

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

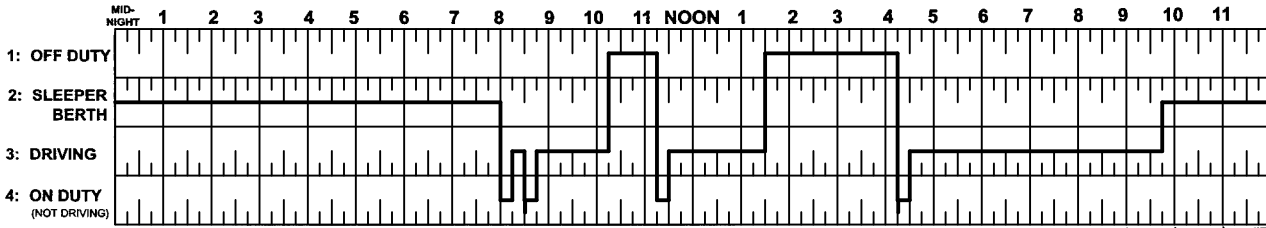
6 4 9
 (Total Miles Driving Today)

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.	



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)

6 7 6 5 5
 (Tractor Number)

Bruce A. Luebke
 (Driver's Signature in Full)
 I certify these entries are true and correct.

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: