



DRIVER'S DAILY LOG

(24 HOURS)

____/____/____
(Day) (Month) (Year)

Cycle 70 Hr./7 Day 120 Hr./14 Day

Original - File at home terminal
Duplicate - Driver retains in his/her possession for 15 days

RECAP
Complete at end of workday.

Starting Odometer _____ Ending Odometer _____ Total Distance Driven Today _____

License Plate Number(s) (show each unit) _____

Home Terminal Name and Address _____

Principal Place of Business Name and Address _____

Driver's Name _____

Name of Co-Driver _____

I certify these entries are true and correct: _____
Driver's Full Signature _____

Start Time (if other than midnight)	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	TOTAL HOURS
1. Off-duty time other than time spent in a sleeper berth																										
2. Off-duty time spent in a sleeper berth																										
3. Driving time																										
4. On-duty time other than driving time																										

REMARKS

0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	

If deferred off duty:

- Day 1
- Day 2

SHIPPING DOCUMENTS:

B/L or Manifest No. or _____

Shipper & Commodity _____

PREVIOUS 14 DAYS	DAY	1	2	3	4	5	6	7	8	9	10	11	12	13	14
	TOTAL HOURS ON DUTY														
TOTAL HOURS OFF DUTY															

Personal Use: _____

8579

Start ODO _____

End ODO _____

Enter name of place you reported and where released from work and when and where each change of duty occurred.

USE TIME STANDARD AT HOME TERMINAL

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A. Total hours on duty last 6 days, including today.

B. Total hours available tomorrow. 70 hr. minus A.*

C. Total hours on duty last 7 days, including today.

70 Hour/7 Day Drivers

A. Total hours on duty last 13 days, including today.

B. Total hours available tomorrow. 120 hr. minus A.*

C. Total hours on duty last 14 days, including today.

*If you took 38/72 consecutive hours off duty, you have 70/120 hours available again.

DRIVER'S VEHICLE INSPECTION REPORT

Company Name & Address: _____

Vehicle/Load (MB Reg. 95/2008) _____

Height _____

Width _____

Pre-trip Time of Inspection: _____ AM/PM Odometer Reading (if equipped): _____ Location of _____

Post-trip Date: _____ Inspection: _____

Tractor/Truck Lic. No. _____ Jurisdiction: _____ Trailer(s) Lic. No. 1: _____ Jur.: _____ Lic. No. 2: _____ Jur.: _____

I declare that the vehicle(s) shown above has (have) been inspected in accordance with the applicable requirements of Schedule 1 and/or jurisdiction legislation.

No Defects Found

Inspector / Driver's Name Print _____

Inspector / Driver's Signature _____

Driver's Signature (if different from Inspector) _____

Driver (D) use an X if item is not satisfactory and indicate defect code(s). Schedule 1 Code Example: 21b = Tire Leaking 21b X Tires Repairer (R) use ✓ when corrected and your initials.

Tractor/Truck				Inspection Item
Code(s)	D	R	NSC #	
			13	General
			2	Cab
			6	Driver Controls
			15	Heater/Defroster
			16	Horn
			19	Steering
			7	Driver Seat
			14	Glass and Mirrors
			23	Windshield Wiper/Washer
			9	Emergency Equipment and Safety Devices
			12	Fuel Systems

Tractor/Truck				Inspection Item	Trailer #			
Code(s)	D	R	NSC #		1	1	2	2
			1	Air Brake System				
			21	Tires				
			22	Wheels, Hubs, Fasteners				
			20	Suspension System				
			4	Coupling Devices				
			18	Lamps/Reflectors				
			5	Dangerous Goods				
			10	Exhaust System				
			11	Frame and Cargo Body				
			3	Cargo Securement				
			17	Hydraulic Brakes				
			8	Electric Brakes				

Minor/Major Defects Not Coded Above: _____

Defects En Route:

Above defects corrected

Above defects need not be corrected for safe operation of vehicle

Authorized Repairer's Signature _____

Date _____

Driver's Signature _____

(FMCSR 396.13) Date _____