Form 0315

Driver's Daily Log
(One Calendar Day - 24 Hours)

Will be Scanned
Please Print Clearly Within the Boxes

Month: 5 | Day: 19 | Year: 05

Total Miles Driving Today: 687

CARRIER NAME & ADDRESS: **Sample Bros. Trucking**
1234 Small St. Middleton, PA 10980

Tractor Number: 43432

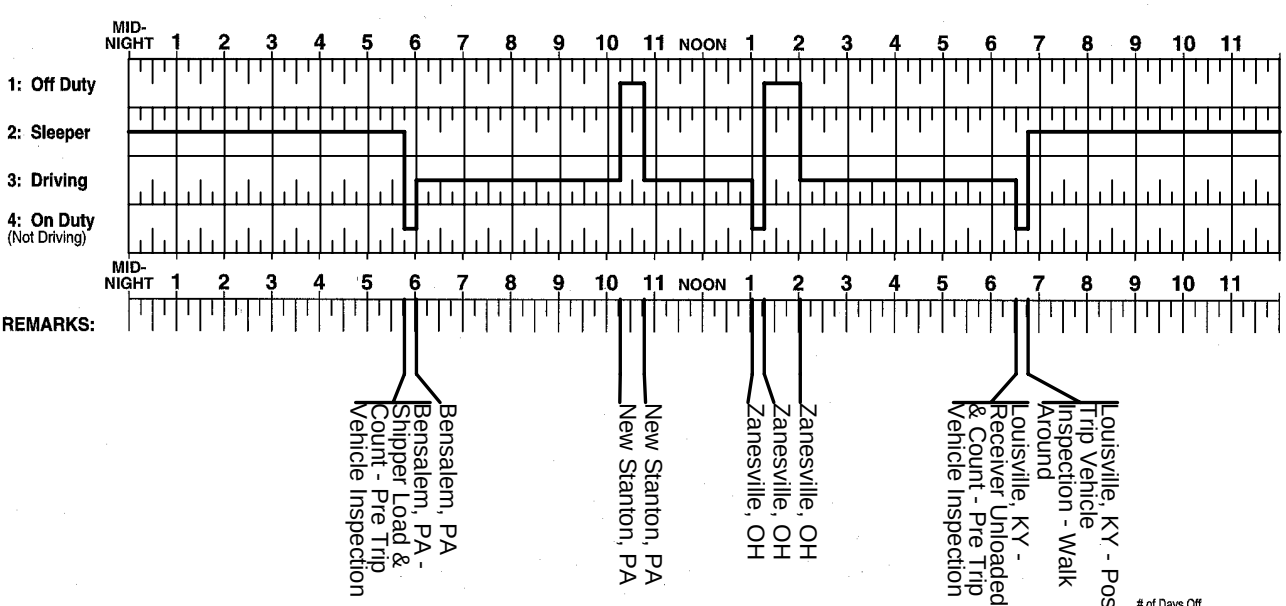
Driver's ID / Code: 12345

I certify these entries are true and correct — Driver's Signature in Full: I. M. Sample Driver

Trailer Number: 20232

Co-Driver's ID / Code: 54321

Co-Driver's Name: Cousin Sample Driver



Total Hours
1.25
11.
11.
.75
24

1/4 = 25
1/2 = 50
3/4 = 75

Run # / DH: 3667405; 3669472

# of Days Off Duty Includes Today

Pre-Trip Inspection Signed

Post-Trip Inspection Signed

Original Copy Submit to Carrier
Driver's Copy Retain in Possession for 8 Days

USE TIME STANDARD AT HOME TERMINAL

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: I. M. Sample Driver

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

MECHANIC'S SIGNATURE:

DRIVER'S SIGNATURE: I. M. Sample Driver DATE: 05/19/05

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