DRIVER'S DAILY LOG
(24 HOURS)

_____ / _____ / _____
(Day) (Month) (Year)

Cycle (✓)   ☐ 70 Hr./ 7 Day   ☐ 120 Hr./ 14 Day

Original - File at home terminal
Duplicate - Driver retains in his/her possession for 15 days

RECAP Complete at end of workday.

On-duty hours today. (Total lines 3 & 4)

70 Hour/ 7 Day Drivers

Starting Odometer	Ending Odometer	Total Distance Driven Today

License Plate Number(s) (show each unit)

Home Terminal Name and Address

Principal Place of Business Name and Address

Name of Co-Driver

I certify these entries are true and correct: _____

Driver's Name

Driver's Full Signature

A. Total hours on duty last 6 days, including today.

B. Total hours available tomorrow. 70 hr. minus A.*

C. Total hours on duty last 7 days, including today.

AM PM

Start Time (if other than midnight)

	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	TOTAL HOURS
1. Off-duty time other than time spent in a sleeper berth																										
2. Off-duty time spent in a sleeper berth																										
3. Driving time																										
4. On-duty time other than driving time																										

120 Hour/ 14 Day Drivers

A. Total hours on duty last 13 days, including today.

REMARKS

0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24

B. Total hours available tomorrow. 120 hr. minus A.*

C. Total hours on duty last 14 days, including today.

If deferred off duty: (✔)
☐ Day 1
☐ Day 2

SHIPPING DOCUMENTS:

B/L or Manifest No. or

Shipper & Commodity

	DAY	1	2	3	4	5	6	7	8	9	10	11	12	13	14
PREVIOUS 14 DAYS	TOTAL HOURS ON DUTY														
	TOTAL HOURS OFF DUTY														

Personal Use: **19619**

Start ODO _____
End ODO _____

*If you took 36/72 consecutive hours off duty, you have 70/120 hours available again.

Enter name of place you reported and where released from work and when and where each change of duty occurred.

USE TIME STANDARD AT HOME TERMINAL   © Copyright 2013 & Published by J. J. KELLER & ASSOCIATES, INC.®

DRIVER'S VEHICLE INSPECTION REPORT

Vehicle/Load (MB Reg. 95/2008)   Height   Width   _____ / _____

Company Name & Address: _____   _____ / _____

_____ Pre-trip   Time of Inspection: _____ AM/PM   Odometer Reading (if equipped): _____   Location of Inspection: _____   _____ / _____

_____ Post-trip   Date: _____

Tractor/Truck Lic. No. _____   Jurisdiction: _____   Trailer(s) Lic. No. 1: _____   Jur.: _____   Lic. No. 2: _____   Jur.: _____

I declare that the vehicle(s) shown above has (have) been inspected in accordance with the applicable requirements of Schedule 1 and/or jurisdiction legislation.

☐ No Defects Found _____

Inspector / Driver's Name Print   Inspector / Driver's Signature   Driver's Signature (if different from Inspector)

Driver (D) use an X if item is not satisfactory and indicate defect code(s).   Schedule 1 Code Example: 21b = Tire Leaking | 21b | X | | Tires | Repairer (R) use ✔ when corrected and your initials.

Tractor/Truck Code(s)	D	R	NSC #	Inspection Item
			13	General
			2	Cab
			6	Driver Controls
			15	Heater/Defroster
			16	Horn
			19	Steering
			7	Driver Seat
			14	Glass and Mirrors
			23	Windshield Wiper/Washer
			9	Emergency Equipment and Safety Devices
			12	Fuel Systems

Tractor/Truck Code(s)	D	R	NSC #	Inspection Item	Trailer # 1 D	1 R	2 D	2 R
			1	Air Brake System				
			21	Tires				
			22	Wheels, Hubs, Fasteners				
			20	Suspension System				
			4	Coupling Devices				
			18	Lamps/Reflectors				
			5	Dangerous Goods				
			10	Exhaust System				
			11	Frame and Cargo Body				
			3	Cargo Securement				
			17	Hydraulic Brakes				
			8	Electric Brakes				

Minor/Major Defects Not Coded Above: _____

Defects En Route: _____

☐ Above defects corrected   ☐ Above defects need not be corrected for safe operation of vehicle

Authorized Repairer's Signature _____   Date _____   Driver's Signature _____   (FMCSR 396.13)   Date _____

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