



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 MOTOR CARRIER
Name of Carrier or Carriers _____
MAIN OFFICE ADDRESS
Main Office Address _____
HOME TERMINAL ADDRESS
Home Terminal Address _____

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

I certify these entries are true and correct:

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)

	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)																								

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.

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: _____

728-L



USE TIME STANDARD AT HOME TERMINAL

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DISPATCH AND TRIP REPORT

Company Name DVIR COMPANY NAME Address DVIR ADDRESS
Tractor/ Truck No. _____ Trailer(s) No. _____ Origin _____ Destination _____

DATE	STATE OR PROVINCE	HIGHWAYS USED	ODOMETER READING		MILEAGE		GAL.	
			BEGINNING	STATE EXI	NON-TOLL	TOLL		

ENDING _____
TOTAL MILES _____

DRIVER'S VEHICLE INSPECTION REPORT

DRIVER USE X IF NOT SATISFACTORY
MECHANIC USE CHECK 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