# 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
Name of Carrier or Carriers

ADDRESS
Main Office Address

ADDRESS
Home Terminal Address

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

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

BOUND EDGE

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

8540

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

## IFTA/IRP TRIP REPORT

Company Name _____ Truck Unit # _____

Origin _____ Destination _____

| DATE | STATE OR PROVINCE | HIGHWAYS USED | ODOMETER READING BEGINNING / STATE EXIT | TOTAL MILEAGE |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | ENDING | |
| | | | TOTAL MILES | |

STAPLE ALL ORIGINAL FUEL & TOLL RECEIPTS TO THIS PORTION
IFTA/IRP trip report retain 4 years

## SHIPMENTS ON TRUCK

| ORDER NO. | WEIGHT | FROM | TO |
|---|---|---|---|
| | | | |
| | | | |

## SHIPMENTS UNLOADED TODAY

| ORDER NO. | COLLECT OR BILLED | AMOUNT COLLECTED | MAILED PAPERS FROM |
|---|---|---|---|
| | | | |
| | | | |

## 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<br>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 & Assembly | | |
| Fuel System | | |
| Cooling System | | |
| Engine | | |
| Leaks | | |
| 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<br>M - MECHANIC'S REPORT | D | M |
|---|---|---|
| Brakes | | |
| Brake Connections | | |
| Coupling Devices | | |
| Coupling (King) Pin | | |
| Doors | | |
| Hitch | | |
| Landing Gear | | |
| Lights - All | | |
| 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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SAMPLE