



DRIVER'S LOG

NOTE: All entries must be neatly printed in blocks. The log will be scanned.



Hours Worked
Last 7 Days

KLLM

VSI

P.O. Box 54298
Jackson, MS 39288

I M SAMPLE DRIVER

(Driver First Name)

(Driver Last Name)

(Home Terminal)

12345
(Driver ID)

J.M. Sample Driver
(Driver's signature in full)

I certify these entries are true and correct.

5 19 2005
(Month) (Day) (Year)

54321
(Co-Driver ID)

Cousin Sample Driver
(Name of Co-Driver)

20
(Month) (Day) (Year)

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

43432
(Truck Number)

20232
(Trailer Number 1)

(Trailer Number 2)

1: OFF DUTY	2: SLEEPER BERTH	3: DRIVING	4: ON DUTY (NOT DRIVING)

Remarks

687
(Total Miles Today)

687
(Total Miles Driving Today)

3667405; 3669472

MANIFEST NUMBER OR SHIPPER NAME AND COMMODITY

2400

1/4 = 0.25
1/2 = 0.50
3/4 = 0.75

Hours Worked Today

If Hours Worked Today Exceeds Hours Available You are in Violation.

70 Hours Less Total Hours Equals Hours Available Today

23.25

11.75

5 20 2005
(Month) (Day) (Year)

54321
(Co-Driver ID)

Cousin Sample Driver
(Name of Co-Driver)

20
(Month) (Day) (Year)

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

43432
(Truck Number)

20232
(Trailer Number 1)

10119
(Trailer Number 2)

1: OFF DUTY	2: SLEEPER BERTH	3: DRIVING	4: ON DUTY (NOT DRIVING)

Remarks

558
(Total Miles Today)

558
(Total Miles Driving Today)

3669472; 3672250

MANIFEST NUMBER OR SHIPPER NAME AND COMMODITY

2400

1/4 = 0.25
1/2 = 0.50
3/4 = 0.75

Hours Worked Today

Available Hour

14.75

9.75

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

DRIVER'S VEHICLE INSPECTION REPORT

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

DATE: 05/19/2005 TRACTOR NO: 43432

TRAILER 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 that would be likely to affect the safety of its operation or result in its mechanical breakdown.

INDICATE WHETHER DEFECTS ARE ON TRACTOR OR TRAILER - DESCRIBE DEFECT IN DETAIL

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 REVIEWING REPAIRS: _____

DATE: _____

DATE: 05/20/2005 TRACTOR NO: 43432

TRAILER NO(S): 20232; 10119

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 that would be likely to affect the safety of its operation or result in its mechanical breakdown.

INDICATE WHETHER DEFECTS ARE ON TRACTOR OR TRAILER - DESCRIBE DEFECT IN DETAIL

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 REVIEWING REPAIRS: _____

DATE: _____