



Fédération Internationale de Motocyclisme
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CIRCUIT CMO QUESTIONNAIRE

(Form to be used by CMO)

The following questionnaire is to be completed and returned to the FIM 2 months prior to the event with

- a)** A plan of the medical centre
- b)** A map of the circuit/ posts indicating the medical services
- c)** A map of the circuit indicating the routes for urgent evacuation
- d)** Written confirmation that the hospitals are aware of the time of practice and racing and that injured riders will be treated with minimum delay

This form must also be given to the FIM Medical Inspector at the time of the inspection

Discipline	<input type="text"/>	IMN No.	<input type="text"/>
Circuit	<input type="text"/>	Date	<input type="text"/>
Country	<input type="text"/>		
CHIEF MEDICAL OFFICER	<input type="text"/>		
	LIC.-No.	<input type="text"/>	

Discipline

IMN No.

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

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

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

<input type="checkbox"/>	<input type="checkbox"/>
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2) Total personnel (medical centre, track)
(please fill in the number)

	OO	Mon.	Tues.	Wed	day	OO	0	1	2	3	4
Doctor	0	Thursday			number						
Nurse	1	Friday									
Paramedic or equivalent	2	Saturday									
Other medical	3	Sunday									
driver strecher bearer	4	Monday after race									
pilot											
Total											

3a) Vehicles Type A1 = Medical Intervention Vehicle

Number

Do positions conform to map of circuit/ posts?
 Doctor as per Medical Code
 Second doctor, 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"/>
<input type="checkbox"/>	<input type="checkbox"/>

3b) Vehicles Type A2 = Medical Intervention Vehicle

Number

Do positions conform to map of circuit/ posts?
 Doctor as per Medical Code
 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"/>
<input type="checkbox"/>	<input type="checkbox"/>

3c) 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"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Discipline

IMN No.

3d) Other equipment

Protective canvas/tarpaulins

YES

NO

3e) 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

Bike
Car

4a) Vehicles Type B1

Number

Do positions conform to map of circuit/ posts?

Doctor as per Medical Code

Personnel as per Medical Code

YES

NO

4b) Vehicles Type B2

Number

Do positions conform to map of circuit/ posts?

Doctor as per Medical Code

Personnel as per Medical Code

YES

NO

4c) 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 equipment/ chest decompression equipment

Tracheostomy /surgical airway equipment

Sphygmomanometer and stethoscope

Stretcher

Scoop stretcher

ECG monitor and defibrillator

Pulse oximeter

Drugs for resuscitation and analgesia/ IV fluids

Discipline

IMN No.

4d) Technical Equipment

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

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

Type of vehicle

5a) Vehicles Type C

Number

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

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

5b) Medical equipment

- Stretcher
- Oxygen supply
- Equipment to immobilise limbs and spine
- First Aid medicaments and materials

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

5c) Technical equipment

- Radio communication with Race Control and CMO
- Visible and audible signals

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

Type of vehicle

6) Medical ground posts

Number

- Do positions conform to map of circuit/ posts?

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

7a) GP1 personnel

- Doctor experienced in resuscitation and the pre-hospital management of trauma
- First aiders or stretcher bearers

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

7b) GP2 personnel

- Paramedic or equivalent experienced in resuscitation and pre-hospital management of trauma
- Two first aiders or stretcher bearers

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

7c) 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"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Discipline

IMN No.

7d) Technical equipment

Radio communication with Race Control and CMO
Adequate shelter for staff and equipment
and ground post staff

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

7e) Other equipment

Protective canvas / tarpaulins

<input type="checkbox"/>	<input type="checkbox"/>
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8a) Pit lane ground posts

Number

Do positions conform to map of circuit/ posts?

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

8b) Personnel

Doctor, Paramedic or equivalent experienced in emergency care
Stretcher bearer

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

8c) 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
Stretcher

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

8d) Technical equipment

Radio communication with Race Control and CMO

<input type="checkbox"/>	<input type="checkbox"/>
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9a) Medical centre

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

<input type="checkbox"/>	<input type="checkbox"/>
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9b) Number of rooms

Secure environment from which media and public can be excluded
Area easily accessible by First Aid vehicles
Helicopter landing area nearby
One or two rooms large enough to allow resuscitation of at least two
severely injured riders simultaneously (resuscitation area)
X-ray room or portable X-ray DIGITAL machine
A room large enough to treat more than one rider with minor
injuries simultaneously
Temporary separation in this area, e.g. curtains or screens
Reception and waiting area
Doctor's room

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

Discipline

IMN No.

	YES	NO
9b) 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 is fed by normal power electric 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"/>
9c) Room requirements		
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"/>
Ample width of corridors and doors to move patients on trolleys	<input type="checkbox"/>	<input type="checkbox"/>
9d) Equipment for resuscitation areas		
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 / sufficient surgical instruments	<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"/>
Equipment for the splinting of limb fractures	<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"/>
Tetanus toxoid and broad spectrum antibiotics	<input type="checkbox"/>	<input type="checkbox"/>

Discipline

IMN No.

Equipment for diagnostic ultrasound
DIGITAL X-Ray

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

9e) 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, paramedics or equivalent experienced in treating trauma must be available.

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

9f) Personnel

(please fill in the number)

Doctor
Nurse
Paramedic or equivalent not nurse
Other medical physio, radio assistant
driver stretcher bearer ambulance
pilot HELICO
Total

OO Mon.Tues.Wed
 0 Thursday
 1 Friday
 2 Saturday
 3 Sunday
 4 Monday after race

day	OO	0	1	2	3	4
number						

Specialists at medical centre (mentioning specialty)

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

Other Specialists

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

10) Doping facilities

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

11) Ambulances for transport to hospital

Number

12a) Helicopter

Helicopter with medical equipment

Number

12b) Medical equipment

Fluids and drugs
Respirator
Oxygen
ECG/defibrillator

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

Discipline

IMN No.

12c) Personnel (specify)

Doctor
Paramedic or equivalent
Pilot
Total

- OO Mon.Tues.Wed
- 0 Thursday
- 1 Friday
- 2 Saturday
- 3 Sunday
- 4 Monday after race

day	OO	0	1	2	3	4
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number						

13) Clothing of medical personnel as per Medical Code

- Doctor
- Paramedics or equivalent

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

14) Closed circuit TV

<input type="checkbox"/>	<input type="checkbox"/>
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15) Radio operator (Medical service)

<input type="checkbox"/>	<input type="checkbox"/>
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16) Hospitals

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

a) Local hospital	
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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b) General Surgery	
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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c) Orthopaedic/Trauma	
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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d) Neurosurgery	
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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e) Spinal Injuries	
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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f) Cardio/Thoracic Surgery	
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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g) Burns/Plastic Surgery	
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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h) Vascular Surgery	
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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i) Micro Surgery	
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Discipline

IMN No.

- 17) CT scan YES NO
- 18) MRI YES NO
- 19) A route map to the hospitals is enclosed YES NO

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

- 21) The CIRCUIT CMO QUESTIONNAIRE has been completed by the CMO YES NO

Remarks:

CMO signature:

Date of completion :