and your Plan for participating in such programs in future.

11. Do you offer or make available continuing education for personnel involved in the safety and management of horses at your facility?

 Yes  No

If YES,

• Attach examples of your continuing education programs. For example:

 In-house training modules relevant to horse handling, such as handbooks or videos;

 Outside programs relevant to horse safety attended by your personnel; or,

 Training programs relevant to horse handling offered at your facility by outside organizations (such as Groom Elite, Groom Development, or ROAP Certificate Programs).

If NO,

• Explain why you do not offer continuing education and provide your Plan for participating in such programs in future.

12. Has your state regulatory body adopted the use of the Uniform National Trainers Test?

 Yes  No

If YES,

• Please provide a copy of the written test used in your state, signed by a steward (or appropriate testing official).

If NO,

• Please provide a copy of the written test used in your state, signed by a steward (or appropriate testing official) and provide your advocacy plans for adoption of the Uniform National Trainers Test.

13. Do all Stewards at your facility meet minimum standards for accreditation as established by ARCI and the Racing Officials Accreditation Program (“ROAP”)?

 Yes  No

If YES,

• Provide confirmation that all Stewards meet the experience, education and examination requirements necessary to be accredited and are in good standing with all racing jurisdictions.

If NO,

• Explain why all of your Stewards are not accredited and submit your Plan to ensure that all Stewards are fully accredited in the future.

14. Does your state regulatory authority participate in the RCI Rulings Database and regularly submit information regarding regulatory rulings on all licensees?

 Yes  No

If YES,

• Please provide a copy of the most recent submission to the RCI Rulings Database, signed by a steward.

If NO,

• Explain why your regulatory authority does not participate in the RCI Rulings Database.

15. Do you have standard operating procedures for dealing with catastrophically injured horses at your racetrack(s) and training facilities?

 Yes  No

If YES,

• List veterinarian(s) in charge of responding to injured horses and indicate veterinarian’s job title (Regulatory Veterinarian, Association Veterinarian, etc.).

• Provide written documentation of standard procedures for obtaining bio samples (blood, urine or tissue) prior to administration of euthanasia solution, signed by Veterinarian in Charge.

• Provide written documentation of standard procedures for the equine ambulance staff and veterinarians ministering to catastrophically injured horses, signed by the Veterinarian in Charge.

• Provide a written Plan for public communications regarding catastrophic injuries.

If NO,

• Explain why you do not have standard operating procedures for dealing with catastrophically injured horses and submit your Plan for such emergencies, including a Plan for public communications concerning catastrophic injuries.

16. Does your track have an early warning system in place to warn personnel on the racetrack of loose horses?

 Yes  No

If YES,

• Describe the in place system.

• Provide written documentation of standard procedures for operating the system when it is necessary, signed by the person responsible for its operation.

If NO,

• Explain the procedures involved with warning personnel on the racetrack about loose horses..

17. Do you maintain a Stewards’ List?

 Yes  No

If YES,

• List steward(s) in charge of maintaining such list and indicate steward’s job title (Association Steward, State Steward).

• Provide written explanation of the protocols involved to determine if a horse warrants addition to the list, signed by steward responsible for maintaining list.

• Provide written explanation of the protocols and procedures for a horse being removed from the list, signed by steward responsible for maintaining list.

• Provide documentation of states or jurisdictions with whom you share Stewards’ List information, signed by steward responsible for maintaining list.

• If applicable, provide confirmation that you utilize InCompass Solutions’ Race Track Operating System (“RTO”) for sharing Stewards’ Lists among jurisdictions.

If NO,

• Explain why you do not maintain a Stewards’ List and list alternative resources upon which you rely and provide a Plan for your future participation in a Stewards’ List.

18. Do you maintain a Starter’s List?

 Yes  No

If YES,

• Provide name and contact information for Head Starter.

• Provide written explanation of the protocols involved to determine if a horse warrants addition to the list, signed by Head Starter.

