

ONE TRIP,
ONE ENVELOPE
EVERY TIME™



LOGSWFT4

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

5-19-05
DATE (MONTH/DAY/YEAR)

687
DRIVER MILES

687
TEAM MILES

43432
TRACTOR NUMBER

12345
DRIVER CODE

SWIFT TRANSPORTATION CO., INC.

Cousin Sample Driver

54321

COMPANY

CO-DRIVER NAME

CO-DRIVER CODE

2200 SOUTH 75th AVE. PHOENIX, AZ 85043

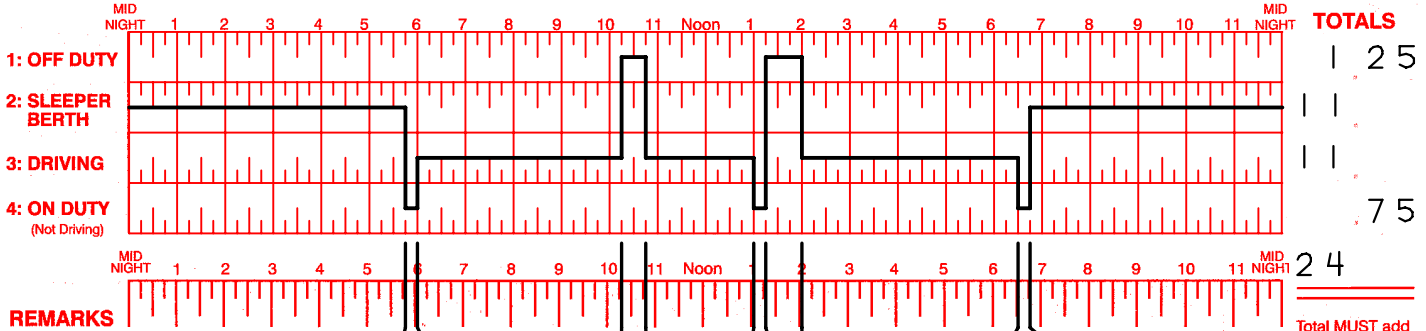
3667405; 3669472

20232

MAIN ADDRESS

SWIFT TRIP #

TRAILER #



Hours Worked Last 7 Days	3.25
1.	9.75
2.	11.25
3.	2.25
4.	6.50
5.	6.75
6.	7.00
7.	Yesterday
Total Hours	46.75
70 Hours Less Total Hours Equals Hours Available Today	23.25
Hours Worked Today	11.75
If Hours Worked Today Exceeds Hours Available, You Are In Violation. Your Reason Must Appear in "Remarks"	

REMARKS

Bensalem, PA - Shipper Load & Count - Pre Trip Vehicle Inspection

New Stanton, PA

Zanesville, OH

Zanesville, OH

Zanesville, OH

Louisville, KY - Receiver Unloaded & Count - Pre Trip Vehicle Inspection

Louisville, KY - Post Trip Vehicle Inspection - Walk Around

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

I. M. Sample Driver
DRIVER SIGNATURE I. M. Sample Driver

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 charge 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.

SIGNATURE OF DRIVER REVIEWING REPAIRS _____

SIGNATURE OF MECHANIC MAKING REPAIRS _____

SIGNATURE OF DRIVER MAKING REPORT *I. M. Sample Driver*