



TRACK INSPECTION REPORT

FLAT TRACK – TT TRACK

GENERAL INFORMATIONS:

Name of the track			
Location and Country			
New inspection	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Last inspection		Last Licence number	Expiry date
Type of track	<input type="checkbox"/> Oval	<input type="checkbox"/> TT	

ORGANISER’S INFORMATIONS

Responsible person	
Email	

DIMENSIONS:

Length of Track	m	Width of Straights	m
Width of Oval Corners	m	Width of TT Corners	m

SURFACING:

Track base	<input type="checkbox"/> Clay <input type="checkbox"/> Crushed stones <input type="checkbox"/> Soil <input type="checkbox"/> Concrete <input type="checkbox"/> Sand <input type="checkbox"/> Other
Surface material	<input type="checkbox"/> Grass <input type="checkbox"/> Granit <input type="checkbox"/> Sand <input type="checkbox"/> Shale <input type="checkbox"/> Other
Smooth surface	<input type="checkbox"/> YES <input type="checkbox"/> NO
Drainage details	

JUMPS Yes No

Length	m	Height	m
Width	m	Protections	<input type="checkbox"/> Yes <input type="checkbox"/> No

NEUTRAL ZONE : Yes No

Width of Neutral Zone (straights)	m	Width of Neutral Zone (bends)	m
Obstacles – full details including protection in place	<input type="checkbox"/> None <input type="checkbox"/> Red stop lights stanchions <input type="checkbox"/> Other		
Observations Recommendations			

SAFETY FENCE –if applicable- Yes No

Fence height	m	Kickboard	<input type="checkbox"/> Yes <input type="checkbox"/> No
Kickboard height	m		
Fence capping details	<input type="checkbox"/> Multilayer plywood <input type="checkbox"/> Plastic <input type="checkbox"/> Rubber <input type="checkbox"/> None <input type="checkbox"/> Other		
Fence construction type	<input type="checkbox"/> Soft material <input type="checkbox"/> Straw bales <input type="checkbox"/> Wiremesh <input type="checkbox"/> Wood planks <input type="checkbox"/> Wood panels		



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Width of slot for tapes	cm	Kickboard height below slot	cm
Boards painted	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Details of any banners	<input type="checkbox"/> Fixed on the fence/straw bales <input type="checkbox"/> None		
Condition of fence	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Very good		
Condition of kickboard	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Very good		

INFIELD

Height of inner edge	cm	Type of inner edge	<input type="checkbox"/> Concrete <input type="checkbox"/> Kerbstone <input type="checkbox"/> Other
Marking of inner edge	<input type="checkbox"/> flags <input type="checkbox"/> bales <input type="checkbox"/> white powder <input type="checkbox"/> paint <input type="checkbox"/> Other		
Obstacles	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, protection	<input type="checkbox"/> YES <input type="checkbox"/> NO
Details			

STARTING GATE: YES NO

Details of protection	<input type="checkbox"/> Absorbing material <input type="checkbox"/> Protective pads <input type="checkbox"/> Straw bales <input type="checkbox"/> Tyres
Construction	<input type="checkbox"/> Steel <input type="checkbox"/> Metal and electromagnetic <input type="checkbox"/> Other
Number of sliders	
Marking of start line	<input type="checkbox"/> White paint <input type="checkbox"/> Red paint <input type="checkbox"/> Other

SIGNALLING

Green light start	<input type="checkbox"/> YES <input type="checkbox"/> NO
Position of Green lights	<input type="checkbox"/> In front of Starting Area <input type="checkbox"/> Behind Starting Area <input type="checkbox"/> Other
Number of Stop lights	
Positioning of Stop Lights	<input type="checkbox"/> Corners <input type="checkbox"/> Straights <input type="checkbox"/> Starting Area
Condition of Stop Light Flexible Stanchions	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Very good
Positioning of Amber warning lights	<input type="checkbox"/> pits <input type="checkbox"/> Starting Area <input type="checkbox"/> Other
Positioning of 2/3 minute warning siren	<input type="checkbox"/> pits <input type="checkbox"/> Starting Area <input type="checkbox"/> Other
Availability of 2/3 minute clock	<input type="checkbox"/> YES <input type="checkbox"/> NO
Availability of Red Flags – numbers and location of marshalls	

ADDITIONAL PROTECTION

APDs	<input type="checkbox"/> YES <input type="checkbox"/> NO
Type	<input type="checkbox"/> Tony Briggs – No Pain Barrier <input type="checkbox"/> Sidjik <input type="checkbox"/> Champion <input type="checkbox"/> Admar <input type="checkbox"/> other
Year of installation	
Condition	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Poor <input type="checkbox"/> Unacceptable
Straw bales	<input type="checkbox"/> YES <input type="checkbox"/> NO
Details	
Other protection	<input type="checkbox"/> YES <input type="checkbox"/> NO
Details	



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REFEREE'S FACILITIES

Position			
Visibility	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Very good	Security	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Very good
Lighting	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Very good		
Heating/cooling	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Very good	Clean	<input type="checkbox"/> YES <input type="checkbox"/> NO
Privacy	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Very good		
Refreshment	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Switchboard	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Functioning of Green Light	<input type="checkbox"/> YES <input type="checkbox"/> NO	Functioning of 2 minute Amber Lights	<input type="checkbox"/> YES <input type="checkbox"/> NO
Functioning of 2 minute Siren	<input type="checkbox"/> YES <input type="checkbox"/> NO	Functioning of Stop Lights	<input type="checkbox"/> YES <input type="checkbox"/> NO
Functioning of Stop Siren	<input type="checkbox"/> YES <input type="checkbox"/> NO	Functioning of Start Gate	<input type="checkbox"/> YES <input type="checkbox"/> NO
Functioning of 2 minute clock	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Co-ordination green light / starting gate	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Co-ordination green light / amber light	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Automatic switch-off of the green light after 10 sec	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Additional green light to signal to riders			
Telephone connection to pits/start/speaker	<input type="checkbox"/> Telephone <input type="checkbox"/> Walkie Talkie <input type="checkbox"/> Other		