• Provide written explanation of the protocols and procedures for a horse being removed from the list, signed by Head Starter.

• Provide documentation of states or jurisdictions with whom you share Starter’s List information, signed by veterinarian in charge.

• If applicable, provide confirmation that you utilize InCompass Solutions Race Track Operating System (“RTO”) for sharing Starter’s Lists among jurisdictions.

If NO,

• Explain why you do not maintain a Starter’s List and list alternative resources upon which you rely and provide a Plan for your future participation in a Starter’s List.

19. Do you have standard operating procedures for managing outbreak of infectious disease at your racetrack(s) and training facilities?

 Yes  No

If YES,

• Provide written documentation of steps taken to reduce the potential risks associated with outbreak of infectious disease prior to an outbreak.

• List veterinarian(s) in charge of responding to reports of outbreak of infectious disease and indicate veterinarian’s job title (Official Veterinarian, Association Veterinarian, etc.).

• Provide written documentation of standard procedures when there is an outbreak of an infectious disease.

• Provide a written Plan for public communications regarding outbreak of infectious disease.

If NO,

• Explain why you do not have standard procedures in place for dealing with outbreak and management of infectious disease and describe your Plan for future adoption of such procedures.

20. Do you have standard operating procedures for managing fire safety at your racetrack(s) and training facilities?

 Yes  No

If YES,

• Provide written documentation of standard procedures when there is a fire at your racetrack(s) or training facility.

• Provide written documentation of steps taken to reduce risks of fire.

If NO,

• Explain why you do not have standard procedures in place for dealing with fire safety and provide a Plan for future adoption of such procedures.

21. Does your track have standard operating procedures for managing the safety of human athletes, equine athletes and racing participants in its saddling paddock and walking ring?

 Yes  No

If YES,

• Provide written documentation of standard procedures for managing safety in the saddling paddock and walking rings, including the personnel involved with overseeing the procedures.

If NO,

• Explain why you do not have standard procedures in place for managing safety in the saddling paddock and walking ring and provide a Plan for future adoption of such procedures.

22. Does your track have a standing safety committee which meets regularly to discuss issues concerning safety at your track?

 Yes  No

If YES,

• List member(s) groups represented on your safety committee.

• Provide documentation of safety committee meetings (i.e. meeting agendas or meeting minutes).

If NO,

• Explain why you do not have a standing safety committee and provide a Plan for future adoption of a safety committee.

23. Does your track ensure that there are practicing veterinarians on duty at your track at all hours when there is either training or racing occurring?

 Yes  No

If YES,

• Describe how your track ensures that there is practicing veterinarian coverage at all hours when there is either racing or training occurring.

If NO,

• Explain why you do not ensure that there is adequate veterinarian coverage at your facility at all times when either racing or training is occurring and provide a Plan to ensure veterinary coverage in the future.

D. Medication and Testing

1. Describe the procedure for drug testing at your facility.

a. How many horses are routinely selected to be sent to the test barn?

b. Which horses are routinely selected to be sent to the test barn?

c. What criteria are used to select non-routine horses for sampling?

d. Are additional horses routinely selected for sampling in stakes races?

2. Do you participate in testing for alkalinizing substances (TCO2 or Milk-Shaking)?

 Yes  No

If YES,

• Provide written documentation of your state regulatory body rule or regulation or House Rule requiring testing for alkalinizing substances, signed by appropriate issuing authority.

• Provide written documentation of standard procedures for sample collection and handling, signed by the Veterinarian in Charge.

If NO,

• Explain why you do not participate in testing for alkalinizing substances and provide a Plan for testing in future and provide an advocacy Plan for adoption of rules or regulations in the future.

• Describe your efforts in advocating for adoption of regulations requiring testing for alkalinizing substances and correlating penalties for violations.

3. Do you participate in testing for androgenic anabolic steroids for horses in training and competition?

 Yes  No

If YES,

• Provide written documentation of your state regulatory body rule or regulation or House Rule requiring testing for androgenic anabolic steroids, signed by appropriate issuing authority.

