



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:

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 took
34 consecutive
hours off duty,
you have 60/70
hours available
again.

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

Driver's Full Signature

Co-Driver's Name

**TOTAL
HOURS**

	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
	1. OFF DUTY																							
2. SLEEPER BERTH																								
3. DRIVING																								
4. ON DUTY (NOT DRIVING)																								

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

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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DISPATCH AND TRIP REPORT

Company Name _____ Address _____
 Tractor/Truck No. _____ Trailer(s) No. _____ Origin _____ Destination _____

DATE	STATE OR PROVINCE	HIGHWAYS USED	ODOMETER READING		MILEAGE		
			BEGINNING	STATE EXIT	NON-TOLL	TOLL	GAL.
			ENDING				
			TOTAL MILES				

DRIVER'S VEHICLE INSPECTION REPORT
DRIVER USE **X** IF NOT SATISFACTORY
MECHANIC USE **✓** WHEN CORRECTED AND YOUR INITIALS

	T	T	TR. #1	TR. #2
	D	M	D	M
Engine				
Transmission				
Clutch				
Steering Mechanism				
Horn				
Windshield Wipers / Washers				
Rear Vision Mirrors				
Lighting Devices and Reflectors				
Parking Brake				
Service Brakes				
Air Lines / Light Lines				
Coupling Devices				
Tires				
Wheels and Rims				
Emergency Equipment				
Other				

Next Lubrication Due at _____ Mileage _____

I MADE INSPECTION AS REQUIRED ON LISTED ITEMS.

DRIVER:

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

MECHANIC'S SIGNATURE

DRIVER'S SIGNATURE

DATE: _____

STAPLE ALL ORIGINAL
FUEL & TOLL RECEIPTS
TO THIS PORTION