**DRIVER’S DAILY LOG**
Driver’s time record

Driver’s Name (print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Month \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DRIVERS MAY PREPARE THIS REPORT INSTEAD OF “DRIVERS DAILY LOG” IF THE FOLLOWING APPLIES:**

* Operates within 100 air-mile radius for CDL or 150-mile radius for non CDL drivers.
* Returns to headquarters and is released from work within 12 consecutive hours.
* At least 8 consecutive hours off duty separate each 12 hours of duty.

**Intermittent drivers**

Shall complete this form for 7 days preceding any day driving is performed.

This includes the preceding month.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Start Time****“All Duty”** | **End Time****“All Duty”** | **Total****Hours** | **Driving****Hours** | **Truck****Number** | **Headquarters** |
| **1** |  |  |  |  |  |  |
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| **2** |  |  |  |  |  |  |
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| **8** |  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Date** | **Start Time****“All Duty”** | **End Time****“All Duty”** | **Total****Hours** | **Driving****Hours** | **Truck****Number** | **Headquarters** |
| **9** |  |  |  |  |  |  |
| **10** |  |  |  |  |  |  |
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| **11** |  |  |  |  |  |  |
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| **21** |  |  |  |  |  |  |
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| **22** |  |  |  |  |  |  |
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| **23** |  |  |  |  |  |  |
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| **24** |  |  |  |  |  |  |
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| **25** |  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Date** | **Start Time****“All Duty”** | **End Time****“All Duty”** | **Total****Hours** | **Driving****Hours** | **Truck****Number** | **Headquarters** |
| **26** |  |  |  |  |  |  |
| **27** |  |  |  |  |  |  |
| **28** |  |  |  |  |  |  |
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| **29** |  |  |  |  |  |  |
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| **30** |  |  |  |  |  |  |
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| **31** |  |  |  |  |  |  |
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To be prepared monthly by each DOT certified driver unless time record is exclusively kept on Driver’s Daily Log.

□ Indicate “days off”. Check box if no driving is performed during this month and the first 7 days of the following month.

Mail this report to your Division Manager of Administration.