If NO,

• Explain why you do not participate in testing for androgenic anabolic steroids and provide an advocacy Plan for adoption of regulations on androgenic anabolic steroid testing.

• Describe your efforts in advocating for adoption of regulations requiring testing for androgenic anabolic steroids and correlating penalties for violations.

4. Does your regulatory body regulate the use of Non-Steroidal Anti-Inflammatory Drugs (“NSAIDS”) in a manner consistent with ARCI Model Rule 011-020?

 Yes  No

If YES,

• Provide a copy of the state regulatory rule regarding the administration of NSAIDS, signed by the Regulatory Veterinarian.

If NO,

• Provide a copy of the state regulatory rule detailing that NSAIDS are not allowed to be administered on Race Day in your racing jurisdiction.

• Describe your efforts in advocating for adoption of regulations for use of NSAIDS and correlating penalties for violations.

5. Has your state adopted Penalties based on drug classifications for medication violations in a manner consistent with ARCI Model Rule 011-020 (B)?

 Yes  No

If YES,

• Please provide detailed drug and therapeutic medication penalties, by classification, signed by a steward or appropriate commission representative.

• If penalties are deemed a policy decision as opposed to encoded by rule, please provide documentation that the penalty classifications are followed, signed by a steward or appropriate commission representative.

If NO,

• Please provide documentation of the existing drug and therapeutic medication penalties in place in your racing jurisdiction.

6. Does your regulatory body regulate and test for the use of furosemide (Salix®, Lasix®) in a manner consistent with ARCI Model Rule 011-020?

 Yes  No

If YES,

• Provide a copy of the state regulatory rule regarding the use and administration of furosemide, signed by the Regulatory Veterinarian.

• Provide documentation from the official laboratory detailing the use of specific gravity and/or appropriate serum threshold.

If NO,

• Provide a copy of the state regulatory rule detailing the differences between the current rule in your jurisdiction and the identified model rule for the administration and regulation of furosemide.

• Provide a Plan regarding advocacy for the adoption of a regulation concerning testing for and using furosemide (Salix®, Lasix®).

• Describe your efforts in advocating for adoption of regulations for use of furosemide and correlating penalties for violations.

7. Do you prohibit possession or use of blood doping agents?

 Yes  No

If YES,

• Provide written documentation of your state regulatory body rule or regulation or House Rule regarding the prohibition of the possession or use of blood doping agents, signed by the appropriate issuing authority.

If NO,

• Explain why you do not prohibit the possession or use of blood doping agents and your advocacy Plan for adoption of regulations on blood doping agents.

8. Do you participate in out-of-competition testing for blood doping agents?

 Yes  No

If YES,

• Provide written documentation of your state regulatory body rule or regulation or House Rule requiring out-of-competition testing for blood doping agents, signed by appropriate issuing authority.

• Provide written documentation detailing the procedures for sample collection and chain of custody for out-of-competition samples.

If NO,

• Explain why you do not participate in out-of-competition testing and provide an advocacy Plan for the adoption of regulations on out-of-competition testing.

• Describe your efforts in advocating for adoption of an out-of-competition testing program and correlating penalties for violations.

9. Do you regulate or prohibit the use of Extracorporeal Shock Wave Therapy or substantially similar procedures?

 Yes  No

If YES,

• Provide written documentation of your state regulatory body rule or regulation or House Rule regarding the use of Extracorporeal Shock Wave Therapy or substantially similar procedures, signed by the appropriate issuing authority.

• If applicable, provide documentation on how the use of Extracorporeal Shock Wave Therapy or substantially similar procedures is controlled off association grounds.

If NO,

• Explain why you do not regulate or ban the use of Extracorporeal Shock Wave Therapy or substantially similar procedures and your advocacy Plan for adoption of regulations on Extracorporeal Shock Wave Therapy or substantially similar procedures.

