



DRIVER'S DAILY LOG

(ONE CALENDAR DAY - 24 HOURS)

Will be Scanned - Please Print
Clearly and Neatly 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		Driver Initials	Driver's Signature in Full	
<input type="text"/>			<input type="text"/>		<input type="text"/>	<input type="text"/>	
Trailer Number			Co-Driver's ID / Code		Co-Driver Initials	Co-Driver's Name	
<input type="text"/>			<input type="text"/>		<input type="text"/>	<input type="text"/>	

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.

	MID-NIGHT											NOON										
	1	2	3	4	5	6	7	8	9	10	11	1	2	3	4	5	6	7	8	9	10	11
1: Off Duty	<input type="checkbox"/>																					
2: Sleeper	<input type="checkbox"/>																					
3: Driving	<input type="checkbox"/>																					
4: On Duty (Not Driving)	<input type="checkbox"/>																					

Total Hours	1/4 hour = 25	1/2 hour = 50	3/4 hour = 75
	<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"/>	<input type="text"/>

REMARKS:

BOUND EDGE

Intrastate

Returned to normal work location at end of day

150 Air Mile Radius Non-CDL vehicle (10,001 - 26,000 lbs.) and not hazmat placarded



Part 395.1 Adverse Conditions Encountered at _____ AM PM (circle one). Conditions: _____

Shipping document, manifest number, or name of shipper and commodity.

Off duty more than 1 day? - -
If yes, enter last date off. Month Day Year

Original Copy Submit to Carrier
Driver's Copy Retain in Possession for 8 Days