				_								
			U.S. DE FEDERAL MOTOR	PT. OF TRANSPO CARRIER SAFET		ATION	certify these	entries are	true and corre	ect:		
	(Name of Carrier or Carriers)		DRI	VER'S	LOG				(D: 10		10	
	(Main Office Address)								(Driver's S	ignature in F	ull)	
(Month)	(Day) (Year)		(Truck or 1	ractor & Trailer N	umber(s))		-	(Nar	me of co-driver	1		
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(Month)		(Day)	(Yea)											
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(Month)	(Day) (Year)	(Truck or Tractor & Trailer Number(s)) (Name of co-driver)	Total
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3: DRIVING			
4: ON DUTY (NOT DRIVING)			
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ORIGINAL



DRIVER'S VEHICLE INSPECTION REPORT

As required by the D.O.T. Federal Motor Carrier Safety Regulations, I submit the following

DATE:	TRACTOR/TRUCK NO.:	TRAILER(S) NO.(S): _	
☐ I detect no defe breakdown.	ct or deficiency in this motor vehicle as would b	e likely to affect the safety of its opera	ation or result in its mechanical
I detect the follo	owing defects or deficiencies in this motor vehicle akdown.	e as would be likely to affect the safet	y of its operation or result in its
— mechanical brea	ardown. Indicate whether defects are on Tractor/Truck or Traile		
		DRIVER'S SIGNATURE:	
☐ Above defects co	rrected		
	ed not be corrected for safe operation of vehicle		
MECHANIC'S SIGNATURE	E:	DRIVER'S SIGNATURE:	DATE:
	DRIVER'S VEHICLE I	NSPECTION REPORT rrier Safety Regulations, I submit the following:	
DATE:	TDACTOD/TDUCK NO	TRAILED(S) NO (S):	
☐ I detect no defe breakdown.	ect or deficiency in this motor vehicle as would b	e likely to affect the safety of its opera	ation or result in its mechanical
I detect the follo	owing defects or deficiencies in this motor vehicle akdown.	e as would be likely to affect the safet	y of its operation or result in its
— mechanical brea	Indicate whether defects are on Tractor/Truck or Traile		
		DRIVER'S SIGNATURE:	
□ Altana defeate as	was about	DRIVEN 3 SIGNATURE.	
☐ Above defects co☐ Above defects ne	ed not be corrected for safe operation of vehicle		
MECHANIC'S SIGNATURE		DRIVER'S SIGNATURE:	DATE:
		e as would be likely to affect the safet	ation or result in its mechanical y of its operation or result in its
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	DRIVER'S VEHICLE I	NSPECTION REPORT rrier Safety Regulations, I submit the following:	5.0.5
DATE:	TRACTOR/TRUCK NO ·	TRAILER(S) NO (S):	
	ct or deficiency in this motor vehicle as would b		
☐ I detect the following mechanical bread	owing defects or deficiencies in this motor vehicle akdown. Indicate whether defects are on Tractor/Truck or Traile		
		DRIVER'S SIGNATURE:	
☐ Above defects co	rrected		
☐ Above defects ne	ed not be corrected for safe operation of vehicle		
MECHANIC'S SIGNATURE	<u>:</u>	DRIVER'S SIGNATURE:	DATE: