



**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**

AS REQUIRED BY THE D.O.T. FEDERAL MOTOR CARRIER SAFETY REGULATIONS, I SUBMIT THE FOLLOWING:

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

☐ I DETECT NO DEFECT OR DEFICIENCY IN THIS MOTOR VEHICLE AS WOULD BE LIKELY TO AFFECT THE SAFETY OF ITS OPERATION OR RESULT IN ITS MECHANICAL BREAKDOWN

☐ I DETECT THE FOLLOWING DEFECTS OR DEFICIENCIES IN THIS MOTOR VEHICLE AS WOULD BE LIKELY TO AFFECT THE SAFETY OF ITS OPERATION OR RESULT IN ITS MECHANICAL BREAKDOWN

INDICATE WHETHER DEFECTS ARE ON TRACTOR/TRUCK OR TRAILER - DESCRIBE DEFECT IN DETAIL, USE BACK SIDE IF NECESSARY.

\_\_\_\_\_  
DRIVER'S SIGNATURE:

☐ ABOVE DEFECTS CORRECTED

☐ ABOVE DEFECTS NEED NOT BE CORRECTED FOR SAFE OPERATION OF VEHICLE

\_\_\_\_\_  
MECHANIC'S SIGNATURE:

\_\_\_\_\_  
DRIVER'S SIGNATURE:

\_\_\_\_\_  
DATE: