2 0

(Month) (Day) (Year)

If multiple off-duty days, enter the end date here:

2 0

(Month) (Day) (Year)

(Employee Number)

(Driver's LAST name - Printed)

(Driver's FIRST name - Printed)

(Co-Driver's LAST name - Printed)

(Co-Driver's FIRST name - Printed)

Hours Worked Last 7 Days

	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)																								
5: Waiting On Well																								

1.
2.
3.
4.
5.
6.
7.
Yesterday
Total Hours

70 Hours Less Total Hours Equals Hours Available Today

Hours Worked Today

(Pro or Shipping Number)   (Pro or Shipping Number)   (Total Miles Driving Today)   (Driver's Signature in Full) I certify these entries are true and correct.

(Tractor Number)   (Trailer Number 1)   (Trailer Number 2)

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

DATE   (Tractor Number)   (Trailer Number 1)   (Trailer Number 2)

Remarks _____

☐ 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.

☐ 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.

Driver Making Report _____

☐ Defects corrected.

☐ Defects need not be corrected for safe operation of vehicle.

MECHANICS SIGNATURE _____ DRIVER'S SIGNATURE _____

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2 0

(Month) (Day) (Year)

If multiple off-duty days, enter the end date here:

2 0

(Month) (Day) (Year)

(Employee Number)

(Driver's LAST name - Printed)

(Driver's FIRST name - Printed)

(Co-Driver's LAST name - Printed)

(Co-Driver's FIRST name - Printed)

Hours Worked Last 7 Days

	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
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(Pro or Shipping Number)   (Pro or Shipping Number)   (Total Miles Driving Today)   (Driver's Signature in Full) I certify these entries are true and correct.

(Tractor Number)   (Trailer Number 1)   (Trailer Number 2)

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

DATE   (Tractor Number)   (Trailer Number 1)   (Trailer Number 2)

Remarks _____

☐ 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.

☐ 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.

Driver Making Report _____

☐ Defects corrected.

☐ Defects need not be corrected for safe operation of vehicle.

MECHANICS SIGNATURE _____ DRIVER'S SIGNATURE _____

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