



# 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:

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
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- 1. OFF DUTY
- 2. SLEEPER BERTH
- 3. DRIVING
- 4. ON DUTY (NOT DRIVING)

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**

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
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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 took 34 consecutive hours off duty, you have 60/70 hours available again.

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

8540



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### IFTA/IRP TRIP REPORT

Company Name \_\_\_\_\_ Truck Unit # \_\_\_\_\_  
Origin \_\_\_\_\_ Destination \_\_\_\_\_

DATE	STATE OR PROVINCE	HIGHWAYS USED	ODOMETER READING BEGINNING	STATE EXIT	TOTAL MILEAGE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
			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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### SHIPMENTS UNLOADED TODAY

ORDER NO.	COLLECT OR BILLED	AMOUNT COLLECTED	MAILED PAPERS FROM
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### DRIVER'S VEHICLE INSPECTION REPORT

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

TRACTOR/TRUCK NO.: \_\_\_\_\_ TRAILER(S) NO.(S): \_\_\_\_\_

D - DRIVER'S REPORT M - MECHANIC'S REPORT	D	M	D - DRIVER'S REPORT M - MECHANIC'S REPORT	D	M
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 <input type="checkbox"/> ABOVE DEFECTS NEED NOT BE CORRECTED FOR SAFE OPERATION OF VEHICLE		
Ammeter .....			MECHANIC'S SIGNATURE: _____		
Horn .....			DRIVER'S SIGNATURE: _____		
Windshield Wipers .....			DATE: _____		
Parking Brakes .....					
Clutch .....					
Transmission .....					
Rear Vision Mirror .....					
Steering .....					
Service Brakes .....					
Speedometer .....					
Other Items .....					
<b>EMERGENCY EQUIPMENT</b>					
Reflective Triangles .....					
Fire Extinguisher .....					
Flags, Fusees, Fuses, Spare Bulbs .....					
Tire Chains .....					