



Fédération Internationale de Motocyclisme  
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## CIRCUIT CMO QUESTIONNAIRE

(Form to be used by CMO)

**This questionnaire has to be completed by the CMO (in accordance with Art. 09.6.1 of the FIM Medical Code) and returned to the FIM by e-mail 60 days prior to the event with the following attachments:**

- 1) A plan of the medical centre
- 2) A map of the circuit/ posts indicating the medical services
- 3) A map of the circuit indicating the routes for urgent evacuation
- 4) Written confirmation that the necessary personnel is available during practice and racing

A copy of this form has to be handed over the Medical Director before the first track inspection (Art. 09.6.2 of the FIM Medical Code)

**Discipline**

**IMN No.**

**Circuit**

**Date**

**Country**

**CHIEF MEDICAL OFFICER**

**LIC. N°**

Discipline

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IMN No.

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1 a) Are all medical services under the control of the Chief Medical Officer

1 b) Is the medical service for the general public under the control of a deputy CMO or other doctor than the CMO himself

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

## 2) Total personnel (medical centre, track)

(please fill in the number)

Doctor (including CMO)	0 Thursday
Nurses	1 Friday
Paramedic or equivalent	2 Saturday
Other Medical personnel	3 Sunday
Stretcher bearer	4 Monday
Driver	
Other (e.g. Pilot)	
Total	

day	0	1	2	3	4
number					

## 3) Medical Intervention Vehicle (type A1)

Number

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Do positions conform to map of circuit/ posts?

Doctor as per Medical Code

Second doctor, nurse, paramedic or equivalent as per Medical Code

Driver as per Medical Code

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

## Medical Intervention Vehicle (Type A2)

Number

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Do positions conform to map of circuit/ posts?

Doctor as per Medical Code

Nurse, Paramedic or equivalent as per Medical Code

Driver as per Medical Code

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

## Medical Equipment

Portable oxygen supply

Manual ventilator

Intubation equipment

Suction equipment

Intravenous infusion equipment

Equipment to immobilise limbs and spine  
(including cervical spine)

Sterile dressings

ECG monitor and defibrillator

Drugs for resuscitation and analgesia/IV fluids

Sphygmomanometer and stethoscope

<input type="checkbox"/>	<input type="checkbox"/>

## Other equipment

Protective canvas/tarpaulins

<input type="checkbox"/>	<input type="checkbox"/>
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## Technical Equipment

Radio communication with Race Control and CMO/Medical Director

Visible and audible signals

Equipment to remove suits and helmets

Type of vehicle

Quad  
Ambulance  
other

<input type="checkbox"/>	<input type="checkbox"/>

**Discipline**  **IMN No.**

**4) Vehicles Type B1** **Number**  **YES**  **NO**

Do positions conform to map of circuit/ posts?  
Doctor as per Medical Code  
Paramedics or equivalent as per Medical Code

**Vehicles Type B2** **Number**

Do positions conform to map of circuit/ posts?  
Doctor as per Medical Code  
Paramedics or equivalent as per Medical Code

**Medical Equipment**

Portable oxygen supply  
Manual and automatic ventilator  
Intubation equipment  
Suction equipment  
Intravenous infusion equipment  
Equipment to immobilise limbs and spine  
(including cervical spine)  
Sterile dressings  
Thoracic drainage / Chest decompression equipment  
Tracheostomy equipment /Surgical airway equipment  
Sphygmomanometer and stethoscope  
Stretcher  
Scoop stretcher  
ECG monitor and defibrillator  
Pulse oximeter  
Drugs for resuscitation and analgesia/ IV fluids

**Technical Equipment**

Radio communication with Race Control and CMO  
Visible and audible signals  
Equipment to remove suits and helmets  
Air conditioning and refrigerator (recommended)

Type of vehicle

**5) Vehicles Type C** **Number**  **YES**  **NO**

Do positions conform to map of circuit/ posts?  
Personnel as per Medical Code

**Medical Equipment**

Stretcher  
Oxygen supply  
Equipment to immobilise limbs and spine (including cervical spine)  
First Aid medicaments and materials

**Technical Equipment**

Radio communication with Race Control and CMO  
Visible and audible signals

Type of vehicle

Discipline

IMN No.

6a) Medical Ground posts

Number

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

Do positions conform to map of circuit/ posts?

