**DRIVERS DAILY LOG**

**Records of Duty Daily Form**

The examples provided are of the expected documentation. Please remember to submit **30 days** worth of **one driver’s** Records of Duty.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | / |  | / |  | **Original - File at home terminal.** |
|  | **(24 hours)** | **(month)** |  | **(day)** |  |  | **(year)** | **Duplicate - Driver retains in his/her possession for 8 days.** |
|  |  |  |  |  |  |  |
|  | **From:** |  |  |  |  |  |  | **To:** |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Mid-** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **night 1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9 10 11 Noon 1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9 10 11** |

**1. Off Duty**

**2. Sleeper**

**Berth**

**3. Driving**

**4. On Duty**

**(not driving)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Mid-** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **night 1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9 10 11 Noon 1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9 10 11** |

**Remarks**

**Shipping**

**Documents:**

**DVL or Manifest No.**

**or**

**Shipper & Commodity**

**Enter name of place you reported and where released from work and when and where each change of duty occurred.**

**Use time standard of home terminal.**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Recap:** | **70 Hour/** |  |  |  |  |  |  |  |  |  |  |  | **\*If you took** |
| **Complete at** | **8 Day** |  |  |  |  |  | **60 Hour/ 7** |  |  |  |  | **34** |
| **end of day** | **Drivers** | A. |  | B. |  | C. | **Day Drivers** A. |  | B. |  | C. |
|  |  |  |  | **consecutive** |
|  | **On duty** |  | **A. Total** |  | **B. Total** |  | **C. Total** |  | **A. Total** |  | **B. Total** |  | **C. Total** |
|  |  |  |  |  |  |  | **hours off** |
|  | **hours** |  | **hours on** |  | **hours** |  | **hours on** |  | **hours on** |  | **hours** |  | **hours on** |
|  |  |  |  |  |  |  | **duty you** |
|  | **today,** |  | **duty last 7** |  | **available** |  | **duty last 5** |  | **duty last 8** |  | **available** |  | **duty last 7** |
|  |  |  |  |  |  |  | **have 60/70** |
|  | **Total lines** |  | **days** |  | **tomorrow** |  | **days** |  | **days** |  | **tomorrow** |  | **days** |
| **3 & 4** |  | **including** |  | **70 hr.** |  | **including** |  | **including** |  | **60 hr.** |  | **including** | **hours** |
|  |  |  | **today.** |  | **minus A\*** |  | **today.** |  | **today.** |  | **minus A\*** |  | **today.** | **avaialble** |

Total Hours

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  | **Name of Carrier or Carriers** |
| **Total Miles Driving Today** |  | **Total Mileage Today** |  |  |
|  |  |  |  |  |
|  |  |  |  | **Main Office Address** |
|  |  |  |  |  |
| **Truck/Tractor and Trailer Numbers or** |  | **Home Terminal Address** |
| **License Plate(s)/State (show each unit)** |  |  |

**Driver’s time record**

Driver’s Name (print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employee No. \_\_\_\_\_\_\_\_\_

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

**Drivers may prepare this report instead of “driver’s daily log” if the following applies:**

* Operates within 100 air-mile radius of normal work reporting location
* Returns to the work reporting location and is released from work within 12 consecutive hours
* Is operating a (1) Property-carrying CMV and has at least 10 consecutive hours off duty separating each 12 hours on duty **OR** (2) Passenger-carrying CMV and has at least 8 consecutive hours off duty separating each 12 hours on 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 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  |
| 12 |  |  |  |  |  |  |
| 13 |  |  |  |  |  |  |
| 14 |  |  |  |  |  |  |
| 15 |  |  |  |  |  |  |
| 16 |  |  |  |  |  |  |
| 17 |  |  |  |  |  |  |
| 18 |  |  |  |  |  |  |
| 19 |  |  |  |  |  |  |
| 20 |  |  |  |  |  |  |
| 21 |  |  |  |  |  |  |
| 22 |  |  |  |  |  |  |
| 23 |  |  |  |  |  |  |
| 24 |  |  |  |  |  |  |
| 25 |  |  |  |  |  |  |
| 26 |  |  |  |  |  |  |
| 27 |  |  |  |  |  |  |
| 28 |  |  |  |  |  |  |
| 28 |  |  |  |  |  |  |
| 29 |  |  |  |  |  |  |
| 30 |  |  |  |  |  |  |
| 31 |  |  |  |  |  |  |

 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.

**Example of supporting documentation**



 **Name**

 **Address**