

Form 0815



DRIVER'S DAILY LOG

(24 HOURS)

Will be Scanned
Please Print Clearly Within the Boxes

Month

Day

Year

Total Miles Driving Today

Tractor Number

Trailer Number

Driver's ID / Code

Co-Driver's ID / Code

CARRIER NAME & ADDRESS

Driver's Signature in Full

Co-Driver's Name

I certify these entries are true and correct

1/4 = 25

1/2 = 50

3/4 = 75

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DRIVER'S VEHICLE INSPECTION REPORT

AS REQUIRED BY THE D.O.T. FEDERAL MOTOR CARRIER SAFETY REGULATIONS, I SUBMIT THE FOLLOWING:

DATE: _____TRACTOR/TRUCK NO.: _____TRAILER(S) NO.(S): _____

- ☐ I DETECT NO DEFECT OR DEFICIENCY IN THIS MOTOR VEHICLE AS WOULD BE LIKELY TO AFFECT THE SAFETY OF ITS OPERATION OR RESULT IN ITS MECHANICAL BREAKDOWN
- ☐ I DETECT THE FOLLOWING DEFECTS OR DEFICIENCIES IN THIS MOTOR VEHICLE AS WOULD BE LIKELY TO AFFECT THE SAFETY OF ITS OPERATION OR RESULT IN ITS MECHANICAL BREAKDOWN
- INDICATE WHETHER DEFECTS ARE ON TRACTOR/TRUCK OR TRAILER - DESCRIBE DEFECT IN DETAIL. USE BACK SIDE IF NECESSARY.

DRIVER'S SIGNATURE: _____

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

MECHANIC'S SIGNATURE: _____

DRIVER'S SIGNATURE:

DATE: