

Amendment to Rule 1536, Stewards' Minutes
Filed with the Secretary of State September 8, 2014
Effective January 1, 2015

REGULAR

STATE OF CALIFORNIA - OFFICE OF ADMINISTRATIVE LAW
NOTICE PUBLICATION/REGULATIONS SUBMISSION

(See instructions on reverse)

For use by Secretary of State only
ENDORSED APPROVED
IN THE OFFICE OF

2014 SEP -8 PM 2:14

Debra Bowen
DEBRA BOWEN
SECRETARY OF STATE

STD. 400 (REV. 01-2013)

NOTICE FILE NUMBER Z-2014-0415-02	REGULATORY ACTION NUMBER 2014-0728-015	EMERGENCY NUMBER
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For use by Office of Administrative Law (OAL) only

NOTICE	REGULATIONS
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2014 SEP -3 AM 9:19
OFFICE OF ADMINISTRATIVE LAW

AGENCY WITH RULEMAKING AUTHORITY
California Horse Racing Board

AGENCY FILE NUMBER (if any)

A. PUBLICATION OF NOTICE (Complete for publication in Notice Register)

1. SUBJECT OF NOTICE	TITLE(S)	FIRST SECTION AFFECTED	2. REQUESTED PUBLICATION DATE
3. NOTICE TYPE <input type="checkbox"/> Notice re Proposed Regulatory Action <input type="checkbox"/> Other	4. AGENCY CONTACT PERSON	TELEPHONE NUMBER	FAX NUMBER (Optional)
OAL USE ONLY <input type="checkbox"/> Proposed Notice <input type="checkbox"/> Non-Proposed Notice	NOTICE REGISTER NUMBER	PUBLICATION DATE	

B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)

1a. SUBJECT OF REGULATION(S) Stewards' Minutes	1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S)
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2. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLES(S) AND SECTION(S) (including title 26, if toxics related)	ADOPT
SECTION(S) AFFECTED (List all section number(s) individually. Attach additional sheet if needed.)	AMEND 1536
TITLE(S) 4	REPEAL

3. TYPE OF FILING

<input checked="" type="checkbox"/> Regular Rulemaking (Gov. Code §11346)	<input type="checkbox"/> Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Gov. Code §§11346.2-11347.3 either before the emergency regulation was adopted or within the time period required by statute.	<input type="checkbox"/> Emergency Readopt (Gov. Code, §11346.1(h))	<input type="checkbox"/> Changes Without Regulatory Effect (Cal. Code Regs., title 1, §100)
<input type="checkbox"/> Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code §§11349.3, 11349.4)	<input type="checkbox"/> Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, §11346.1)	<input type="checkbox"/> File & Print	<input type="checkbox"/> Print Only
<input type="checkbox"/> Emergency (Gov. Code, §11346.1(b))	<input type="checkbox"/> Other (Specify)		

4. ALL BEGINNING AND ENDING DATES OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs. title 1, §44 and Gov. Code §11347.1)

5. EFFECTIVE DATE OF CHANGES (Gov. Code, §§ 11343.4, 11346.1(h) Cal. Code Regs., title 1, §100)

<input checked="" type="checkbox"/> Effective January 1, April 1, July 1, or October 1 (Gov. Code §11343.4(a))	<input type="checkbox"/> Effective on filing with Secretary of State	<input type="checkbox"/> §100 Changes Without Regulatory Effect	<input type="checkbox"/> Effective other (Specify)
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6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY

<input type="checkbox"/> Department of Finance (Form STD. 399) (SAM §6660)	<input type="checkbox"/> Fair Political Practices Commission	<input type="checkbox"/> State Fire Marshal
<input type="checkbox"/> Other (Specify)		

7. CONTACT PERSON Leeland Turner	TELEPHONE NUMBER (916) 263-6026	FAX NUMBER (Optional) (916) 263-6022	E-MAIL ADDRESS (Optional) lturner@chrh.ca.gov
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8. I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.

SIGNATURE OF AGENCY HEAD OR DESIGNEE <i>Jacqueline Wagner</i>	DATE 7/28/14
TYPED NAME AND TITLE OF SIGNATORY Jacqueline Wagner, Assistant Executive Director	

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SEP 08 2014

Office of Administrative Law

CALIFORNIA HORSE RACING BOARD
TITLE 4. CALIFORNIA CODE OF REGULATIONS
ARTICLE 5. RACING OFFICIALS
RULE 1536. STEWARDS' MINUTES

(a) The stewards shall maintain minutes and records of all proceedings before the stewards that shall contain:

- (1) the record of votes,
- (2) a record of all actions taken, and
- (3) the penalties imposed along with the reasons for the actions.

