

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

On-duty hours
today. (Total
lines 3 & 4)

Main Office Address

Home Terminal Address

**70 Hour/
8 Day
Drivers**

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

A.
Total hours on
duty last 7 days,
including today.

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
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1. OFF DUTY

2. SLEEPER BERTH

3. DRIVING

4. ON DUTY (NOT DRIVING)

B.
Total hours
available
tomorrow.
70 hr. minus A.*

C.
Total hours on
duty last 8 days,
including today.

**60 Hour/
7 Day
Drivers**

REMARKS

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
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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.

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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IFTA/IRP TRIP REPORT

Company Name _____ Truck Unit # _____

Origin _____ Destination _____

DATE	STATE OR PROVINCE	HIGHWAYS USED	ODOMETER READING BEGINNING	TOLL MILEAGE
			STATE EXIT	
			ENDING	
			TOTAL MILES	

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

DRIVER'S VEHICLE INSPECTION REPORT

DRIVER USE IF SATISFACTORY MECHANIC USE WHEN CORRECTED AND USE X IF NOT SATISFACTORY YOUR INITIALS

TRACTOR/TRUCK NO.:	D - DRIVER'S REPORT		M - MECHANIC'S REPORT	
	D	M	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): _____

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: _____

SHIPMENTS ON TRUCK

ORDER NO.	WEIGHT	FROM	TO

SHIPMENTS UNLOADED TODAY

ORDER NO.	COLLECT OR BILLED	AMOUNT COLLECTED	MAILED PAPERS FROM