



FEDERATION INTERNATIONALE DE L'AUTOMOBILE

QUESTIONNAIRE TO BE COMPLETED AHEAD OF THE CONSTRUCTION / MODIFICATION OF A MEDICAL CENTRE

NAME OF THE CIRCUIT:**COUNTRY:**

Address:

Note: The dotted lines must be filled in and the boxes ☐ ticked in.

General information

- Circuit grade:
 - Present (only if the circuit already exists):
 - Current request:
- Circuit:
 - Permanent? ☐
 - Temporary? ☐
- Starting grid: in case your track map indicates two possible grids, which one do you plan to use for international events?
- Track medical centre:
 - Permanent? ☐
 - Temporary? ☐
- New track medical centre?
 - Thank you for confirming that it is just at project stage, presented on maps ☐

Reminder: no construction or modification may be undertaken before submission of the plans to the Circuits commission and a reply has been received.

- Former track medical centre?
 - If yes: date of coming into use:
 - Plan of the medical centre itself remained as is?
 - Yes ☐
 - No ☐
 - Access from the track, return to the track and evacuation remained as is (in case of change to the circuit)?
 - Yes ☐
 - No ☐
- Who will be taken in charge at the medical centre?
 - Only casualties related to the event (drivers, mechanics, track personnel) ? ☐

- o The above mentioned personnel plus paddock and public? ☐

Plan of the centre itself

It must be large enough to be legible. The identification of the rooms, the captions, and the comments must be written in English or in French. Indicate the total dimensions, the dimensions of each main room, the size of the doors and which way they open, the water sources (including for the treatment of burn victims - please note that a bathtub is no longer required), the sanitary facilities, and the position of the beds / examination tables.

Clearly indicate the location of the ambulance drop-off zone.

The centre in its surroundings

Clearly position with an arrow the medical centre on a detailed and sufficiently large map of the circuit:

➤ Is it located?

- o outside the track? ☐
o inside the track? ☐

In this case, please specify the road evacuation during the race (several boxes may be ticked):

- by crossing the track? ☐
- by bridge above the track? ☐
- by tunnel under the track? ☐

➤ In case of an accident during the race, which means of evacuation do you plan to use for the casualty, taking into account the time to reach the hospital(s) - for FIA World Championships please see Appendix H, article 2.7.3.8:

- o by ambulance? ☐
o by helicopter? ☐

Clearly indicate in colour the access road(s) to the medical centre from the track and vice versa. From the medical centre, indicate the evacuation route(s) towards the outside. Indicate the location of any helipads. Clearly demarcate the space of the centre isolated by fencing and indicate if it will be opaque or not.

➤ What is the distance between the medical centre and race control?: metres

Information concerning the referral hospital(s)

A) If the circuit does not intend to participate in an FIA World Championship:

- o Name of the referral hospital:
o Distance from the medical centre to hospital by road (km):
o Journey time to hospital by road (minutes):

B) If the circuit intends, even potentially, to participate in an FIA World Championship:

- o Name and physical address of all referral hospital(s) - (for the categories of casualties please see Appendix H, article 2.7.2.2g):

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o Distance from the medical centre to each hospital by road (km):

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-
-

o Journey time to each hospital by road under police escort regardless of the conditions (minutes):

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-
-

o Journey time to each hospital by helicopter, including the ambulance transfer if indirect (minutes):

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-
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Additional information to better assess your centre's capabilities

In the event of a power outage, do you possess an emergency electricity supply?

- Yes ☐
- No ☐

Is the oxygen supply administered:

- By bottle? ☐
- Or "centralised"? ☐

Do you have:

- Air conditioning?
 - o Yes ☐
 - o No ☐
- A heating system if necessary?
 - o Yes ☐
 - o No ☐

Have you arranged an area for anti-doping controls:

- Inside the centre?
 - o Yes ☐
 - o No ☐
- Outside the centre?
 - o Yes ☐
 - o No ☐

Any additional comment:

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ASN representative:

Name:

Read and approved on:

Date: dd / mm / 20..... **Signature (Electronic signature accepted):**