



Form 0916

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, Tractor Number, Driver's ID / Code, Trailer Number, Co-Driver's ID / Code

CARRIER NAME & ADDRESS

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.

1: Off Duty, 2: Sleeper, 3: Driving, 4: On Duty (Not Driving)

24-hour activity grid with columns for MID-NIGHT, 1-11, NOON, 1-11 and rows for activity types.

Total Hours table with columns for 1/4 hour = 25, 1/2 hour = 50, 3/4 hour = 75.

REMARKS: [Grid for handwritten remarks]



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 input fields for off-duty date.

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

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17460 (Rev. 1/13)

DRIVER'S VEHICLE INSPECTION REPORT AS REQUIRED BY THE D.O.T. FEDERAL MOTOR CARRIER SAFETY REGULATIONS

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CARRIER LOCATION

DRIVER CODE

TRACTOR/TRUCK NO.

ODOMETER READINGS

DATE BEGINNING, DATE ENDING (Month, Day, Year)

CHECK ANY DEFECTIVE ITEM AND GIVE DETAILS UNDER "REMARKS/DEFECTS DESCRIPTION"

Inspection checklist with PRE/POST checkboxes for items like Air Compressor, Fifth Wheel, Reflectors, etc.

REMARKS/DEFECTS:

CONDITION OF THE ABOVE VEHICLE IS SATISFACTORY - NO DEFECTS IDENTIFIED

REPORTING DRIVER'S SIGNATURE:

ABOVE DEFECTS CORRECTED ABOVE DEFECTS NEED NOT BE CORRECTED FOR SAFE OPERATION OF VEHICLE

REVIEWING DRIVER'S SIGNATURE:

MECHANIC'S SIGNATURE:

Month, Day, Year input fields for mechanic signature.

Month, Day, Year input fields for reviewing driver signature.



Form 0920

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ORIGINAL