



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: _____

8530



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			EMERGENCY EQUIPMENT			Landing Gear			
Glass			Oil Pressure				Reflective Triangles			Lights - All		
Fuel System			Ammeter				Fire Extinguisher			Roof		
Cooling System			Horn				Flags, Fuses, Reflectors			Suspension System		
Engine			Windshield Wipers			Spare Bulbs, Fuses			Tarpaulin			
Leaks			Parking Brakes			Tire Chains			Tires			
Exhaust			Clutch						Wheels - Rims			
									Other Items			

I MADE INSPECTION AS REQUIRED ON LISTED ITEMS
DRIVER _____ DATE _____
DRIVER USE IF SATISFACTORY MECHANIC USE WHEN CORRECTED AND
USE X IF NOT SATISFACTORY 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

MECHANIC'S SIGNATURE: _____ DATE: _____

DRIVER'S SIGNATURE: _____