

# Driver's Daily Log

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

**B R U C E A**

(Driver First Name)

**L U E B K E**

(Driver Last Name)

**2 0 3 5 9 6**

(Driver ID NUMBER)

(Co-Driver First Name)

(Co-Driver Last Name)

(Co-Driver ID NUMBER)

Select Company

- FFE TRANSPORTATION SERVICES     NORDIC TRUCKING  
 L & H LOGISTICS     LISA MOTOR LINES  
 AMERICAN EAGLE LINES     GREAT WESTERN EXPRESS

Main Office Address: Dallas, Texas

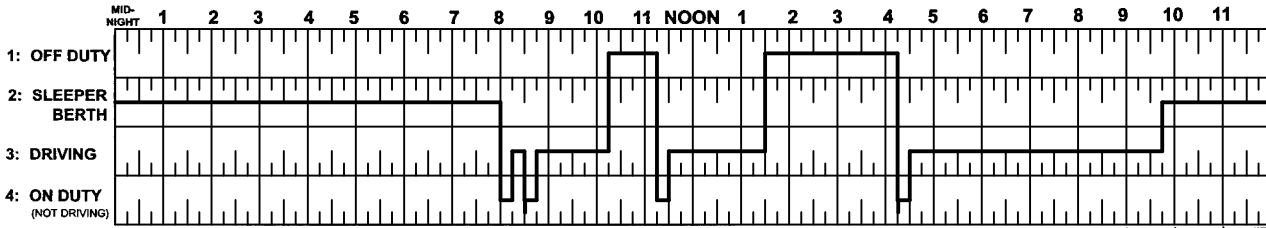
**6 4 9**  
 (Total Miles Driving Today)

**4 2 3 2 0 0 8**  
 (Month) (Day) (Year)

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

**2 0**  
 (Month) (Day) (Year)

Hours Worked Last 7 Days	0.00
1	12.00
2	8.25
3	8.50
4	11.50
5	7.50
6	3.00
7	Yesterday
Total Hours	50.75
70 Hours Less Total Hours Equals Hours Available Today	19.25
Hours Worked Today	10.00
If Hours Worked Today Exceeds Hours Available You Are In Violation.	



**TOTAL HOURS**  
**3 7 5**  
**1 0 2 5**  
**9**  
**1**  
**2 4 0 0**

Remarks: Ogdan UT - Reefer Fuel: 18,016 Gal, Odometer: 154274.6 Pilot # 294  
 Ogdan UT Fuel: 154,067 Gal, Odometer: 154274.6 Pilot # 294  
 Ogdan UT  
 154266.8 UT 5000585 67655  
 AFSSL1 DEADHEAD  
 Farr West UT  
 154266.8 UT 5000266 67655  
 ASSL1 EMPTY  
 Farr West UT - Lumper  
 Unloaded and Driver and Receiver Counted - Pre-Trip Vehicle Inspection 67655 26535  
 Pine Bluffs WY - Post Trip Vehicle Inspection - Walk Around  
 Fort Bridger WY  
 Fort Bridger WY  
 Fort Bridger WY  
 Fuel: 26,130 Gal, Odometer: 154554.9 TA  
 Fort Bridger WY  
 Springville UT  
 154409.5 UT 5000585 67655  
 NESSPA LOADED  
 Springville UT - Shipper Load & Count - Pre-Trip Vehicle Inspection 67655 11191  
 Springville UT - Post Trip Vehicle Inspection - Walk Around

Shipping Documents  
 Stop #90 -- 0474672  
 (B/L or Manifest Number)

*Bruce A. Luebke*  
 (Driver's Signature in Full)

I certify these entries are true and correct.

**6 7 6 5 5**  
 (Tractor Number)

**2 6 5 3 5**  
 (Trailer Number 1)

**1 1 1 9 1**  
 (Trailer Number 2)

(Trailer Number 3)

**4 2 3 2 0 0 8**  
 (Month) (Day) (Year)

## Driver's Daily Vehicle Inspection

**Tractor**      **Directions: Fill box of any defective item and give details under "Remarks"**

<input checked="" type="checkbox"/> No Defects	<input type="checkbox"/> Heat-Defroster	<input type="checkbox"/> Wheels & Rims	Remarks:
<input type="checkbox"/> Parking Brake	<input type="checkbox"/> Horn	<input type="checkbox"/> Windshield Wipers	
<input type="checkbox"/> Brakes	<input type="checkbox"/> Lights-Reflectors	<input type="checkbox"/> Physical Damage	
<input type="checkbox"/> Clutch	<input type="checkbox"/> Rear View Mirrors	<input type="checkbox"/> Other (Give Details)	
<input type="checkbox"/> Cooling System	<input type="checkbox"/> Oil Pressure		
<input type="checkbox"/> Coupling Devices	<input type="checkbox"/> Speedometer		
<input type="checkbox"/> Emergency Equip.	<input type="checkbox"/> Tires		

**Trailer(s)**

<input checked="" type="checkbox"/> No Defects	<input type="checkbox"/> Landing Gear	<input type="checkbox"/> Wheels & Rims	Remarks: (Identify by trailer number if more than one trailer used)
<input type="checkbox"/> Parking Brake	<input type="checkbox"/> Lights-Reflectors	<input type="checkbox"/> Other (Give Details)	
<input type="checkbox"/> Brakes	<input type="checkbox"/> Physical Damage		
<input type="checkbox"/> Coupling Devices	<input type="checkbox"/> Tires		

I have inspected the above equipment and indicated all noticeable defects.  
*Bruce A. Luebke*  
 Driver's Signature:

Corrections not necessary for safe operation of vehicle.  
 Above defects corrected.  
 Repairman's Signature:

I have reviewed this report and determined that repairman has certified that all necessary repairs have been completed.  
 Driver's Signature:

