



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 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 _____

	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)																									
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

705-LD



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DRIVER'S VEHICLE INSPECTION REPORT

CARRIER'S NAME: _____

CARRIER'S ADDRESS: _____

TRACTOR/TRUCK NO.: _____ TRAILER(S) NO.(S): _____

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 Lights.....			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			EMERGENCY EQUIPMENT			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 _____ MECHANIC'S SIGNATURE: _____
 DATE: _____

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

DRIVER'S SIGNATURE: _____