

DRIVER'S DAILY LOG
(24 HOURS)

____/____/____
(Month) (Day) (Year)

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

RECAP
Complete at
end of workday.

Total Miles Driving Today _____ Total Mileage Today _____

Name of Carrier or Carriers _____

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 _____

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 took
34 consecutive
hours off duty,
you have 60/70
hours available
again.

	MID-NIGHT											NOON	MID-NIGHT											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	MID-NIGHT											NOON	MID-NIGHT											TOTAL HOURS
	1	2	3	4	5	6	7	8	9	10	11		1	2	3	4	5	6	7	8	9	10	11	
<p>SHIPPING DOCUMENTS:</p> <p>B/L or Manifest No. _____ or _____</p> <p>Shipper & Commodity _____ Enter name of place you reported and where released from work and when and where each change of duty occurred.</p> <p>From: _____ To: _____</p> <p>728-L </p> <p>USE TIME STANDARD AT HOME TERMINAL © Copyright 2005 & Published by J. J. KELLER & ASSOCIATES, INC.</p>																								

DISPATCH AND TRIP REPORT

Company Name _____ Address _____
Tractor/Truck No. _____ Trailer(s) No. _____ Origin _____ Destination _____

DATE	STATE OR PROVINCE	HIGHWAYS USED	ODOMETER READING		MILEAGE		
			BEGINNING	STATE EXIT	NON-TOLL	TOLL	GAL.

DRIVER'S VEHICLE INSPECTION REPORT
DRIVER USE **X** IF NOT SATISFACTORY
MECHANIC USE **✓** WHEN CORRECTED AND YOUR INITIALS

	T / T		TR. #1		TR. #2	
	D	M	D	M	D	M
Engine						
Transmission						
Clutch						
Steering Mechanism						
Horn						
Windshield Wipers / Washers						
Rear Vision Mirrors						
Lighting Devices and Reflectors						
Parking Brake						
Service Brakes						
Air Lines / Light Lines						
Coupling Devices						
Tires						
Wheels and Rims						
Emergency Equipment						
Other						

Next Lubrication Due at _____ Mileage _____

I MADE INSPECTION AS REQUIRED ON LISTED ITEMS.

DRIVER:

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

MECHANIC'S SIGNATURE _____

DRIVER'S SIGNATURE _____

DATE: _____

STAPLE ALL ORIGINAL
FUEL & TOLL RECEIPTS
TO THIS PORTION