• Describe your efforts in advocating for adoption of regulations for use of Extracorporeal Shock Wave Therapy and correlating penalties for violations.

10. Do you regulate or prohibit the use of drugs, substances or medication that have not been approved by the United States Food and Drug Administration (“FDA”) for any use?

 Yes  No

If YES,

• Provide written documentation of your rule(s) regarding the use of Non-FDA Approved Drugs, substances or medications signed by the appropriate issuing authority.

If NO,

• Explain why you do not regulate or ban the use of Non-FDA Approved Drugs, substances or medications and your advocacy Plan for adoption of regulations on Non-FDA Approved Drugs.

11. Do you support and promote the participation by your state racing commission in the RMTC program for the frozen storage and retrospective super testing of a suspect horse’s racing plasma and/or urine samples?

 Yes  No

If YES,

• Provide an example of your communication to your state racing commission advocating its participation in the RMTC program for frozen samples and retrospective testing.

If NO,

• Explain why you do not support your state racing commission’s participation in the RMTC program for frozen samples and retrospective testing and your advocacy Plan for supporting such participation in future.

12. Have random inspections of test barn operations been performed in your facility anytime in the past?

 Yes  No

If YES,

• Provide written documentation of standard procedures for random inspections of test barn operations, signed by Veterinarian in Charge or individual responsible for overseeing inspections and giving dates of the most recent inspection(s).

If NO,

• Explain why you do not have random inspections of your test barn operations and provide a Plan for random inspections in future.

13. Has the testing laboratory that is responsible for testing plasma and/or urine samples from your racing facility participated in an External Quality Assurance Program in the past 12 months?

 Yes  No

If YES,

• Provide written documentation that such a program has taken place, signed by the Laboratory Director or individual responsible for overseeing the testing facility and giving the number of proficiency samples tested and the target analyte(s) identified in each sample in the most recent year.

If NO,

• Explain why the laboratory has not participated in an external quality assurance program in the past 12 months.

• Describe Plans in place for the laboratory to participate in an External Quality Assurance Program in the future.

14. Does your track have a mechanism in place to communicate with horsemen and practicing veterinarians current medication and testing protocols and, when appropriate, proposed new, regulatory authority-approved changes to medication and testing regulations and protocols?

 Yes  No

If YES,

• Describe the mechanism in place to communicate with horsemen and practicing veterinarians at your track current medication and testing protocols and, when appropriate, proposed new, regulatory authority-approved changes to medication and testing regulations and protocols.

• If applicable, list member(s) groups represented on your medication communication committee.

• Provide documentation of medication communication committee meetings (i.e. meeting agendas or meeting minutes).

If NO,

• Explain why you do not have a mechanism in place to communicate with horsemen and practicing veterinarians at your track current medication and testing protocols and, when appropriate, proposed new, regulatory authority-approved changes to medication and testing regulations and protocols and provide a Plan for implementing a program in the future.

E. Security

1. Do you have a detailed Security Plan for your racetrack, barn area and other restricted areas within your enclosure?

 Yes  No

If YES,

• Provide written documentation of the Security Plan at your racetrack, signed by the Head of Security at your racetrack.

If NO,

• Explain why you do not have a detailed Security Plan for your racetrack, barn area and other restricted areas within your enclosure and describe your Plan for implementing one in the future.

2. Have you participated in an independent security assessment performed by a qualified security assessment organization in the past 12 months?

 Yes  No

If YES,

• Provide written documentation of the security procedures reviewed, including dates, signed by an authorized agent of the independent security assessment organization that conducted the review.

If NO,

• Explain why you have not participated in an independent security assessment and your Plan for securing an independent security assessment.

3. Do you require all security staff to periodically participate in security training programs?

 Yes  No

If YES,

• Provide written documentation of security training modules, list training staff or agencies (including job titles) and give dates for most recent security training program.

