

<input type="text"/> <input type="text"/> <input type="text"/> 20 <input type="text"/> <small>(Month) (Day) (Year)</small>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/> <small>(Driver's LAST name - Printed) (Driver's FIRST name - Printed)</small>
If multiple off-duty days, enter the end date here:		
<input type="text"/> <input type="text"/> <input type="text"/> 20 <input type="text"/> <small>(Month) (Day) (Year)</small>	<input style="width:100%;" type="text"/> <small>(Employee Number)</small>	<input style="width:100%;" type="text"/> <small>(Co-Driver's LAST name - Printed) (Co-Driver's FIRST name - Printed)</small>

	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	<div style="text-align:center;"> </div>																							
2: Sleeper	<div style="text-align:center;"> </div>																							
3: Driving	<div style="text-align:center;"> </div>																							
4. ON DUTY (NOT DRIVING)	<div style="text-align:center;"> </div>																							
Remarks	<div style="text-align:center;"> </div>																							

<input style="width:100%;" type="text"/> <small>(Pro or Shipping Number)</small>	<input style="width:100%;" type="text"/> <small>(Pro or Shipping Number)</small>	<input style="width:100%;" type="text"/> <small>(Total Miles Driving Today)</small>	<input style="width:100%;" type="text"/> <small>(Driver's Signature in Full)</small>
I certify these entries are true and correct.			
<input style="width:100%;" type="text"/> <small>(Tractor Number)</small>	<input style="width:100%;" type="text"/> <small>(Trailer Number 1)</small>	<input style="width:100%;" type="text"/> <small>(Trailer Number 2)</small>	

**● Driver's Daily Vehicle Inspection Report ●**

DATE <input style="width:100%;" type="text"/>	(Tractor Number) <input style="width:100%;" type="text"/>	(Trailer Number 1) <input style="width:100%;" type="text"/>	(Trailer Number 2) <input style="width:100%;" type="text"/>	Remarks <input style="width:100%;" type="text"/>
<input type="checkbox"/> I detect no defect or deficiency in this motor vehicle as would be likely to affect the safety of its operation or result in its mechanical breakdown.		Driver Making Report <input style="width:100%;" type="text"/>		
<input type="checkbox"/> I detect and list defects or deficiencies in this motor vehicle as would be likely to affect the safety of its operation or result in its mechanical breakdown.		<input type="checkbox"/> Defects corrected. <input type="checkbox"/> Defects need not be corrected for safe operation of vehicle.		

7559251

Hours Worked Last 7 Days

1.

2.

3.

4.

5.

6.

7.

Yesterday  
Total Hours

70 Hours Less  
Total Hours -  
Equals Hours  
Available Today

Hours Worked  
Today

<input type="text"/> <input type="text"/> <input type="text"/> 20 <input type="text"/> <small>(Month) (Day) (Year)</small>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/> <small>(Driver's LAST name - Printed) (Driver's FIRST name - Printed)</small>
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