**GP1 Personnel**

Doctor experienced in resuscitation and the pre-hospital management of trauma

First aiders or stretcher bearers

<input type="checkbox"/>	<input type="checkbox"/>
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**GP2 Personnel**

Paramedic or equivalent experienced in resuscitation and pre-hospital management of trauma

Two first aiders or stretcher bearers

<input type="checkbox"/>	<input type="checkbox"/>
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**Medical Equipment**

Equipment for initiating resuscitation and emergency treatment

Initial airway management

Ventilatory support

Haemorrhage control & circulatory support

Cervical collar

Extrication device - Scoop stretcher or spinal board or equivalent

<input type="checkbox"/>	<input type="checkbox"/>

**Technical Equipment**

Radio communication with Race Control and CMO

Adequate shelter for staff and equipment and ground post staff

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

**Other equipment**

Protective canvas / tarpaulins

<input type="checkbox"/>	<input type="checkbox"/>
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6b) Pit lane ground posts

Number

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

Do positions conform to map of circuit/ posts?

**Personnel**

Doctor, Paramedic or equivalent experienced in emergency care

Stretcher bearer

<input type="checkbox"/>	<input type="checkbox"/>
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**Medical Equipment**

Airway management and intubation equipment

Drugs for resuscitation and analgesia/ IV fluids

Cervical collars

Manual respiration system

Intravenous infusion equipment

First Aid equipment

Scoop stretcher or spinal board or equivalent

<input type="checkbox"/>	<input type="checkbox"/>

**Technical Equipment**

Radio communication with Race Control and CMO

<input type="checkbox"/>	<input type="checkbox"/>
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7) Medical Centre

Is a medical centre available at this circuit as per Medical Code?

(compulsory at GP, SBK, Endurance WC) if "NO" go to 7d)

Is it a permanent structure?

Is it less than 10 mins from any part of the circuit?

Refer to Art. 13.3 of the FIM Standards for Circuits

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Discipline	IMN No.	
Number of rooms		
Secure environment from which media and public can be excluded	<input type="checkbox"/>	<input type="checkbox"/>
Area easily accessible by First Aid vehicles	<input type="checkbox"/>	<input type="checkbox"/>
Helicopter landing area nearby	<input type="checkbox"/>	<input type="checkbox"/>
One or two rooms large enough to allow resuscitation of at least two severely injured riders simultaneously (resuscitation area)	<input type="checkbox"/>	<input type="checkbox"/>
X-ray room or portable digital X-ray machine	<input type="checkbox"/>	<input type="checkbox"/>
A room large enough to treat more than one rider with minor injuries simultaneously	<input type="checkbox"/>	<input type="checkbox"/>
Temporary separation in this area, e.g. curtains or screens	<input type="checkbox"/>	<input type="checkbox"/>
	YES	NO
Reception and waiting area	<input type="checkbox"/>	<input type="checkbox"/>
Doctor's room	<input type="checkbox"/>	<input type="checkbox"/>
Toilet and shower room with disabled access	<input type="checkbox"/>	<input type="checkbox"/>
A staff changing room with male and female toilets	<input type="checkbox"/>	<input type="checkbox"/>
Medical staff room for 12 or more persons	<input type="checkbox"/>	<input type="checkbox"/>
Radio communication with Race Control, the CMO, ambulances and ground posts	<input type="checkbox"/>	<input type="checkbox"/>
If the Medical Centre has normal electric power supply, it must also be permanently connected to its own U.P.S. (Uninterruptible Power Supply)	<input type="checkbox"/>	<input type="checkbox"/>
Water supply, heating, air-conditioning and sanitation appropriate to the country	<input type="checkbox"/>	<input type="checkbox"/>
Closed Circuit TV	<input type="checkbox"/>	<input type="checkbox"/>
Office facilities	<input type="checkbox"/>	<input type="checkbox"/>
Dirty utility room	<input type="checkbox"/>	<input type="checkbox"/>
Equipment storage	<input type="checkbox"/>	<input type="checkbox"/>
Security fence	<input type="checkbox"/>	<input type="checkbox"/>
Telephones	<input type="checkbox"/>	<input type="checkbox"/>
Security Guard	<input type="checkbox"/>	<input type="checkbox"/>
Parking for ambulances	<input type="checkbox"/>	<input type="checkbox"/>
<b>7a) Room requirements</b>		
1 resuscitation room	<input type="checkbox"/>	<input type="checkbox"/>
or		
2 resuscitation rooms	<input type="checkbox"/>	<input type="checkbox"/>
Entrance separate to entrance for general public	<input type="checkbox"/>	<input type="checkbox"/>
Minor treatment room	<input type="checkbox"/>	<input type="checkbox"/>
X-ray room	<input type="checkbox"/>	<input type="checkbox"/>
Medical staff room	<input type="checkbox"/>	<input type="checkbox"/>
Wide corridors and doors to move patients on trolleys	<input type="checkbox"/>	<input type="checkbox"/>
<b>7b) Equipment for resuscitation areas</b>		
Equipment for endotracheal intubation, tracheostomy and ventilation support including suction, oxygen and anaesthetic agents	<input type="checkbox"/>	<input type="checkbox"/>
Equipment for intravenous access including cut down and central venous cannulation and fluids including colloid plasma expanders and crystalloid solutions	<input type="checkbox"/>	<input type="checkbox"/>
Intercostal drainage equipment	<input type="checkbox"/>	<input type="checkbox"/>
Equipment for cardiac monitoring and resuscitation, including ECG monitoring, defibrillation and blood pressure measurement	<input type="checkbox"/>	<input type="checkbox"/>
Equipment for immobilising the spine at all levels	<input type="checkbox"/>	<input type="checkbox"/>

