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)

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

REMARKS

SHIPPING DOCUMENTS:

B/L or Manifest No.
or
Shipper & Commodity

19666

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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RECAP
Complete at end of workday.

On-duty hours today. (Total lines 3 & 4)

70 Hour/ 8 Day Drivers

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

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 meet the 34-hour restart requirements in §395.3, you have 60/70 hours available again.

IFTA/IRP TRIP REPORT

Company Name _____ Address _____

Tractor/ Truck No. _____ Trailer(s) No. _____ Origin _____ Destination _____

DATE	STATE OR PROVINCE	HIGHWAYS USED	ODOMETER READING BEGINNING / STATE EXIT	TOLL MILEAGE
			ENDING	
			TOTAL MILES	

STAPLE ALL ORIGINAL FUEL & TOLL RECEIPTS TO THIS PORTION

IFTA/IRP trip report - retain for 4 years

DRIVER'S VEHICLE INSPECTION REPORT

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

	T / T D	T / T M	TR. #1 D	TR. #1 M	TR. #2 D	TR. #2 M
Engine						
Transmission						
Clutch						
Steering Mechanism						
Horn						
Windshield Wipers / Washers						
Rear Vision Mirrors						
Lighting Devices and Reflectors						
Parking Brake						
Service Brakes						
Air Lines / Light Lines						
Coupling Devices						
Tires						
Wheels and Rims						
Emergency Equipment						
Other						

Next Lubrication Due at _____ Mileage

I MADE INSPECTION AS REQUIRED ON LISTED ITEMS.

DRIVER:

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

MECHANIC'S SIGNATURE

DRIVER'S SIGNATURE

DATE:

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