Start with flags	<input type="checkbox"/> YES <input type="checkbox"/> NO
Start with lights	<input type="checkbox"/> YES <input type="checkbox"/> NO

PITS

Dimensions and number of individual bays		bays	M ²
Hard ground	<input type="checkbox"/> YES <input type="checkbox"/> NO	Covered	<input type="checkbox"/> YES <input type="checkbox"/> NO
Condition of Changing Room	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Very good		
Position from the pits	<input type="checkbox"/> Far <input type="checkbox"/> Near		
Number of toilets in Changing Room		Number of showers in Changing Room	
Toilet facilities	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Very good		
Drinking Water availability	<input type="checkbox"/> YES <input type="checkbox"/> NO		

PITS ENVIRONMENT

Facilities for washing motorcycles	<input type="checkbox"/> YES <input type="checkbox"/> NO	Facilities for oil/fuel collection	<input type="checkbox"/> YES <input type="checkbox"/> NO
Hard ground	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Facilities for rubbish collection	<input type="checkbox"/> YES <input type="checkbox"/> NO	Facilities for fuel storage	<input type="checkbox"/> YES <input type="checkbox"/> NO
Facilities for fuel filling	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Does the design / construction of the pits protect natural ground, in acc.with the CIE requirements	<input type="checkbox"/> YES <input type="checkbox"/> NO		

TRACK EQUIPMENT

Location of ambulance parking	<input type="checkbox"/> In the pits <input type="checkbox"/> Near the track <input type="checkbox"/> Other		
Source of water for track watering			
Roller available	<input type="checkbox"/> YES <input type="checkbox"/> NO	Grader available	<input type="checkbox"/> YES <input type="checkbox"/> NO



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Other equipment available			
Dry material available	<input type="checkbox"/> YES <input type="checkbox"/> NO	Sawdust available	<input type="checkbox"/> YES <input type="checkbox"/> NO
Track cover available	<input type="checkbox"/> YES <input type="checkbox"/> NO		

STADIUM FACILITIES

Seating Capacity of Stands		Standing Capacity of Stands	
Capacity of Stadium		Number of Entrances	
Number of Exits		Car Parking capacity	
Public facilities (food outlets, cleanliness of stadium)		<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Very good	
Number, location and condition of Toilets	Men		
	Women		
	Disabled		

FIRST AID

First Aid room as per 079.8.2	<input type="checkbox"/> YES <input type="checkbox"/> NO	Doping test facilities	<input type="checkbox"/> YES <input type="checkbox"/> NO
Approach for ambulances to the track	<input type="checkbox"/> Pit gate <input type="checkbox"/> Other		
Distance to the nearest hospital	Kms	Hospital type	<input type="checkbox"/> General Hospital <input type="checkbox"/> Emergency <input type="checkbox"/> Private
Fire extinguishers and tools	<input type="checkbox"/> YES <input type="checkbox"/> NO		

LIGHTS, SOUND AND POWER SUPPLY

Location of light posts	<input type="checkbox"/> Outside the track <input type="checkbox"/> No posts	Number of light posts	
Location of Loudspeakers	<input type="checkbox"/> Around the track <input type="checkbox"/> Around the stadium		
Number of Loudspeakers			

TV BROADCASTING

Location of Parking area for TV broadcasting trucks	<input type="checkbox"/> YES <input type="checkbox"/> NO
Power supply for TV	<input type="checkbox"/> YES <input type="checkbox"/> NO

JURY ROOM

Size	Approx. m ²	Location	
Furnishing	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Very good		

Computer	<input type="checkbox"/> YES <input type="checkbox"/> NO	Printer	<input type="checkbox"/> YES <input type="checkbox"/> NO
Telephone	<input type="checkbox"/> YES <input type="checkbox"/> NO	Wifi	<input type="checkbox"/> YES <input type="checkbox"/> NO
Copy machine	<input type="checkbox"/> YES <input type="checkbox"/> NO	Furnishing	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Very good

PRESS ROOM

Size	Approx. m ²	Location	
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INSPECTOR'S RECOMMENDATION

Track is acceptable for flat track	<input type="checkbox"/> YES <input type="checkbox"/> NO	Track is acceptable for TT	<input type="checkbox"/> YES <input type="checkbox"/> NO
Track is acceptable for	Riders		
Track requires an additional inspection	By the FMNR <input type="checkbox"/> YES <input type="checkbox"/> NO	By the FIM <input type="checkbox"/> YES <input type="checkbox"/> NO	
If Yes please give details			

<u>Other Remarks or Recommendations</u>	
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Licence is issued for: 1 event 1 Year 3 Years

FIM Representative's name & signature:

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FMN Representative's name & signature:

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Club Representative's name & signature:

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Date: _____

The appointed track inspector must complete the track inspection report by computer and send it by e-mail to the FIM Administration, FMN concerned within a few days of the track Inspection. The original signed document must be sent by email afterwards to the FIM Administration with copies to the FMN and the Club concerned.