



Form 0815 (Rev. 8/12)

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"/>	
Tractor Number			Driver's ID / Code		
<input type="text"/>			<input type="text"/>		
Trailer Number			Co-Driver's ID / Code		
<input type="text"/>			<input type="text"/>		
				I certify these entries are true and correct	Driver's Signature in Full
					<input type="text"/>
				Co-Driver's Name	<input type="text"/>

	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"/>

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



19702

Shipper / Commodity	<input type="text"/>	# of Days Off Duty Includes Today	<input type="text"/>	Pre-Trip Inspection Signed	<input type="text"/>
				Post-Trip Inspection Signed	<input type="text"/>

Returned to normal work location at end of day

Original File at home terminal
Duplicate Driver retains in his/her possession for eight days

USE TIME STANDARD AT HOME TERMINAL

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: _____