ORIGINAL - Submit to carrier
DUPLICATE - Retain in your possession for 8 days

DRIVER'S DAILY LOG

NOTE: All entries must be neatly printed in blocks. Use blue or black ink only.

Start Date / Today's Date: 02-22-12 (Month) (Day) (Year)

If multiple off-duty days, enter end date here: (Month) (Day) (Year)

(Print Last Name, First Initial - Ex. Smith, R): Bruce A. Luebke

I certify these entries are true and correct. Bruce A. Luebke

(Total Miles Driving Today): 431

(Tractor Number): 123456

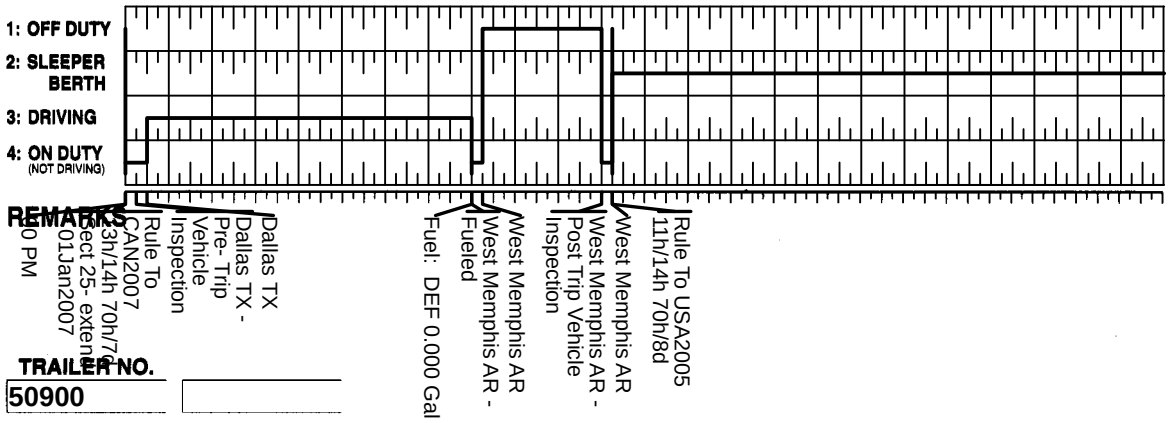
(Driver ID)

(Driver's Signature in Full)

- ☐ CRST Malone, Inc. - 1901 Floyd Bradford Rd. - Trussville, AL 35173
- ☐ CRST Dedicated Services, Inc. - 1901 Floyd Bradford Rd. - Trussville, AL 35173
- ☐ CRST Expedited, Inc. - 3930 16th Ave. S.W. - Cedar Rapids, IA 52406
- ☐ Specialized Transportation Inc. - 5001 US Hwy. 30W - Fort Wayne, IN 46898

(Co-Driver ID)

(Print Co-Driver Name)



REMARKS

- 10 PM
- 01Jan2007
- Rule To CAN2007
- Inspection
- Vehicle
- Pre- Trip
- Dallas TX - 3h/14h 70h/7d
- Dallas TX
- Fuel: DEF 0.000 Gal
- West Memphis AR - Fueled
- West Memphis AR
- West Memphis AR - Post Trip Vehicle Inspection
- West Memphis AR
- Rule To USA2005 11h/14h 70h/8d

TRAILER NO. 50900

B/L NO. **B/L NO.** ☐ **Two Vehicle Inspections Completed** **Shipper & Commodity**

LOG USING STANDARD TIME OF HOME TERMINAL

(Home Terminal Address)

Hours Worked Last 7 Days

1. 0.00
2. 0.00
3. 0.00
4. 0.00
5. 10.75
6. 9.00
7. 0.75

Yesterday Total Hours (1): 20.50

70 Hours Less Total Hours (1) Equals Hours Available Today (2): (2) 49.50

(3): 8.50

Hours Worked Today If Hours Worked Today (3) Exceeds Hours Available (2), You are in Violation. Your Reason Must be Entered in "Remarks".

*If you took 34 consecutive hours off duty, you have 60/70 hours available again.

Driver's Daily Vehicle Inspection

DATE: 02/22/2012 TIME: _____ **TRACTOR NO.** 123456 **TRAILER NO.** 50900

SERVICE BRAKES _____ TIRES _____ COUPLING DEVICES _____

PARKING BRAKE _____ HORN _____ WHEELS/RIMS _____

STEERING _____ WIPERS _____ EMERGENCY EQUIPMENT _____

LIGHT/REFLECTORS _____ MIRRORS _____ OTHER _____

REMARKS _____

☑ **VEHICLE CONDITION SATISFACTORY** Driver's Signature Bruce A. Luebke

I CERTIFY THAT ABOVE DEFECTS WERE REPAIRED OR CORRECTED AS NECESSARY.

REPAIRMAN (OR DRIVER) _____ REVIEWING DRIVER _____

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