

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

LICENCE PLATE(S) OR UNIT NUMBER(S) - SHOW EACH UNIT											DRIVER'S NAME IN FULL (PLEASE PRINT)													
ENDING ODOMETER			STARTING ODOMETER			MILES/KMS DRIVEN TODAY					DRIVER'S SIGNATURE													
NAME OF CARRIER											NAME OF CO-DRIVER (PLEASE PRINT)													
MAIN OFFICE ADDRESS											MANIFEST / BILL OF LADING #					SHIPPER & COMMODITY								
ADDRESS OF ORIGINATING TERMINAL											DESTINATION					TOTAL TRUCK HOURS TODAY								
MID-NIGHT											NOON													TOTAL HOURS
1. OFF DUTY											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
2. SLEEPER BERTH																								
3. DRIVING																								
4. ON DUTY (NOT DRIVING)																								
REMARKS																								24 HOURS

USE TIME STANDARD AT HOME TERMINAL

DATE / /

DAY MONTH YEAR

DRIVER'S DAILY VEHICLE INSPECTION REPORT

CARRIER		INSPECTION DATE		INSPECTION TIME		LOCATION OF INSPECTION	
ADDRESS		VEHICLE MAKE/MODEL		ODOMETER READING (MILES/KM)			
CITY		TRUCK LICENCE OR UNIT #		TRAILER(S) - LIC. PLATE # OR UNIT #'S			

TRUCK/TRACTOR CHECK ANY DEFECTIVE ITEM AND GIVE DETAILS UNDER REMARKS

<input type="checkbox"/> Air Brake Adjustment and Connections	<input type="checkbox"/> Brake Failure Warning Light	<input type="checkbox"/> Exhaust System	<input type="checkbox"/> Turn Indicators	<input type="checkbox"/> Steering Wheel
<input type="checkbox"/> Air Compressor	<input type="checkbox"/> Brake Pedal	<input type="checkbox"/> Fifth Wheel	<input type="checkbox"/> Clearance Lights	<input type="checkbox"/> Suspension
<input type="checkbox"/> Air Lines	<input type="checkbox"/> Hydraulic Brake Fluid	<input type="checkbox"/> Fire Extinguisher	<input type="checkbox"/> Load Covering	<input type="checkbox"/> Tachograph
<input type="checkbox"/> Battery	<input type="checkbox"/> Parking Brake	<input type="checkbox"/> Front Axle	<input type="checkbox"/> Load Security	<input type="checkbox"/> Tires
<input type="checkbox"/> Body	<input type="checkbox"/> Warning Signal, Low Pressure or Low Vacuum Signal	<input type="checkbox"/> Fuel System	<input type="checkbox"/> Mirrors (Adjustment and Condition)	<input type="checkbox"/> Tire Chains
<input type="checkbox"/> Brakes	<input type="checkbox"/> Clutch	<input type="checkbox"/> Generator/Alternator	<input type="checkbox"/> Oil Pressure	<input type="checkbox"/> Towing and Coupling Devices
<input type="checkbox"/> Brake Accessories	<input type="checkbox"/> Defroster and Heaters	<input type="checkbox"/> Horn	<input type="checkbox"/> Radiator	<input type="checkbox"/> Transmission
<input type="checkbox"/> Brake Air Pressure	<input type="checkbox"/> Drive Line	<input type="checkbox"/> Lights and Reflectors	<input type="checkbox"/> Rear End	<input type="checkbox"/> Wheels, Rims, Fasteners
<input type="checkbox"/> Brake Booster	<input type="checkbox"/> Emergency Equipment	<input type="checkbox"/> Head - Stop Lights	<input type="checkbox"/> Driver's Seat Belt and Seat Security	<input type="checkbox"/> Windshield and Windows
<input type="checkbox"/> Brake, Emergency	<input type="checkbox"/> Engine	<input type="checkbox"/> Tail - Dash Lights	<input type="checkbox"/> Steering Column	<input type="checkbox"/> Windshield Washer and Wipers

TRAILERS

<input type="checkbox"/> Air Brake Adjustment and Connections	<input type="checkbox"/> Doors/Roof	<input type="checkbox"/> Load Covering	<input type="checkbox"/> Suspension, Springs, Air Bags	<input type="checkbox"/> Towing and Coupling Devices
<input type="checkbox"/> Parking Brake	<input type="checkbox"/> Hitch/Landing Gear	<input type="checkbox"/> Load Security	<input type="checkbox"/> Tires	<input type="checkbox"/> Wheels, Rims, Fasteners
<input type="checkbox"/> Coupling (King) Pins	<input type="checkbox"/> Lights and Reflectors	<input type="checkbox"/> Reefer/Fuel System		<input type="checkbox"/> Other

REMARKS

<input type="checkbox"/> No Defects Found	<input type="checkbox"/> Pre-Trip Inspection	<input type="checkbox"/> Post-Trip Inspection	<input type="checkbox"/> Above Defects Corrected	<input type="checkbox"/> Above Defects Need Not Be Corrected For Safe Operation of Vehicle
Inspector / Driver's Name		Inspector / Driver's Signature		Signature of Authorized Repair Person
Date		Driver's Signature (if different from Inspector)		Date



Once you have entered your information into this form, THIS IS YOUR PROOF!

Please make sure your information is correct before you click the **SUBMIT** button.

You can click the **BACK** button to make any changes.

Once you are satisfied with your form, enter your contact information below
and click on the **SUBMIT** button.

Name:

E-Mail:

Phone Number:

