



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 _____

Home Terminal Name and Address _____

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

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																										

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

70 Hour/7 Day Drivers

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.

120 Hour/14 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 36/72 consecutive hours off duty, you have 70/120 hours available again.

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														

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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Personal Use:

Start ODO _____

End ODO _____

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 Code(s)	D	R	NSC #	Inspection Item
			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 Code(s)	D	R	NSC #	Inspection Item	Trailer #	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 _____