If NO,

• Explain why you do not require all security training staff to periodically participate in security training programs and provide a Plan for implementing security training in future.

F. Safety and Health of Jockeys

1. Do you follow standard procedures for weighing out and weighing in of jockeys?

 Yes  No

If YES,

• Provide written documentation of your state regulatory body rule or regulation, or your House Rule, regarding weighing of jockeys, signed by appropriate issuing authority.

• Provide written documentation of standard procedures for ensuring compliance with the rule(s) regarding the weighing of jockeys and name(s) and job title(s) of individual(s) responsible for enforcement.

• Attach one example of your communications to your personnel with a need-to-know regarding the procedures for weighing jockeys (such as an in-house memo).

If NO,

• Explain why you do not have standard procedures for weighing jockeys and provide your Plan for instituting such procedures in future.

2. Does the scale of weights used at your racetrack(s) reflect the scale of weights recommended by the Model Rule ARCI-010-020(D)?

 Yes  No

If YES,

• Provide a copy of your state regulatory body rule or regulation concerning the jockey scale of weights.

If NO,

• Provide written documentation of the scale of weights currently used at your facility, signed by the person responsible for assigning weights for races.

3. Do all the jockeys at your racetrack(s) participate in the InCompass Solutions’ Jockey Health Information System database?

 Yes  No

If YES,

• Provide a written description of procedures in place to enable jockeys to input their health information into the system, signed by the person responsible.

• Provide examples of communication used to ensure the jockeys are aware of the system.

If NO,

• Explain why jockeys at your racetrack(s) are not participating in the Jockey Health Information System and describe Plans to ensure their future participation.

4. Is your track participating in the Jockey Injury Database?

 Yes  No

If YES,

• List the person (s) responsible for providing data for the Jockey Injury Database.

• Provide an example (redacted, if necessary) of data provided to Jockey Injury Database.

If NO,

• Explain reasons for current non-participation and describe Plans for future participation.

5. Does your track have written protocols and procedures in place to provide timely, quality medical care for those who are injured or become ill on racetrack grounds?

 Yes  No

If YES,

• Provide a written description of protocols and procedures in place to provide timely, qualified medical care for those who are injured or become ill on ractrack grounds.

• Provide the name and qualifications of the track medical director or other responsible party who oversees all racetrack emergency services.

• Provide the name(s) and qualifications of track emergency medical personnel, including Nurse(s), Medical Doctor(s), Paramedic(s), Emergency Medical Technician(s), and transportation provider(s).

• Describe staffing of emergency medical personnel, including quantity of and location(s) where personnel are detailed, at all times when there is either racing or training taking place at your facility.

• Describe the facility(ies) in place at your track for emergency medical care, including equipment available for treatment.

• Describe the protocols in place for transportation of injured personnel to emergency medical facility(ies) including those off the grounds.

• Describe the equipment used to transport injured personnel to local hospitals/trauma centers.

• List the name(s) of area hospitals with which your track has a relationship provide a general description of the hospitals’ level of care (including level of trauma care provided).

If NO,

• Explain why you do not have protocols and procedures in place for providing timely, quality medical care for those who become ill or are injured on racetrack grounds and provide a Plan for submitting one.

6. Has your regulatory authority adopted the Model Rule ARCI-008-030(A)(2) and (3) concerning the qualifications required for jockeys to be eligible to compete?

 Yes  No

If YES,

• Provide a copy of your state regulatory body rule or regulation concerning the qualifications required for jockeys to compete.

If NO,

• Provide a written description of the licensing and eligibility requirements for jockeys and provide your advocacy Plans for adoption of the Model Rule.

7. Does your racetrack(s) maintain a minimum of $1,000,000 per incident insurance policy for all jockey participants?

 Yes  No

If YES,

• Provide evidence that a policy exists.

• Provide examples of communication to jockeys making them aware of what insurance coverage is in place on their behalf.

If NO,

• Explain what insurance is in place for jockeys and describe your Plans to provide a $1,000,000 policy in the future.

