



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

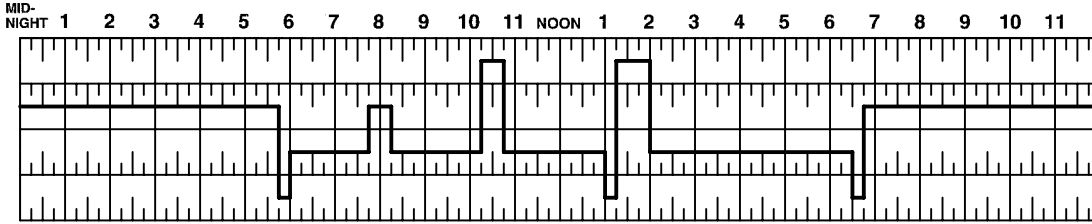
Trailer Number  
20232

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

1.25  
11.5  
10.5  
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

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: