



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

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

TOTAL
HOURSMinus Hrs.
Today

1. OFF DUTY

2. SLEEPER
BERTH

3. DRIVING

4. ON DUTY
(NOT DRIVING)

Subtotal

REMARKS

Hrs. gained
from 1st day
of 7 or 8
day period.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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717-L

Eligible Hrs.
Tomorrow**If you took
34 consecutive
hours off duty,
you have 60/70
hours available
again.

Driver's Daily Vehicle Inspection Report

§396.11(a) – Every motor carrier shall require its drivers to report, and every driver shall prepare a report in writing at the completion of each day's work on each vehicle operated.

Date: _____ Time: _____ A.M. _____ P.M.

Check any defective item and give details under "Remarks"

TRACTOR NO. _____

- | | | |
|--|--|---|
| <input type="checkbox"/> Air Compressor | <input type="checkbox"/> Fifth Wheel | <input type="checkbox"/> Tachograph/Trip |
| <input type="checkbox"/> Battery | <input type="checkbox"/> Fire Extinguisher | <input type="checkbox"/> Computer |
| <input type="checkbox"/> Belts/Hoses | <input type="checkbox"/> Front Axle | <input type="checkbox"/> Tires |
| <input type="checkbox"/> Body | <input type="checkbox"/> Fuel Tanks | <input type="checkbox"/> Transmission |
| <input type="checkbox"/> Brake | <input type="checkbox"/> Heater | <input type="checkbox"/> Underride Guard |
| <input type="checkbox"/> Accessories | <input type="checkbox"/> Horn | <input type="checkbox"/> Warning |
| <input type="checkbox"/> Brakes, Parking | <input type="checkbox"/> Lights | <input type="checkbox"/> Triangles/Flares |
| <input type="checkbox"/> Brakes, Service | <input type="checkbox"/> Mirrors, Rear | <input type="checkbox"/> Wheels and Rims |
| <input type="checkbox"/> Clutch | <input type="checkbox"/> Vision | <input type="checkbox"/> Windows |
| <input type="checkbox"/> Coupling | <input type="checkbox"/> Oil Pressure | <input type="checkbox"/> Windshield |
| <input type="checkbox"/> Devices | <input type="checkbox"/> Radiator | <input type="checkbox"/> Wipers |
| <input type="checkbox"/> Defroster | <input type="checkbox"/> Rear End | <input type="checkbox"/> OTHER |
| <input type="checkbox"/> Door Handles | <input type="checkbox"/> Reflectors | |
| <input type="checkbox"/> Drive Line | <input type="checkbox"/> Springs | |
| <input type="checkbox"/> Engine | <input type="checkbox"/> Steering | |

☐ CONDITION OF THE TRACTOR IS SATISFACTORY

REVIEWING DRIVER – In accordance with 396.13, before driving motor vehicle I have satisfied myself that this vehicle is in safe operating condition and have reviewed the last vehicle inspection report and acknowledge that there is a certification that the required repairs have been performed. (Signature not required if no defects noted.)

TRAILER NO. _____

- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> Brake | <input type="checkbox"/> Doors | <input type="checkbox"/> Roof |
| <input type="checkbox"/> Connections | <input type="checkbox"/> Floor | <input type="checkbox"/> Springs |
| <input type="checkbox"/> Brakes | <input type="checkbox"/> Hitch | <input type="checkbox"/> Tarpaulin |
| <input type="checkbox"/> Coupling Chains | <input type="checkbox"/> Landing Gear | <input type="checkbox"/> Tires |
| <input type="checkbox"/> Coupling (King) | <input type="checkbox"/> Lights | <input type="checkbox"/> Wheels and Rims |
| <input type="checkbox"/> Pin | <input type="checkbox"/> Reflectors | <input type="checkbox"/> OTHER |

☐ CONDITION OF THE TRAILER IS SATISFACTORY

REMARKS: _____

Driver making report _____ (Signature)

§396.11(c) – **Corrective action.** Prior to requiring or permitting a driver to operate a vehicle, every motor carrier or its agent shall repair any defect or deficiency listed on the driver vehicle inspection report which would be likely to affect the safety of operation of the vehicle.

This is to certify that ☐ any defect(s) or deficiency(s) has/have been corrected

☐ correction is unnecessary for safe operation

(Signature of MOTOR CARRIER or its AGENT(s)) (Date)

(Driver's Signature)

(Date)

This signature does not apply to listed defects on a towed unit which is no longer part of the vehicle combination.