8. Do you and/or racing participants who compete at your racetrack(s) support programs geared toward funding jockey disability support?

 Yes  No

If YES,

• Provide examples of ways in which you either support jockey disability programs or encourage support from participants at your racetrack(s).

• Provide examples of your public endorsements of jockey disability programs.

If NO,

• Explain why you do not support or encourage support by participants in racing at your racetrack(s) of any jockey disability programs and describe your Plans for future support of programs geared toward funding jockey disability support.

G. Aftercare and Transition of Retired Racehorses

1. Do you support programs to facilitate the transition and aftercare of retired racehorses?

 Yes  No

If YES,

• Provide examples of ways in which you participate in funding for equine transition programs, such as a starter fee, statutory check-off for purses or handle, public fundraiser(s) for equine retirement organization(s), direct contributions to equine retirement organizations, etc.

• Provide a description of any on-site racehorse transition facility, including names and job titles of personnel (if applicable).

• Provide examples of your public endorsements of equine retirement, such as Web links, track program ads, Public Service Announcements on in-house monitors, etc.

• Provide examples of your communications to horsemen and owners in which you give contact information for organizations that place horses in transition.

• Describe any state-funded racehorse transition programs you participate in.

• Provide written documentation of any House Rule you have regarding “zero tolerance” policies for horses sent to slaughter (if applicable). Include at least one example of public communications to horsemen regarding this policy.

If NO,

• Explain why you do not support any programs to facilitate the transition and aftercare of retired racehorses and submit any Plans for future participation in such programs.

H. Wagering Security

1. Does your racetrack(s) have specific protocols in place for stop wagering devices and the chain of command for their operation?

 Yes  No

If YES,

• Provide written documentation of the protocols in place for stop wagering devices and chain of command.

• Provide written documentation of the protocols in place for situations when there is a malfunction of the stop wagering device.

If NO,

• How does your racetrack(s) close the pools at the beginning of a race?

2. Does your racetrack(s) have the right to request and receive transactional data from guest sites and their totalisator company?

 Yes  No

If YES,

• Provide documentation of the written agreement between you as a host and a guest that stipulates the right to receive transactional wagering data.

If NO,

• Explain why you do not have the right to request and receive transactional data from your guest sites and describe your Plan to secure such information in the future.

3. Does your totalistor provider meet the standards set forth in the Statement on Auditing Standard 70?

 Yes  No

If YES,

• Provide a written copy of the audit opinion provided to your totalisator provider indicating they meet the standards set forth in the Statement on Auditing Standard 70, signed by the person responsible for relationships with your totalisator provider.

If NO,

• Explain why your totalisator provider has not met the Statement on Auditing Standard 70 and describe your Plan for corrective measures in this area.

4. Has your totalisator provider had its equipment tested, reviewed, and reported on by an independent equipment certification provider?

 Yes  No

If YES,

• Provide a written copy of the report provided to your totalisator provider indicating their equipment was tested, reviewed, and reported on by an independent equipment certification provider, signed by the person responsible for relationships with your totalisator provider.

If NO,

• Explain why your totalisator provider has not had its equipment tested, reviewed and reported on by an equipment certification provider and describe your Plan to secure such review and reporting in the future.

5. Do you or your regulatory authority allow wagers into your pools from jurisdictions/facilities that allow cancel delays of any length of time?

 Yes  No

If YES,

• Explain any Plan in place to advocate for changing the policy allowing wagers into your pools from jurisdictions/facilities that allow cancel delays.

6. Do you or your regulatory authority allow wagers into your pools from jurisdictions/facilities that have “double-hopped” from secondary jurisdictions/facilities?

 Yes  No

If YES,

• Explain any Plan in place to advocate for changing the policy allowing wagers into your pools from jurisdictions/facilities that allow “double hops.”

7. Do you have protocols in place to make decisions whether to include or exclude guest wager pools from your wagering pools when active timing of wagers placed cannot be verified?

