

DRIVER'S DAILY LOG

(Month) / (Day) / (Year)

Original - File at home terminal
Duplicate - Driver retains in his/her possession for eight days



(24 HOURS)

RECAP
Complete at end of
workday.

Name of Carrier or Carriers

Total Miles Driving Today

Total Mileage Today

Main Office Address

Home Terminal Address

I certify these entries are true and correct:

Truck/Tractor and Trailer Numbers or

License Plate(s) / State (show each unit)

Driver's Full Signature

Co-Driver's Name

MID-NIGHT	1	2	3	4	5	6	7	8	9	10	11	NOON	1	2	3	4	5	6	7	8	9	10	11	TOTAL HOURS
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1. OFF DUTY

2. SLEEPER BERTH

3. DRIVING

4. ON DUTY

(NOT DRIVING)

MID-NIGHT	1	2	3	4	5	6	7	8	9	10	11	NOON	1	2	3	4	5	6	7	8	9	10	11	TOTAL HOURS
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REMARKS

SHIPPING DOCUMENTS:

B/L or Manifest No.
or

Shipper & Commodity

Enter name of place you reported and where released from work and when and where each change of duty occurred.

From: _____ To: _____
USE TIME STANDARD AT HOME TERMINAL



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On-duty hours today. (Total lines 3 & 4)

70 Hour/8 Day Drivers

A. Total hours on duty last 7 days, including today.

B. Total hours available tomorrow. 70 hr. minus A.*

C. Total hours on duty last 8 days, including today.

60 Hour/7 Day Drivers

A. Total hours on duty last 6 days, including today.

B. Total hours available tomorrow. 60 hr. minus A.*

C. Total hours on duty last 7 days, including today.

*If you meet the 34-hour restart requirements in §395.3, you have 60/70 hours available again.

DRIVER'S VEHICLE INSPECTION REPORT

CARRIER'S NAME: _____

CARRIER'S ADDRESS: _____

TRACTOR/TRUCK NO.: _____ TRAILER(S) NO.(S): _____

TRACTOR/TRUCK	DRIVER'S REPORT	MECHANIC'S REPORT	TRACTOR/TRUCK	DRIVER'S REPORT	MECHANIC'S REPORT	TRACTOR/TRUCK	DRIVER'S REPORT	MECHANIC'S REPORT	TRAILER(S)	DRIVER'S REPORT	MECHANIC'S REPORT	
Brake Lines to Trailer	<input type="checkbox"/>	<input type="checkbox"/>	Frame & Assembly	<input type="checkbox"/>	<input type="checkbox"/>	Transmission	<input type="checkbox"/>	<input type="checkbox"/>	Brakes	<input type="checkbox"/>	<input type="checkbox"/>	
Electric Lines to Trailer	<input type="checkbox"/>	<input type="checkbox"/>	Head Lights	<input type="checkbox"/>	<input type="checkbox"/>	Rear Vision Mirror.....	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Drive Line	<input type="checkbox"/>	<input type="checkbox"/>	Tail Lights	<input type="checkbox"/>	<input type="checkbox"/>	Steering	<input type="checkbox"/>	<input type="checkbox"/>	Coupling (King) Pin	<input type="checkbox"/>	<input type="checkbox"/>	
Coupling Devices	<input type="checkbox"/>	<input type="checkbox"/>	Stop & Turn Lights	<input type="checkbox"/>	<input type="checkbox"/>	Service Brakes	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Tires, Wheels, Rims	<input type="checkbox"/>	<input type="checkbox"/>	Clearance & Marker Lights	<input type="checkbox"/>	<input type="checkbox"/>	Speedometer	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Suspension System	<input type="checkbox"/>	<input type="checkbox"/>	Reflectors	<input type="checkbox"/>	<input type="checkbox"/>	Other Items	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Body	<input type="checkbox"/>	<input type="checkbox"/>	Air Pressure Warning Device	<input type="checkbox"/>	<input type="checkbox"/>	EMERGENCY EQUIPMENT	<input type="checkbox"/>	<input type="checkbox"/>	Suspension System.....	<input type="checkbox"/>	<input type="checkbox"/>	
Glass	<input type="checkbox"/>	<input type="checkbox"/>	Oil Pressure	<input type="checkbox"/>	<input type="checkbox"/>		Reflective Triangles	<input type="checkbox"/>	<input type="checkbox"/>	Tarpaulin	<input type="checkbox"/>	<input type="checkbox"/>
Fuel System	<input type="checkbox"/>	<input type="checkbox"/>	Ammeter	<input type="checkbox"/>	<input type="checkbox"/>	FireExtinguisher	<input type="checkbox"/>	<input type="checkbox"/>	Tires	<input type="checkbox"/>	<input type="checkbox"/>
.....CoolingSystem	<input type="checkbox"/>	<input type="checkbox"/>Horn	<input type="checkbox"/>	<input type="checkbox"/>		Flags, Fusees, Reflectors	<input type="checkbox"/>	<input type="checkbox"/>	Wheels - Rims	<input type="checkbox"/>	<input type="checkbox"/>
Engine	<input type="checkbox"/>	<input type="checkbox"/>	Windshield Wipers	<input type="checkbox"/>	<input type="checkbox"/>	Spare Bulbs, Fuses	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Leaks	<input type="checkbox"/>	<input type="checkbox"/>ParkingBrakes	<input type="checkbox"/>	<input type="checkbox"/>	Tire Chains	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Exhaust	<input type="checkbox"/>	<input type="checkbox"/>	Clutch	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	

CONDITION OF THE ABOVE VEHICLE IS SATISFACTORY DRIVER USE FOR ANY DEFECTIVE ITEM MECHANIC USE WHEN CORRECTED AND YOUR INITIALS

DRIVER _____ DATE _____ ODOMETER END OF DAY _____ ODOMETER START OF DAY _____ TOTAL MILES DRIVEN TODAY _____ NEXT LUBRICATION DUE AT _____ <div style="text-align: right; font-size: small;">MILEAGE</div>	<input type="checkbox"/> ABOVE DEFECTS CORRECTED <input type="checkbox"/> ABOVE DEFECTS NEED NOT BE CORRECTED FOR SAFE OPERATION OF VEHICLE MECHANIC'S SIGNATURE: _____	DRIVER'S SIGNATURE: _____ DATE: _____
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