

DRIVER'S DAILY LOG

ORIGINAL (white): SUBMIT TO CARRIER DUPLICATE (yellow): DRIVER RETAIN		DAY	MONTH	YEAR	DAILY RECAP
NAME OF CARRIER	TRACTOR UNIT #	TRAILER UNIT #	ENDING ODOMETER READING		DAY NUMBER
MAIN/PRINCIPAL	BILL OF LADING NO.		STARTING ODOMETER READING		TOTAL LINE 3
DRIVER'S NAME (PRINT)	COMMODITY		DRIVEN TODAY	TOTAL MILEAGE	TOTAL LINES 3 & 4
DRIVER'S SIGNATURE			KM MILES	KM MILES	70 HR/8 DAY DRIVERS
CO-DRIVER'S NAME			KM MILES	KM MILES	LINES 3 & 4 (LAST 7 DAYS INCL. TODAY)

USE LOCAL TIME STANDARD AT HOME TERMINAL

	MIDNIGHT	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)																									
	MIDNIGHT	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

A TOTAL HOURS AVAILABLE TOMORROW (70 HRS. MINUS A)

B LINES 3 & 4 (LAST 8 DAYS INCL. TODAY)

C

REMARKS:

FLAG OR RECORD FUEL STOPS, REEFER CHECKS, VEHICLE INSPECTIONS AND INDICATE ALL DUTY STATUS CHARGES AND BORDER CROSSINGS.

DRIVER'S DAILY VEHICLE INSPECTION REPORT

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 and list defects or deficiencies in this motor vehicle as would be likely to affect the safety of its operation or result in its mechanical breakdown.

Remarks: _____

Pre-Trip Inspection Post-Trip Inspection

Above defects corrected

Above defects need not be corrected for safe operation of vehicle.

Mechanic's Signature: _____

Driver's Signature: _____