



DRIVER'S DAILY LOG

(24 HOURS)

(Month) / (Day) / (Year)

Original - File at home terminal
Duplicate - Driver retains in his/her possession for eight days

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:

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

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)																									

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:

USE TIME STANDARD AT HOME TERMINAL

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DRIVER'S VEHICLE INSPECTION REPORT

CARRIER'S NAME: _____

CARRIER'S ADDRESS: _____

TRACTOR/TRUCK NO.: _____ TRAILER(S) NO.(S): _____

TRACTOR/TRUCK	DRIVER'S REPORT	MECHANIC'S REPORT	TRACTOR/TRUCK	DRIVER'S REPORT	MECHANIC'S REPORT	TRACTOR/TRUCK	DRIVER'S REPORT	MECHANIC'S REPORT	TRAILER(S)	DRIVER'S REPORT	MECHANIC'S REPORT
Brake Lines to Trailer			Frame & Assembly			Transmission			Brakes		
Electric Lines to Trailer			Head Lights			Rear Vision Mirror			Brake Connections		
Drive Line			Tail Lights			Steering			Coupling Devices		
Coupling Devices			Stop & Turn Lights			Service Brakes			Coupling (King) Pin		
Tires, Wheels, Rims			Clearance & Marker Lights			Speedometer			Doors		
Suspension System			Reflectors			Other Items			Hitch		
Body			Air Pressure Warning Device						Landing Gear		
Glass			Oil Pressure						Lights - All		
Fuel System			Ammeter						Roof		
Cooling System			Horn						Suspension System		
Engine			Windshield Wipers						Tarpaulin		
Leaks			Parking Brakes						Tires		
Exhaust			Clutch						Wheels - Rims		
									Other Items		

I MADE INSPECTION AS REQUIRED ON LISTED ITEMS

DRIVER _____ DATE _____

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

ODOMETER END OF DAY _____
ODOMETER START OF DAY _____
TOTAL MILES DRIVEN TODAY _____
NEXT LUBRICATION DUE AT _____
MILEAGE _____
☐ ABOVE DEFECTS CORRECTED
☐ ABOVE DEFECTS NEED NOT BE CORRECTED
FOR SAFE OPERATION OF VEHICLE

DRIVER'S SIGNATURE: _____

DATE: _____