

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:

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 meet the 34-hour restart requirements in §395.3, you have 60/70 hours available again.



8536

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

Driver's Full Signature

Co-Driver's Name

TOTAL HOURS

1. OFF DUTY

2. SLEEPER BERTH

3. DRIVING

4. ON DUTY (NOT DRIVING)

| 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 |
|-----------|---|---|---|---|---|---|---|---|---|----|----|------|---|---|---|---|---|---|---|---|---|----|----|
| REMARKS | | | | | | | | | | | | | | | | | | | | | | | |

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

IFTA/IRP TRIP REPORT

Company Name _____ Truck Unit # _____

Origin _____ Destination _____

| DATE | STATE OR PROVINCE | HIGHWAYS USED | ODOMETER READING BEGINNING | TOTAL MILEAGE |
|------|-------------------|---------------|----------------------------|---------------|
| | | | STATE EXIT | |
| | | | ENDING | TOTAL MILES |

STAPLE ALL ORIGINAL FUEL & TOLL RECEIPTS TO THIS PORTION IFTA/IRP trip report retain 4 years

SHIPMENTS ON TRUCK

| ORDER NO. | WEIGHT | FROM | TO |
|-----------|--------|------|----|
| | | | |
| | | | |
| | | | |

SHIPMENTS UNLOADED TODAY

| ORDER NO. | COLLECT OR BILLED | AMOUNT COLLECTED | MAILED PAPERS FROM |
|-----------|-------------------|------------------|--------------------|
| | | | |
| | | | |
| | | | |

DRIVER'S VEHICLE INSPECTION REPORT

DRIVER USE ✓ IF SATISFACTORY MECHANIC USE ✓ WHEN CORRECTED AND USE X IF NOT SATISFACTORY YOUR INITIALS

| TRACTOR/TRUCK NO.: | D | | M | | TRAILER(S) NO.(S): | |
|--|---|---|---|---|--|--|
| D - DRIVER'S REPORT M - MECHANIC'S REPORT | D | M | D | M | D - DRIVER'S REPORT M - MECHANIC'S REPORT | |
| Brake Lines to Trailer | | | | | Brakes | |
| Electric Lines to Trailer | | | | | Brake Connections | |
| Drive Line | | | | | Coupling Devices | |
| Coupling Devices | | | | | Coupling (King) Pin | |
| Tires, Wheels, Rims | | | | | Doors | |
| Suspension System | | | | | Hitch | |
| Body | | | | | Landing Gear | |
| Glass | | | | | Lights - All | |
| Exhaust | | | | | Roof | |
| Frame & Assembly | | | | | Suspension System | |
| Fuel System | | | | | Tarpaulin | |
| Cooling System | | | | | Tires | |
| Engine | | | | | Wheels - Rims | |
| Leaks | | | | | Other | |
| Head Lights | | | | | I MADE INSPECTION AS REQUIRED ON LISTED ITEMS. | |
| Tail Lights | | | | | DRIVER: | |
| Stop & Turn Lights | | | | | ODOMETER END OF DAY | |
| Clearance & Marker Lights | | | | | ODOMETER START OF DAY | |
| Reflectors | | | | | TOTAL MILES DRIVEN TODAY | |
| Air Pressure Warning Device | | | | | NEXT LUBRICATION DUE AT _____ MILEAGE | |
| Oil Pressure | | | | | <input type="checkbox"/> ABOVE DEFECTS CORRECTED | |
| Ammeter | | | | | <input type="checkbox"/> ABOVE DEFECTS NEED NOT BE CORRECTED FOR SAFE OPERATION OF VEHICLE | |
| Horn | | | | | MECHANIC'S SIGNATURE: | |
| Windshield Wipers | | | | | DRIVER'S SIGNATURE: | |
| Parking Brakes | | | | | DATE: | |
| Clutch | | | | | | |
| Transmission | | | | | | |
| Rear Vision Mirror | | | | | | |
| Steering | | | | | | |
| Service Brakes | | | | | | |
| Speedometer | | | | | | |
| Other Items | | | | | | |
| EMERGENCY EQUIPMENT | | | | | | |
| Reflective Triangles | | | | | | |
| Fire Extinguisher | | | | | | |
| Flags, Fusees, Fuses, Spare Bulbs | | | | | | |
| Tire Chains | | | | | | |