DRIVER'S DAILY LOG

(24 HOURS)

Total Miles Driving Today | Total Mileage Today

Truck/Tractor and Trailer Numbers or License Plate(s) / State (show each unit)

_____ / _____ / _____
(Month) (Day) (Year)

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

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:

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
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	

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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RECAP
Complete at end of workday.

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.

SAMPLE

SHIPMENTS ON TRUCK

ORDER NO.	WEIGHT	FROM	TO

SHIPMENTS UNLOADED TODAY

ORDER NO.	COLLECT OR PREPAID	AMOUNT COLLECTED	MISSED PAPERS FROM

MILES DRIVEN TODAY BY STATES

CODE	STATE	LOADED	EMPTY	ROUTE NO.	FUEL PURCHASED TICKETS ATTACHED
					GALS.
					GALS.
					GALS.
					GALS.
					GALS.
					GALS.
	TOTAL				

DRIVER OR AGENT REPORTING

COMPANY NAME **DVIR COMPANY NAME**

ADDRESS **DVIR ADDRESS**

DRIVER'S VEHICLE INSPECTION REPORT

DRIVER USE ✓ IF SATISFACTORY
USE **X** IF NOT SATISFACTORY

MECHANIC USE ✓ WHEN CORRECTED AND YOUR INITIALS

TRACTOR/TRUCK NO. _____

D - DRIVER'S REPORT M - MECHANIC'S REPORT	D	M
Brake Lines to Trailer		
Electric Lines to Trailer		
Drive Line		
Coupling Devices		
Tires, Wheels, Rims		
Suspension System		
Body		
Glass		
Exhaust		
Frame and Assembly		
Fuel System		
Cooling System		
Engine		
Brakes		
Head Lights		
Tail Lights		
Stop & Turn Lights		
Clearance & Marker Lights		
Reflectors		
Air Pressure Warning Device		
Oil Pressure		
Ammeter		
Horn		
Windshield Wipers		
Parking Brakes		
Clutch		
Transmission		
Rear Vision Mirror		
Steering		
Service Brakes		
Speedometer		
Other Items		
EMERGENCY EQUIPMENT		
Reflective Triangles		
Fire Extinguisher		
Flags, Fusees, Fuses, Spare Bulbs		
Tire Chains		

TRAILER(S) NO.(S): _____

D - DRIVER'S REPORT M - MECHANIC'S REPORT	D	M
Brakes		
Brake Connections		
Coupling Devices		
Coupling (King) Pin		
Doors		
Hitch		
Landing Gear		
Lights		
Roof		
Suspension System		
Tarpaulin		
Tires		
Wheels Rims		
Other		

I MADE INSPECTION AS REQUIRED ON LISTED ITEMS.

DRIVER:

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

MECHANIC'S SIGNATURE:

DRIVER'S SIGNATURE:

DATE:

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