<b>Discipline</b>	<input type="text"/>	<b>IMN No.</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Equipment for the splinting of limb fractures			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drugs/ IV fluids including analgesia, sedating agents, anticonvulsants, paralysing and anaesthetic agents, cardiac resuscitation drugs/ IV fluids			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tetanus toxoid and broad spectrum antibiotics (recommended)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equipment for diagnostic ultrasound			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Digital X-Ray (compulsory for GP, Superbike and Endurance WC) recommended for all other events provided it is not prohibited by national legislation)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**7c) Equipment for minor injuries area**

The area must have beds, dressings, suture equipment and fluids to treat up to three riders with minor injuries simultaneously.

Sufficient stocks to replenish the area during the event must be available and sufficient doctors, nurses and paramedics or equivalent experienced in treating trauma must be available

<input type="checkbox"/>	<input type="checkbox"/>
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**7d) Is there another facility for treatment of injured riders-**

Room, container or tent (please describe/specify) - only to be filled in if there is no Medical Centre

<input type="checkbox"/>	<input type="checkbox"/>
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<input type="text"/>
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**7e) Personnel**

(please fill in the number)

Doctor
Nurses
Paramedic or equivalent
Other medical
Stretcher bearer
Driver
Other
Total

0 Thursday  
1 Friday  
2 Saturday  
3 Sunday  
4 Monday

day	0	1	2	3	4
number	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				

Specialists at medical centre (mentioning specialty)

1. Surgeon experienced in trauma	<input type="checkbox"/> yes	<input type="checkbox"/> no
2. Trauma resuscitation specialist	<input type="checkbox"/>	<input type="checkbox"/>

Other Specialists

3.	<input type="text"/>
4.	<input type="text"/>

**7f) Doping facilities**

<input type="checkbox"/> YES	<input type="checkbox"/> NO
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**8) Vehicles for transport to hospital**

Number

**9) Helicopter**

Helicopter with medical equipment

Number

**Discipline****IMN No.**

Fluids and drugs  
Respirator  
Oxygen  
ECG/defibrillator

  
  
  
  
  
  
**Personnel (specify)**

Doctor
Nurse, Paramedic or equivalent
Pilot

0 Thursday  
1 Friday  
2 Saturday  
3 Sunday  
4 Monday

day	0	1	2	3	4
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Number						

**10) Clothing of medical personnel as per Medical Code**

Doctor  
Nurse, Paramedics or equivalent

**YES****11) Closed Circuit TV****12) Radio Operator (Medical Service)****13) Hospitals**

Type of hospital	Name of Hospital
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Time to Hospital		Distance
Road	Air	km
min	min	

a) Local hospital	
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b) General Surgery	
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c) Orthopaedic/Trauma	
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d) Neurosurgery	
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e) Spinal Injuries	
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f) Cardio/Thoracic Surgery	
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g) Burns/Plastic Surgery	
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h) Vascular Surgery	
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i) Micro Surgery	
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**YES**  
**NO**  
**A route map to the hospitals is enclosed**

**Discipline****IMN No.****14) Trackside positions of Doctors**

Please enter for every doctor (CMO,2,3,...) where he/she will be stationed. Remember to enter only one x in each column (except where is an asterix (Type A1 and B1, please enter the post n°)

Doctor (number)	CMO	1	2	3	4	5	6	7	8	9	10
Race Control											
other place											
Type A1*											
Type B1*											
Medical GP 1											
Pit lane ground post											
Medical Centre/ Art. 7d)											

Doctor (number)	11	12	13	14	15	16	17	18	19	20
Race Control										
other place										
Type A1*										
Type B1*										
Medical GP 1										
Pit lane ground post										
Medical Centre/ Art. 7d)										

**YES****NO****The CIRCUIT CMO QUESTIONNAIRE has been completed by the CMO****Remarks:****CMO signature:****Date of completion :**