



Fédération Internationale de Motocyclisme  
11, route Suisse - CH-1295 Mies (Suisse)  
E-mail: [cmi@fim.ch](mailto:cmi@fim.ch)

## **CIRCUIT CMO QUESTIONNAIRE International Six Days of Enduro / ISDE**

**(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 map of the circuit/ posts indicating the medical services**

**b) 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

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

**Discipline**

**IMN No.**

1) **Are all medical services under the control of the Chief Medical Officer** YES  NO

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

(please fill in the number)

		1	2	3	4	5	6
Doctor (including CMO)	1	Tuesday					
Nurse	2	Wednesday					
Paramedic or equivalent	3	Thursday					
Other Medical personnel	4	Friday					
Stretcher bearer	5	Saturday					
Driver	6	Sunday					
Other (e.g. Pilot)							
<b>Total</b>							

3a) **Vehicles Type A1 = Medical Intervention Vehicle** Number

Do positions conform to map of circuit/ posts? YES  NO   
 Doctor as per Medical Code   
 Second doctor, nurse, paramedic or equivalent as per Medical Code   
 Driver as per Medical Code

3b) **Vehicles Type A2 = Medical Intervention Vehicle** Number

Do positions conform to map of circuit/ posts? YES  NO   
 Doctor as per Medical Code   
 Nurse, paramedic or equivalent as per Medical Code   
 Driver as per Medical Code

**3c) Medical Equipment**

Portable oxygen supply	<input type="checkbox"/>	<input type="checkbox"/>
Manual ventilator	<input type="checkbox"/>	<input type="checkbox"/>
Intubation equipment	<input type="checkbox"/>	<input type="checkbox"/>
Suction equipment	<input type="checkbox"/>	<input type="checkbox"/>
Intravenous infusion equipment	<input type="checkbox"/>	<input type="checkbox"/>
Equipment to immobilise limbs and spine (including cervical spine)	<input type="checkbox"/>	<input type="checkbox"/>
Sterile dressings	<input type="checkbox"/>	<input type="checkbox"/>
ECG monitor and defibrillator	<input type="checkbox"/>	<input type="checkbox"/>
Drugs for resuscitation and analgesia/IV fluids	<input type="checkbox"/>	<input type="checkbox"/>
Sphygmomanometer and stethoscope	<input type="checkbox"/>	<input type="checkbox"/>

**3d) Technical Equipment**

Radio communication with Race Director and CMO	<input type="checkbox"/>	<input type="checkbox"/>
Visible and audible signals	<input type="checkbox"/>	<input type="checkbox"/>
Equipment to remove suits and helmets	<input type="checkbox"/>	<input type="checkbox"/>

Type of vehicle Quad  Bike   
Ambulance  Car   
other

3e) **Other equipment** Protective canvas / tarpaulins

**Discipline**

**IMN No.**

<b>4a) Vehicles Type B1</b>	<b>Number</b>	<input type="text"/>	<b>YES</b>	<b>NO</b>
Do positions conform to map of circuit/ posts?			<input type="checkbox"/>	<input type="checkbox"/>
Doctor as per Medical Code			<input type="checkbox"/>	<input type="checkbox"/>
Personnel as per Medical Code			<input type="checkbox"/>	<input type="checkbox"/>

<b>4b) Vehicles Type B2</b>	<b>Number</b>	<input type="text"/>		
Do positions conform to map of circuit/ posts?			<input type="checkbox"/>	<input type="checkbox"/>
Doctor as per Medical Code			<input type="checkbox"/>	<input type="checkbox"/>
Personnel as per Medical Code			<input type="checkbox"/>	<input type="checkbox"/>

<b>4c) Medical Equipment</b>				
Portable oxygen supply			<input type="checkbox"/>	<input type="checkbox"/>
Manual and automatic ventilator			<input type="checkbox"/>	<input type="checkbox"/>
Intubation equipment			<input type="checkbox"/>	<input type="checkbox"/>
Suction equipment			<input type="checkbox"/>	<input type="checkbox"/>
Intravenous infusion equipment			<input type="checkbox"/>	<input type="checkbox"/>
Equipment to immobilise limbs and spine (including cervical spine)			<input type="checkbox"/>	<input type="checkbox"/>
Sterile dressings			<input type="checkbox"/>	<input type="checkbox"/>
Thoracic drainage equipment/Chest decompression equipment			<input type="checkbox"/>	<input type="checkbox"/>
Tracheostomy equipment/Surgical airway equipment			<input type="checkbox"/>	<input type="checkbox"/>
Sphygmomanometer and stethoscope			<input type="checkbox"/>	<input type="checkbox"/>
Stretcher			<input type="checkbox"/>	<input type="checkbox"/>
Scoop stretcher			<input type="checkbox"/>	<input type="checkbox"/>
ECG monitor and defibrillator			<input type="checkbox"/>	<input type="checkbox"/>
Pulse oximeter			<input type="checkbox"/>	<input type="checkbox"/>
Drugs for resuscitation and analgesia/ IV fluids			<input type="checkbox"/>	<input type="checkbox"/>

<b>4d) Technical Equipment</b>				
Radio communication with Race Director and CMO			<input type="checkbox"/>	<input type="checkbox"/>
Visible and audible signals			<input type="checkbox"/>	<input type="checkbox"/>
Equipment to remove suits and helmets			<input type="checkbox"/>	<input type="checkbox"/>
Air conditioning and refrigerator (recommended)			<input type="checkbox"/>	<input type="checkbox"/>

Type of vehicle

<b>5) Vehicles Type C</b>	<b>Number</b>	<input type="text"/>		
Do positions conform to map of circuit/ posts?			<input type="checkbox"/>	<input type="checkbox"/>
Personnel as per Medical Code			<input type="checkbox"/>	<input type="checkbox"/>

<b>5a) Equipment (Medical)</b>				
Stretcher			<input type="checkbox"/>	<input type="checkbox"/>
Oxygen supply			<input type="checkbox"/>	<input type="checkbox"/>
Equipment to immobilise limbs and spine			<input type="checkbox"/>	<input type="checkbox"/>
First Aid medicaments and materials			<input type="checkbox"/>	<input type="checkbox"/>

<b>5b) Equipment (Technical)</b>				
Radio communication			<input type="checkbox"/>	<input type="checkbox"/>
Visible and audible signals			<input type="checkbox"/>	<input type="checkbox"/>

Type of vehicle

**Discipline**

**IMN No.**

	<b>YES</b>	<b>NO</b>
<b>5c) Personnel</b>		
Doctor/ paramedic or equivalent experienced in emergency care	<input type="checkbox"/>	<input type="checkbox"/>
Stretcher bearer	<input type="checkbox"/>	<input type="checkbox"/>
<b>5d) Medical Equipment</b>		
Equipment for initiating resuscitation and emergency treatment	<input type="checkbox"/>	<input type="checkbox"/>
Cervical collar	<input type="checkbox"/>	<input type="checkbox"/>
Scoop stretcher	<input type="checkbox"/>	<input type="checkbox"/>
<b>5e) Technical Equipment</b>		
Radio communication with Race Control and CMO	<input type="checkbox"/>	<input type="checkbox"/>
<b>6 ) Medical Centre</b> ( Mandatory in 6 days Enduro )		
Is a medical centre available as per Medical Code?	<input type="checkbox"/>	<input type="checkbox"/>
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"/>
A room large enough to treat more than one rider with minor injurie simultaneously	<input type="checkbox"/>	<input type="checkbox"/>
Temporary separation in this area, e.g. curtains or screens	<input type="checkbox"/>	<input type="checkbox"/>
Radio communication with Race Control, CMO, ambulances & 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"/>
Office facilities	<input type="checkbox"/>	<input type="checkbox"/>
Dirty utility container	<input type="checkbox"/>	<input type="checkbox"/>
Equipment storage	<input type="checkbox"/>	<input type="checkbox"/>
Parking for ambulances	<input type="checkbox"/>	<input type="checkbox"/>
<b>Medical Equipment</b>		
<b>6a) Equipment for resuscitation</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	<input type="checkbox"/>	<input type="checkbox"/>
Fluids including colloid plasma epanders 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"/>
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"/>
<b>6b) Equipment for minor injuries</b>		
The area must have beds, dressings, suture equipment and fluids to treat up to three riders with minor injuries simultaneously.	<input type="checkbox"/>	<input type="checkbox"/>
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"/>

**Discipline**

**IMN No.**

**6c) Personnel**

(please fill in the number)

Doctor
Nurses
Paramedic or equivalent
Stretcher bearer
Driver
Other
<b>Total</b>

- 1 Tuesday
- 2 Wednesday
- 3 Thursday
- 4 Friday
- 5 Saturday
- 6 Sunday

day	1	2	3	4	5	6
number						

Specialists at medical centre (mentioning specialty)

			yes	no
1. Surgeon experienced in trauma				
2. Trauma resuscitation specialist				

Other Specialists

3.
4.

**7) Anti-Doping facilities**

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

**8) Vehicles for transport to hospital**

**Number**

**9) Helicopter**

**9a) Helicopter with medical equipment**

**Number**

- Fluids and drugs
- Respirator
- Oxygen
- ECG/defibrillator

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

**9b) Personnel (specify)**

Doctor
Nurse, paramedic or equivalent
Pilot
<b>Total</b>

- 1 Tuesday
- 2 Wednesday
- 3 Thursday
- 4 Friday
- 5 Saturday
- 6 Sunday

day	1	2	3	4	5	6
Number						

**12c) Clothing of medical personnel as per Medical Code**

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

- Doctor
- Paramedics or equivalent

**13) Hospitals :**

Type of hospital	Name of Hospital	GPS Coordinates	Time to hospital		Distance km
			Route min	Air min	
a) Local hospital			<input type="text"/>	<input type="text"/>	<input type="text"/>
b) General Surgery			<input type="text"/>	<input type="text"/>	<input type="text"/>

Discipline		IMN No.		Time to hospital		Distance
Type of hospital	Name of Hospital	GPS Coordinates		Route	Air	km
				min	min	
c) Orthopaedic/Trauma						
d) Neurosurgery						
e) Spinal Injuries						
f) Cardio/Thoracic Surgery						
g) Burns/Plastic Surgery						
h) Vascular Surgery						
i) Micro Surgery						

14) A route map to the hospitals is enclosed YES  NO

15) **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 there 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 Centre/ Art. 7d)											

**Discipline**

**IMN No.**

16) The CIRCUIT CMO QUESTIONNAIRE has been completed by the CMO

**YES**

**NO**

**Remarks:**

**Date of completion :**

**CMO signature:**