

REMOVE CARBON AT PERFORATION AND REVERSE TO COMPLETE DVIR



Form 0803 (Rev. 9/12)



DRIVER'S DAILY LOG
(24 HOURS)

Will be Scanned
Please Print Clearly Within the Boxes

Month	Day	Year	Total Miles Driving Today	CARRIER NAME & ADDRESS	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tractor Number	Driver's ID / Code			Driver's Signature in Full	
<input type="text"/>	<input type="text"/>			<input type="text"/>	
Trailer Number	Co-Driver's ID / Code			Co-Driver's Name	
<input type="text"/>	<input type="text"/>			<input type="text"/>	

I certify these entries are true and correct

	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
1: OFF DUTY																								
2: SLEEPER																								
3: DRIVING																								
4: ON DUTY (NOT DRIVING)																								

REMARKS:

TOTAL HOURS

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

1/4 = 25
1/2 = 50
3/4 = 75



Shipper / Commodity	<input type="text"/>	# of Days Off Duty Includes Today	<input type="text"/>	Returned to normal work location at end of day	<input type="checkbox"/>
				Pre-Trip Inspection Signed	<input type="checkbox"/>
				Post-Trip Inspection Signed	<input type="checkbox"/>