



# DRIVER'S DAILY LOG (ONE CALENDAR DAY - 24 HOURS)

Will be Scanned – Please Print  
Clearly and Neatly Within the Boxes

**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 took  
34 consecutive  
hours off duty,  
you have 60/70  
hours available  
again.

Month	Day	Year	Total Miles Driving Today
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**CARRIER  
NAME &  
ADDRESS**

Tractor Number
<input type="text"/>

Driver's ID / Code
<input type="text"/>

Driver Initials
<input type="text"/>

Driver's Signature in Full
<input type="text"/>

Trailer Number
<input type="text"/>

Co-Driver's ID / Code
<input type="text"/>

Co-Driver Initials
<input type="text"/>

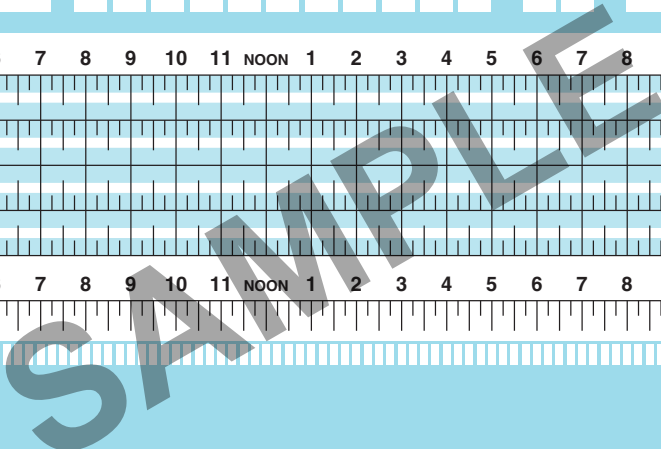
Co-Driver's Name
<input type="text"/>

**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"/>

	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	
<b>1: Off Duty</b>																									
<b>2: Sleeper</b>																									
<b>3: Driving</b>																									
<b>4: On Duty (Not Driving)</b>																									
<b>REMARKS:</b>																									



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.

<input type="text"/>
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Off duty more than 1 day?  
If yes, enter last date off.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Month	Day	Year	

BOUND EDGE



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