



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

## 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  IMN No.

Circuit  Date

Country

CHIEF MEDICAL OFFICER

LIC.-No.

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					
Nurse					1	Friday					
Paramedic or equivalent					2	Saturday					
Other medical					3	Sunday					
driver stretcher 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"/>		
day	OO	0	1	2	3	4

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.

**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

<input type="text"/>							
day	OO	0	1	2	3	4	
Number	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**5a) Vehicles Type C**

- 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

<input type="text"/>							
day	OO	0	1	2	3	4	
Number	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**6) Medical ground posts**

- 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

**8a) Pit lane ground posts**

day	OO	0	1	2	3	4

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"/>

Discipline

IMN No.

	YES	NO
<b>9b)</b> 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"/>
<b>9c) 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"/>
Ample width of corridors and doors to move patients on trolleys	<input type="checkbox"/>	<input type="checkbox"/>
<b>9d) 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 / 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, paralyzing 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	day	OO	0	1	2	3	4
0	Thursday									
1	Friday									
2	Saturday									
3	Sunday									
4	Monday after race									

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**

**11) Ambulances for transport to hospital**

**12a) Helicopter**

Helicopter with medical equipment

			YES	NO		
day	OO	0	1	2	3	4
Number	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

**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	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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
Road	Air	
min	min	km

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