



Form 0801

DRIVER'S DAILY LOG
(24 HOURS)Will be Scanned
Please Print Clearly Within the Boxes

Month Day Year Total Miles Driving Today

12 - 8 - 09 438

CARRIER NAME & ADDRESS
PRIME INC. (800) 321-4552
BOX 4208, SPRINGFIELD, MO 65808

Tractor Number

67655

Driver's ID / Code

203596

I certify these entries are true and correct

Driver's Signature in Full

Co-Driver's Name

Bruce A. Luebke

Bruce A. Luebke

Trailer Number

100520

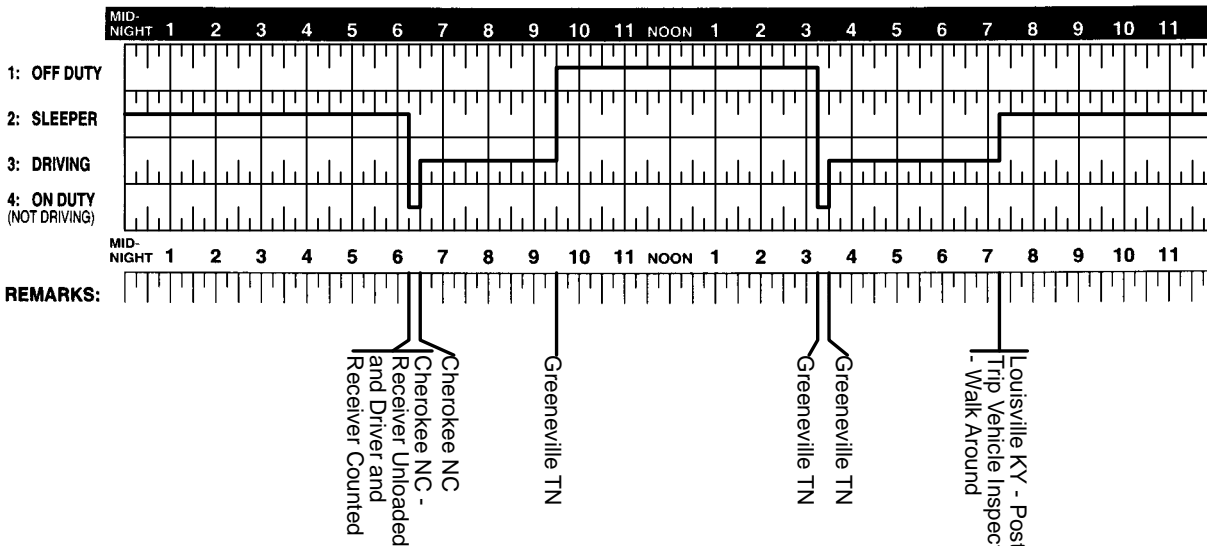
Co-Driver's ID / Code

RECAP

Complete at end of workday.

1.	0.00
2.	9.00
3.	11.25
4.	11.25
5.	7.75
6.	7.00
7.	7.50
Total	53.75
Subtract From 70 Hours	16.25
Total of Available Hours	

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

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

PRO NUMBER 5921021

of Days Off Duty Includes Today

Pre-Trip Inspection Signed
Post-Trip Inspection Signed**Original** File at home terminal
Duplicate Driver retains in his/her possession for eight daysUSE TIME STANDARD AT HOME TERMINAL
© Copyright 2003 & Published by J. J. KELLER & ASSOCIATES, INC., Neenah, WI • (800) 327-6868 • Printed in USA**DRIVER'S DAILY VEHICLE INSPECTION REPORT**

PRIME INC. (800) 321-4552

(A copy of this report must be carried on the power unit for review)

Date: 12/08/09 Tractor No. 67655 Trailer No. 100520

(Check any defective item with an X and give details in Remarks section.)

- | | | |
|--|--|--|
| <input type="checkbox"/> Service brake including trailer brake connections | <input type="checkbox"/> Lighting devices & reflectors | <input type="checkbox"/> Rear vision mirrors |
| <input type="checkbox"/> Parking (hand) brake | <input type="checkbox"/> Tires | <input type="checkbox"/> Coupling devices |
| <input type="checkbox"/> Steering mechanism | <input type="checkbox"/> Horn | <input type="checkbox"/> Wheels & rims |
| | <input type="checkbox"/> Windshield wipers | <input type="checkbox"/> Emergency equipment |

Remarks:

Condition of the above vehicles is satisfactory ✓ *Bruce A. Luebke*
Signature of driver making reportThis will certify that the above indicated defects have been corrected
 require no correction

Signature of authorized motor carrier agent: _____

Acknowledgement of review: _____
Driver's Signature**MILEAGE REPORT:**Total miles driven today **321.0****MILES DRIVEN TODAY BY STATES**

State	TX	Miles
	OK	201

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