



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

Tractor Number

Driver's ID / Code

I certify these
entries are true
and correct

Driver's Signature in Full

Trailer Number

Co-Driver's ID / Code

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	
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



8553

Shipper /
Commodity

of Days Off
Duty Includes
Today

Returned to normal work
location at end of day

Pre-Trip Inspection Signed

Post-Trip Inspection Signed

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: _____