



# DRIVER'S DAILY LOG

(24 HOURS)

\_\_\_\_/\_\_\_\_/\_\_\_\_  
(Month) (Day) (Year)

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

Total Miles Driving Today

Total Mileage Today

## NAME OF MOTOR CARRIER

Name of Carrier or Carriers

## MAIN OFFICE ADDRESS

Main Office Address

## HOME TERMINAL 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											NOON											TOTAL HOURS	
	1	2	3	4	5	6	7	8	9	10	11	1	2	3	4	5	6	7	8	9	10	11		
1. OFF DUTY																								
2. SLEEPER BERTH																								
3. DRIVING																								
4. ON DUTY (NOT DRIVING)																								
REMARKS																								

SAMPLE

### 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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## DRIVER'S VEHICLE INSPECTION REPORT

CARRIER'S NAME: DVIR COMPANY NAME

CARRIER'S ADDRESS: DVIR ADDRESS

TRACTOR/TRUCK NO.: \_\_\_\_\_ TRAILER(S) NO.: \_\_\_\_\_

TRACTOR/TRUCK	DRIVERS REPORT	MECHANIC'S REPORT	TRACTOR/TRUCK	DRIVERS REPORT	MECHANIC'S REPORT	TRACTOR/TRUCK	DRIVERS REPORT	MECHANIC'S REPORT	TRAILER(S)	DRIVERS REPORT	MECHANIC'S REPORT	
Brake Lines to Trailer.....			Frame Assembly.....			Transmission.....			Brakes.....			
Electric Lines to Trailer.....			Head Light.....			Rear Vision Mirror.....			Brake Connections.....			
Drive Line.....			Tail Lights.....			Steering.....			Coupling Devices.....			
Coupling Devices.....			Stop & Turn Lights.....			Service Brakes.....			Coupling (King) Pin.....			
Tires, Wheels, Rims.....			Clearance & Marker Lights..			Speedometer.....			Doors.....			
Suspension System.....			Reflectors.....			Other Items.....			Hitch.....			
Body.....			Air Pressure Warning Device			<b>EMERGENCY EQUIPMENT</b>			Landing Gear.....			
Glass.....			Oil Pressure.....				Reflective Triangles.....			Lights - All.....		
Fuel System.....			Ammeter.....				Fire Extinguisher.....			Roof.....		
Cooling System.....			Horn.....				Flags, Fusees, Reflectors....			Suspension System.....		
Engine.....			Windshield Wipers.....			Spare Bulbs, Fuses.....			Tarpaulin.....			
Leaks.....			Parking Brakes.....			Tire Chains.....			Tires.....			
Exhaust.....			Clutch.....						Wheels - Rims.....			
									Other Items.....			

I MADE INSPECTION AS REQUIRED ON LISTED ITEMS

DRIVER \_\_\_\_\_ DATE \_\_\_\_\_

DRIVER USE  IF SATISFACTORY MECHANIC USE  WHEN CORRECTED AND  
USE X IF NOT SATISFACTORY YOUR INITIALS

ODOMETER END OF DAY \_\_\_\_\_  
ODOMETER START OF DAY \_\_\_\_\_  
TOTAL MILES DRIVEN TODAY \_\_\_\_\_  
NEXT LUBRICATION DUE AT \_\_\_\_\_ MILEAGE

ABOVE DEFECTS CORRECTED  
 ABOVE DEFECTS NEED NOT BE CORRECTED FOR SAFE OPERATION OF VEHICLE

DRIVER'S SIGNATURE: \_\_\_\_\_  
MECHANIC'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_