

AP306

Show Management After Event Report

FOSH Inspection Program
31 Canyon Rd.
Herriman, Utah 84096
(801) 254-9369
dqp@FOSH.info

We hope that you were satisfied with the inspection services provided by FOSH. As the responsible party that requested affiliation with FOSH for this event, please forward this completed report to the above address within thirty (30) days following the completion of the event.

Name of show _____ Location _____

Inclusive Dates _____ Judge: _____

Show Manager Name _____ Phone # _____

Show Secretary Name _____ Phone # _____

Total Number of classes offered _____ Actually held _____ total number of class entries _____

DQP(s) in attendance: _____

Total monies your event paid to the DQP(s) for stipend, per diem & mileage. \$ _____

Total cost of lodging and airline tickets provide for the DQP(s) \$ _____

- Were there any deviations from the HPA or FOSH inspection protocols reported to you? Yes__ No__
Were the DQP(s) in an identifiable uniform during the event? Yes__ No__
Were the DQP(s) courteous in dealings with the exhibitors? Yes__ No__
Did the DQP(s) show up for the event at least 1 hour before starting time? Yes__ No__
Did the inspections appear to be complete, thorough, and consistent? Yes__ No__
Did the inspection requirements unduly impede the flow of the show? Yes__ No__
Were there any complaints about the DQP or inspection process from the exhibitors? Yes__ No__
If there were any horses excused for a violation, was it handled well? Yes__ No__
Would you consider using this inspection program in the future? Yes__ No__
Please provide your comments especially for any concerns noted above _____

Name _____ Phone # _____

Signature _____ Date ____/____/____

