



**DRIVER'S DAILY LOG**  
(24 HOURS)

Will be Scanned  
Please Print Clearly Within the Boxes

Month	Day	Year	Total Miles Driving Today	<b>CARRIER NAME &amp; ADDRESS</b>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Tractor Number			Driver's ID / Code		
<input type="text"/>			<input type="text"/>		
Trailer Number			Co-Driver's ID / Code		
<input type="text"/>			<input type="text"/>		
			I certify these entries are true and correct		Driver's Signature in Full
					<input type="text"/>
					Co-Driver's Name
					<input type="text"/>

	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																									
3: DRIVING																									
4: ON DUTY (NOT DRIVING)																									
REMARKS:																									

1/4 = 25  
1/2 = 50  
3/4 = 75



Shipper / Commodity  # of Days Off Duty Includes Today  Pre-Trip Inspection Signed  Post-Trip Inspection Signed

Original Log to remain at home terminal. Driver retains in his/her possession for 30 days. USE TIME STANDARD AT HOME TERMINAL

**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 DEFECTS 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: \_\_\_\_\_