

WILL BE SCANNED
PLEASE PRINT CLEARLY
WITHIN THE BOXES



DRIVER'S DAILY LOG (One calendar day - 24 hours)
ONE TRIP, ONE ENVELOPE EVERY TIME™

9- 5-08 762 762 67655 203596
DATE (MONTH/DAY/YEAR) DRIVER MILES TEAM MILES TRACTOR NUMBER DRIVER CODE

FIKES TRUCK LINE, INC.

COMPANY

P.O. BOX 662 HOPE, AR 71802

MAIN ADDRESS

Bruce A. Luebke

DRIVER SIGNATURE

Bruce A. Luebke

27203

CO-DRIVER NAME

TRAILER NUMBER

Hours Worked Last 7 Days	9.00
1.	9.00
2.	10.50
3.	3.00
4.	4.25
5.	9.00
6.	10.00
7.	5.75
Yesterday	
Total Hours	51.50
70 Hours Less Total Hours Equals Hours Available Today	18.50
Hours Worked Today	13.50
If Hours Worked Today Exceeds Hours Available, You Are In Violation. Your Reason Must Appear in "Remarks"	

	MID NIGHT	1	2	3	4	5	6	7	8	9	10	11	Noon	1	2	3	4	5	6	7	8	9	10	11	MID NIGHT	TOTALS
1:OFF DUTY																										
2:SLEEPER BERTH																										105
3:DRIVING																										1325
4:ON DUTY (Not Driving)																										25
REMARKS																										

Marston MO - Post Trip Vehicle Inspection - Walk Around

Marston MO

24
Total MUST add up to 24 Hours.
.25 = 1/4 hr
.5 = 1/2 hr
.75 = 3/4 hr
NUMBER OF OFF-DUTY DAYS STARTING TODAY

0118749

B/L #

5217344

COMP #

Show when and where each change of duty status occurred. Use time standards of home terminal.

CHECK IF ANY DEFECTIVE ITEM AND GIVE DETAILS UNDER DEFECTS - IF NO DEFECTS CHECK BOX AT RIGHT

DRIVER'S DAILY VEHICLE INSPECTION REPORT

Show when and where each change of duty status occurred. Use time standard of home terminal.

POST TRIP	ITEM	POST TRIP	ITEM
<input type="checkbox"/>	SERVICE BRAKE INCLUDING TRAILER BRAKE CONNECTION	<input type="checkbox"/>	HORN - WINDSHIELD WIPERS - SEAT BELT
<input type="checkbox"/>	PARKING (HAND) BRAKE	<input type="checkbox"/>	REAR VISION MIRRORS - OTHER GLASS
<input type="checkbox"/>	STEERING MECHANISM	<input type="checkbox"/>	COUPLING DEVICES
<input type="checkbox"/>	LIGHTING DEVICES AND REFLECTORS	<input type="checkbox"/>	TRAILER AND LOAD
<input type="checkbox"/>	TIRES - WHEELS AND RIMS	<input type="checkbox"/>	EMERGENCY EQUIPMENT

(COMPLETE AT END OF EACH WORK DAY)

I HAVE EXAMINED THE VEHICLES INDICATED ABOVE INCLUDING THE PARTS AND ACCESSORIES NOTED TO THE LEFT **Vehicle condition satisfactory**

DEFECTS: _____

I CERTIFY I HAVE REVIEWED THE PREVIOUS D.V.I.R.

Bruce A. Luebke

SIGNATURE OF DRIVER REVIEWING REPORT

SIGNATURE OF MECHANIC MAKING REPAIRS

SIGNATURE OF DRIVER MAKING REPORT