**DRIVERS LOG-SHEET**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Information** | | | | | | | |
| Business Name: | | | | | | | |
| Main Office Address: | | | | | | | |
| Home Terminal Address | | | | | | | |
| Email/Website: | | | | Phone Number: | | | |
| **Driver Information** | | | | | | | |
| Driver’s Name: | | | | Department: | | | |
| Driver’s Signature: | | | | Email: | | | |
| Co-Driver’s Name: | | | | Phone Number: | | | |
| **Trip Information** | | | | | | | |
| Day: | | Month: | | | Year: | | |
| Ending Odometer Reading: KM | | | | | | | |
| Starting Odometer Reading: KM | | | | | | | |
| KM Driven Today: | | | | | | | |
| Truck/Tractor/Vehicle License Plate and/or Unit No.(s): | | | | | | | |
| Trailer(s) License Plate and/or Unit No.(s): | | | | | | | |
| **Duty Status – *Use Local Time Standard at Home Terminal*** | | | | | | | **Total Hours** |
| Driving |  | | | | | |  |
| On-Duty (Not Driving) |  | | | | | |  |
| Off Duty |  | | | | | |  |
| Total Hours | N/A | | | | | |  |
| **Remarks** – Check the time and enter name of place you reported to, where relieved from work, and where each change of duty occurred. Explain excess hours. Record shipping document, manifest number or name of shipper and commodity. | | | | | | | |
| **Shipping Document No.(s)** | | | **Shipper(s)** | | | **Commodity** | |
|  | | |  | | |  | |