

**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

**TOTAL
HOURS**Minus Hrs.
Today**1. OFF DUTY****2. SLEEPER
BERTH****3. DRIVING****4. ON DUTY
(NOT DRIVING)****REMARKS****Subtotal**Hrs. gained
from 1st day
of 7 or 8
day period.Eligible Hrs.
Tomorrow**If you meet the
34-hour restart
requirements
in §395.3, 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:

USE TIME STANDARD AT HOME TERMINAL

Copyright 2013 J. J. Keller & Associates, Inc.® All rights reserved.

19658

**Driver's Daily Vehicle Inspection Report**

§396.11(a) – Every motor carrier shall require its drivers to report, and every driver shall prepare a report in writing at the completion of each day's work on each vehicle operated.

Date: _____ Time: _____ A.M. _____ P.M.

Check any defective item and give details under "Remarks"

TRACTOR NO.

- | | | |
|--|--|---|
| <input type="checkbox"/> Air Compressor | <input type="checkbox"/> Fifth Wheel | <input type="checkbox"/> Tachograph/Trip |
| <input type="checkbox"/> Battery | <input type="checkbox"/> Fire Extinguisher | <input type="checkbox"/> Computer |
| <input type="checkbox"/> Belts/Hoses | <input type="checkbox"/> Front Axle | <input type="checkbox"/> Tires |
| <input type="checkbox"/> Body | <input type="checkbox"/> Fuel Tanks | <input type="checkbox"/> Transmission |
| <input type="checkbox"/> Brake | <input type="checkbox"/> Heater | <input type="checkbox"/> Underride Guard |
| <input type="checkbox"/> Accessories | <input type="checkbox"/> Horn | <input type="checkbox"/> Warning |
| <input type="checkbox"/> Brakes, Parking | <input type="checkbox"/> Lights | <input type="checkbox"/> Triangles/Flares |
| <input type="checkbox"/> Brakes, Service | <input type="checkbox"/> Mirrors, Rear | <input type="checkbox"/> Wheels and Rims |
| <input type="checkbox"/> Clutch | <input type="checkbox"/> Vision | <input type="checkbox"/> Windows |
| <input type="checkbox"/> Coupling | <input type="checkbox"/> Oil Pressure | <input type="checkbox"/> Windshield |
| <input type="checkbox"/> Devices | <input type="checkbox"/> Radiator | <input type="checkbox"/> Wipers |
| <input type="checkbox"/> Defroster | <input type="checkbox"/> Rear End | <input type="checkbox"/> OTHER |
| <input type="checkbox"/> Door Handles | <input type="checkbox"/> Reflectors | |
| <input type="checkbox"/> Drive Line | <input type="checkbox"/> Springs | |
| <input type="checkbox"/> Engine | <input type="checkbox"/> Steering | |

☐ **CONDITION OF THE TRACTOR IS SATISFACTORY**

REVIEWING DRIVER – In accordance with 396.13, before driving motor vehicle I have satisfied myself that this vehicle is in safe operating condition and have reviewed the last vehicle inspection report and acknowledge that there is a certification that the required repairs have been performed. (Signature not required if no defects noted.)

TRAILER NO.

- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> Brake | <input type="checkbox"/> Doors | <input type="checkbox"/> Roof |
| <input type="checkbox"/> Connections | <input type="checkbox"/> Floor | <input type="checkbox"/> Springs |
| <input type="checkbox"/> Brakes | <input type="checkbox"/> Hitch | <input type="checkbox"/> Tarpaulin |
| <input type="checkbox"/> Coupling Chains | <input type="checkbox"/> Landing Gear | <input type="checkbox"/> Tires |
| <input type="checkbox"/> Coupling (King) | <input type="checkbox"/> Lights | <input type="checkbox"/> Wheels and Rims |
| <input type="checkbox"/> Pin | <input type="checkbox"/> Reflectors | <input type="checkbox"/> OTHER |

☐ **CONDITION OF THE TRAILER IS SATISFACTORY****REMARKS:**

Driver's Signature making report _____

§396.11(c) – **Corrective action.** Prior to requiring or permitting a driver to operate a vehicle, every motor carrier or its agent shall repair any defect or deficiency listed on the driver vehicle inspection report which would be likely to affect the safety of operation of the vehicle.

This is to certify that ☐ any defect(s) or deficiency(s) has/have been corrected☐ correction is unnecessary for safe operation

Motor Carrier's or its Agent's Signature

Date