

DRIVER'S DAILY LOG (One calendar day - 24 hours)

(Use Numbers Only) **YOUR Driving**

Month:
 Miles Today:
 Tractor Number:
 Trailer Number:
 Driver Letter Code:
 Total Mileage Today:

PRIME INC. (800) 321-4552
 BOX 4208, SPRINGFIELD, MO 65808 Springfield, MO

Print Name of Co-Driver and Co-Driver's code: Bruce A. Luebhe
 Driver's Signature in Full: Bruce A. Luebhe

I certify these entries are true and correct.

	MID-NIGHT											NOON											MID-NIGHT											TOTAL HOURS	
	1	2	3	4	5	6	7	8	9	10	11	1	2	3	4	5	6	7	8	9	10	11	1	2	3	4	5	6	7	8	9	10	11	6	5
1: OFF DUTY	[Grid with horizontal lines]																																	6	5
2: SLEEPER BERTH	[Grid with horizontal lines]																																	9	75
3: DRIVING	[Grid with horizontal lines]																																	7	25
4: ON DUTY (Not Driving)	[Grid with horizontal lines]																																		5
REMARKS	[Grid with horizontal lines]																																	24 [] (Must Total 24 Hours)	
	[Grid with horizontal lines]																																	1/4 = .25 1/2 = .5 3/4 = .75	
	[Grid with horizontal lines]																																	[] [] Number of Days Off, Including Today	

Hours Worked Last 7 Days	5.25
	2.75
	10.75
	0.00
	8.00
	1.75
	12.00
Yesterday	
Total Hours	18.75
70 Hours Less Total Hours Equals Hours Available Today	51.25
Hours Worked Today	7.75
If Hours Worked Today Exceeds Hours Available You Are in Violation. Your Reason Must Appear in "Remarks"	



BILL OF LADING: **31247806; N000144442**
 Shipping document, manifest number OR name of shipper AND commodity

TRIP NUMBER
 #1 #2

USE TIME STANDARD AT HOME TERMINAL

DRIVER'S VEHICLE INSPECTION REPORT

Carrier's Name: **PRIME INC. (800) 321-4552**
 Carrier's Address (City/St.): **Springfield, MO**
 Date:
 Tractor #:
 Trailer #:

Tractor Inspection	Needs Repair		Tractor Inspection	Needs Repair	
	OK	Repair		OK	Repair
Air Lines/Leaks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Horn	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Brakes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Lights/Reflectors	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Check Oil/Water Level	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mirrors	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Clutch	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Steering	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Emergency Equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Suspension System	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Engine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tires	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Exhaust	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wheels	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5th Wheel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Windshield & Wipers	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Fuel Tanks	<input checked="" type="checkbox"/>	<input type="checkbox"/>			

Trailer Inspection	Needs Repair		Trailer Inspection	Needs Repair	
	OK	Repair		OK	Repair
Air Lines/Leaks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Lights-All	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Brakes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Permits	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Brake Connections	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Roof	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Doors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Sliding Tandem (pins locked)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
King Pin	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Suspension System	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Landing Gear	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tires & Wheels	<input checked="" type="checkbox"/>	<input type="checkbox"/>

I have detected no defects or deficiency in this motor vehicle as would be likely to affect the safety of its operation or result in its mechanical breakdown.

Driver's Signature: Bruce A. Luebhe

NEED ONLY BE COMPLETED IF DEFECTS FOUND

Describe Defects: _____

Defects Corrected.
 Defects Need not be Corrected for Safe Operation of Vehicle.

Driver's Signature: _____ Date: _____
 Mechanic's Signature: _____ Date: _____