



Form 0001

Driver's Daily Log

(One Calendar Day - 24 Hours)

Will be Scanned
Please Print Clearly Within the Boxes

Month Day Year Total Miles Driving Today

5 - 19 - 05 687

CARRIER NAME & ADDRESS

Sample Bros. Trucking
1234 Small St. Middleton, PA 10980

Main Office

Tractor Number
43432

Driver's ID / Code
12345

I certify these entries are true and correct

Driver's Signature in Full
J. M. Sample Driver

Home Terminal
J. M. Sample Driver

Trailer Number
20232

Co-Driver's ID / Code
54321

Co-Driver's Name
Cousin Sample Driver

RECAP

Complete at end of workday.

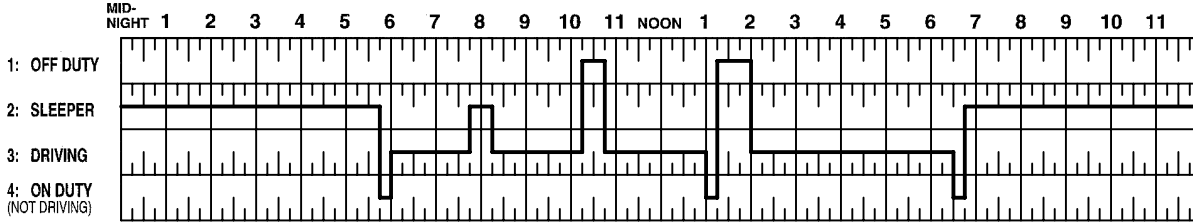
1.	3.25
2.	9.75
3.	11.25
4.	2.25
5.	6.50
6.	6.75
7.	7.00

Total
46.75

Subtract From 70 Hours
23.25

Total of Available Hours
If you took 34 consecutive hours off duty, you have 70 hours available again.

TOTAL HOURS	
1. OFF DUTY	1.25
2. SLEEPER	11.5
3. DRIVING	10.5
4. ON DUTY (NOT DRIVING)	7.5
24	1/4 = 25 1/2 = 50 3/4 = 75



REMARKS:

Bensalem, PA - Shipper, Load & Count - Pre Trip Vehicle Inspection

New Stanton, PA

Zanesville, OH

Zanesville, OH

Receiver Unloaded & Count - Pre Trip Vehicle Inspection

Louisville, KY - Trip Vehicle Inspection - Walk Around

Louisville, KY - Post Trip Vehicle Inspection

Shipper / Commodity **3667405; 3669472**

of Days Off Duty Includes Today
Pre-Trip Inspection Signed
Post-Trip Inspection Signed

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

USE TIME STANDARD AT HOME TERMINAL
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DRIVER'S VEHICLE INSPECTION REPORT

AS REQUIRED BY THE D.O.T. FEDERAL MOTOR CARRIER SAFETY REGULATIONS, I SUBMIT THE FOLLOWING:

DATE: **05/19/05** TRACTOR/TRUCK NO.: **43432** TRAILER(S) NO.(S): **20232**

- 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 THE FOLLOWING DEFECTS OR DEFICIENCIES IN THIS MOTOR VEHICLE AS WOULD BE LIKELY TO AFFECT THE SAFETY OF ITS OPERATION OR RESULT IN ITS MECHANICAL BREAKDOWN
INDICATE WHETHER DEFECTS ARE ON TRACTOR/TRUCK OR TRAILER - DESCRIBE DEFECT IN DETAIL, USE BACK SIDE IF NECESSARY.

DRIVER'S SIGNATURE: *J. M. Sample Driver*

- ABOVE DEFECTS CORRECTED
- ABOVE DEFECTS NEED NOT BE CORRECTED FOR SAFE OPERATION OF VEHICLE

MECHANIC'S SIGNATURE: _____ DRIVER'S SIGNATURE: _____ DATE: _____