# DRIVER'S DAILY LOG

**One Calendar Day–24 Hours**

DRIVER'S ID/CODE | MONTH | DAY | YEAR

CARRIER | MAIN/PRINCIPAL OFFICE ADDRESS | DRIVER'S NAME PRINTED | CO-DRIVER'S NAME PRINTED

HOME TERMINAL ADDRESS | DRIVER'S SIGNATURE | CERTIFIED TRUE & CORRECT | CO-DRIVER'S ID/CODE

STARTING POINT

START TIME (if other than midnight) | TRUCK/TRACTOR: LIC. PLATE | UNIT # | TRAILER(S): LIC. PLATE | UNIT #

US

CD

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

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)

SAMPLE

**REMARKS:**

**Personal Use:**

**Start ODO**

**End ODO**

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

Shipper/ Commodity

DUTY STATUS | Use Local Time Standard at Home Terminal | GRID

**Total Hours**

1/4 = 25
1/2 = 50
3/4 = 75

END ODOMETER

START ODOMETER

MILES (Km) DRIVEN TODAY

If deferred off duty: (✓)

Day 1

Day 2

Cycle (✓)

70 Hr. / 7 Day

120 Hr. / 14 Day

# of Days Off Duty Includes Today

PRE-TRIP INSPECTION

POST-TRIP INSPECTION

## RECAP

**Complete at end of workday.**

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

**70 Hour/ 7 Day Drivers**

**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.

**120 Hour/ 14 Day Drivers**

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

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

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

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

Form 0808–808-LD

BOUND EDGE

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Original: Submit to Carrier | Duplicate: Driver Retain

# DRIVER'S VEHICLE INSPECTION REPORT



**Company Name & Address:** _____

____ Pre-trip Time of Inspection: _____ AM/PM Vehicle Location of

____ Post-trip Date: _____ Make: _____ Inspection: _____

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

Odometer Reading (if equipped) _____ Lic. No. _____ _____ Trailer(s) Lic. No. #2 _____ Jurisdiction: _____

**I declare that the vehicle(s) shown above has (have) been inspected in accordance with the applicable requirements of Schedule 1.**

☐ 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 / Repairer (R) use ✔ when corrected and your initials.**

| Tractor/Truck | | Trailer # | 1 | 1 | 2 | 2 | Tractor/Truck | | | Tractor/Truck | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| D | R | Inspection Item | D | R | D | R | D | R | Inspection Item | D | R | Inspection Item |
| | | Valid Inspection Decal | | | | | | | Hydraulic Brake | | | Driver Controls |
| | | Air System Leakage | | | | | | | Hydraulic Brake Fluid | | | Accelerator |
| | | Park Brake | | | | | | | Compressor Build Up | | | Instrument Lamps |
| | | Brake Performance / Brake Adjustment | | | | | | | Governor Cut Out | | | Driver Seat & Seatbelt Security |
| | | Glad Hands | | | | | | | Governor Cut In | | | Glass |
| | | Tires | | | | | | | Low Air Warning | | | Wipers & Washers |
| | | Wheels / Hubs / Fasteners | | | | | | | Emergency Brake | | | Rear View Mirrors |
| | | Mudflaps | | | | | | | Electric Brake | | | Horn |
| | | Frame & Cargo Body / Suspension | | | | | | | Brake Pedal Reserve & Fade | | | Heater / Defroster |
| | | Bumper / Underride Protection | | | | | | | Tractor Protection | | | Emergency Equipment |
| | | Load / Cargo Securement | | | | | | | Fuel System | | | Safety Devices |
| | | Safety Chains / Cables | | | | | | | Exhaust System | | | Dangerous Goods (If Any) |
| | | Hitch / Couplers / Drawbars / Turntables / Self Steering Axles | | | | | | | Power Steering & Fluid Level | | | General Defects |
| | | | | | | | | | Steering Wheel / Lash | | | |
| | | Lamps / Reflectors | | | | | | | Cab & Doors | | | |
| | | Permanently Attached Equipment | | | | | | | | | | |

**Remarks:** _____

☐ 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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SAMPLE

BOUND EDGE (665-LD_808-LD_809-LD DVIR)