A majority vote of the stewards shall govern and, in the event of a split vote, each steward shall file a separate report on the matter. The stewards shall submit their original minutes to the Executive Director weekly, and shall deliver a copy of their minutes to each member of the Board.

(b) A report of all on-track accidents involving jockeys or drivers on form Jockey/Driver Accident Report CHRB-201 (~~New 07/06~~ Rev. 2/14), which is hereby incorporated by reference, shall be attached to the stewards' minutes.

(c) A report of all on-track accidents involving exercise riders, or employees in a jog cart or sulky not engaged in a race, on form Training Accident Report CHRB-201A (New 2/14), which is hereby incorporated by reference, shall be attached to the stewards' minutes.

(1) For the purposes of this regulation "employee" means a person engaged to drive a jog cart or sulky at a standardbred facility.

Authority: Sections 19420, 19440 and 19481.3(e),
Business and Professions Code.

Reference: Sections 19432, 19440 and 19481.3(e),
Business and Professions Code.

JOCKEY/DRIVER ACCIDENT REPORT

Business and Professions Code Section 19481.3(e) provides that the stewards shall investigate and prepare a report regarding all on-track accidents involving jockeys that occur during the performance of their jockeys' duties. The investigation shall commence no later than the next live racing day and shall be completed expeditiously. Board Rule 1536, Stewards' Minutes, includes drivers in this requirement. **Upon completion of the report, it shall immediately be sent by facsimile or electronic mail to the Jockey's' Guild or California Harness Horsemen's Association (CHHA); the jockey/driver or his representative; the racing association; the horse owner; and the trainer of the horse the jockey/driver was riding/driving at the time of the accident.**

Name of jockey/driver & CHRB License No.: _____

Name of horse owner & CHRB License No.: _____

Name of trainer & CHRB License No.: _____

Name of horse & Tattoo No.: _____

Race No.: _____

Date/time/location of accident: _____

DESCRIPTION OF ACCIDENT

Include circumstances of accident, likely causes and the extent of injury to jockey/driver, if any. Complete one Jockey/Driver Accident Report for each jockey/driver involved in an accident. ~~In addition to the distribution described above,~~ a A copy of each report shall be attached to the stewards' minutes in accordance with Rule 1536, Stewards' Minutes.

Jockey/Driver condition: _____

Horse condition: _____

Prepared by:

Signature:

Date report completed:

Distribution

- Jockeys' Guild/ CHHA
- Jockey/Driver
- Racing Association
- Owner
- Trainer

Note: Attach original CHRB-201 form to stewards' minutes.

TRAINING ACCIDENT REPORT

The stewards shall investigate and prepare a report regarding all on-track accidents involving exercise riders, or employees in a jog cart or sulky not engaged in a race, that occur during the performance of their duties. The investigation shall commence no later than the next live racing day and shall be completed expeditiously. **Upon completion of the report, it shall immediately be sent by facsimile or electronic mail to the exercise rider/employee; the racing association; the horse owner; and the trainer responsible for the exercise rider/employee involved in the accident.**

Name of exercise rider/employee & CHRB License No.: _____

Name of horse owner & CHRB License No.: _____

Name of trainer & CHRB License No.: _____

Name of horse & Tattoo No.: _____

Date/time/location of accident: _____

DESCRIPTION OF ACCIDENT

Include circumstances of accident, likely causes and the extent of injury to exercise rider/employee, if any. Complete one Training Accident Report for each exercise rider/employee involved in an accident. A copy of each report shall be attached to the stewards' minutes in accordance with Rule 1536, Stewards' Minutes.

Exercise Rider condition: _____

Horse condition: _____

Prepared by: _____

Signature: _____

Date report completed: _____

<p><u>Distribution</u></p> <ul style="list-style-type: none"> • <u>Exercise Rider/Employee</u> • <u>Racing Association</u> • <u>Owner</u> • <u>Trainer</u> <p><u>Note: Attach original CHRB-201A form to stewards' minutes.</u></p>