 Yes  No

If YES,

• Describe, in written detail, the process that takes place concerning exclusion of guest wagers from your wagering pools.

If NO,

• Explain why there are no protocols in place that are implemented in cases when timing of guest pool wagers cannot be verified and provide your Plan to implement such protocols in the future.

8. Do you have a policy in place that determines your actions taken, as a guest, when your wagers are not included in a host’s wagering pools?

 Yes  No

If YES,

• Describe, in written detail, the policy concerning exclusion of wagers placed when you are a guest in wagering pools.

• Describe, and give examples of, the communication to customers explaining your policy for handling exclusion from a host’s wagering pools.

If NO,

• Explain why there is no policy in place for handling exclusion from a host’s wagering pools and provide your Plan for implementing such a policy in the future.

9. Are your races broadcast and recorded with a timestamp display synchronized with atomic time in an Hours, Minutes, and Seconds format (HH:MM:SS)?

 Yes  No

If YES,

• What atomic clock do you synchronize the video broadcast with?

• Is the broadcast display synchronized with the totalisator record?

• How frequently are the times synchronized?

• Please provide evidence (still photo or DVD of a race running) that clearly displays atomic time on your broadcast.

If NO,

• Explain why races are not broadcast and recorded with timestamping and describe your Plan for implementing timestamp procedures in the future.

10. Is your totalisator record keeping timestamped and synchronized with atomic time?

 Yes  No

If YES,

• What atomic clock do you synchronize the video broadcast with?

• Do you keep a log of last wager received and the official start of every race?

• Please provide a sample of the wager log and official start log.

If NO,

• Explain why there is no timestamp on totalisator logs and official start records and describe your Plan for implementing such a protocol in the future.

11. What version of ITSP (“Intertote System Protocol”) software is your totalisator provider operating under?

12. Do you have protocols in place that you enact upon suspicion of a Wagering Incident?

 Yes  No

If YES,

• Describe, in written detail, the protocols in place that are enacted upon suspicion of a Wagering Incident.

If NO,

• Explain why you do not have protocols in place that are enacted upon suspicion of a Wagering Incident and describe your Plan for implementing such protocols in the future.

13. Do you have protocols in place for communications to the public regarding investigations of Wagering Incidents?

 Yes  No

If YES,

• Describe, in written detail, the protocols in place for communications to the public regarding investigations of Wagering Incidents.

If NO,

• Explain why you do not have protocols in place for communications to the public regarding investigations of Wagering Incidents and describes your future Plans to implement a public communications strategy.

14. Describe and give examples of communications regarding the mechanism in place by which the public can report Wagering Incidents.

15. Do you have protocols in place to perform due diligence on wagering entities seeking access to your wagering pools?

 Yes  No

If YES,

• Describe, in written detail, the protocols implemented to perform due diligence on wagering entities seeking access to your wagering pools.

If NO,

• Explain why you do not have protocols implemented to perform due diligence on wagering entities seeking access to your wagering pools and describe your Plan for implementing a due diligence program in the future.

I. Compliance Program

1. Do you have a Compliance Program in place?

 Yes  No

If YES,

• Please attach documentation demonstrating the design, implementation and maintenance of your Compliance Program.

• Is your Compliance Program prepared in accordance with compliance guidelines issued by NTRA Safety & Integrity Alliance?

• Who is your Compliance Officer?

If NO,

• Why not?

• Describe your Plans to implement an effective Compliance Program in the future.

J. Other

1. Do you offer other programs or utilize other types of safety equipment not otherwise listed above? (For example, safety rail on racetrack, etc.)

 Yes  No

If YES, list and describe.

1. A principal includes: (a) an Applicant’s officers and directors; (b) an Applicant’s principal management employees, including any chief executive officer, chief financial officer, chief operating officer or general manager; (c) an Applicant’s owners or partners, if an unincorporated business. [↑](#footnote-ref-1)