

DRIVER'S DAILY LOG
(ONE CALENDAR DAY - 24 HOURS)

ORIGINAL - File each day at home terminal
DUPLICATE - Driver retains in his possession for eight days

RECAP

10 - 01 - 03
(MONTH) (DAY) (YEAR) (ODOMETER)

ASSIGNED VEHICLE NUMBER - (SHOW ALL UNITS)

DAY NO. 1

(TOTAL MILES DRIVING TODAY) 0

I certify these entries are true and correct:

(DRIVER'S SIGNATURE)

SONY PICTURES STUDIOS

(NAME OF CARRIER OR CARRIERS)

DR Jagers
(PRINT NAME)

10202 West Washington Blvd. - Culver City, CA 90232

(MAIN OFFICE ADDRESS)

(PRODUCTION NAME/ADDRESS)

	MID-NIGHT											NOON											TOTAL HOURS
	1	2	3	4	5	6	7	8	9	10	11	1	2	3	4	5	6	7	8	9	10	11	
1: OFF DUTY																							24
2: SLEEPER BERTH																							
3: DRIVING																							
4: ON DUTY (NOT DRIVING)																							
REMARKS																							24

OFF DUTY

DRIVING HRS. TODAY TOTAL LINE 3

DRIVING VIOLATION TODAY

ON DUTY HRS. TODAY TOTAL LINES 3 & 4

70 HR/8 DAY DRIVERS

A. 0
TOTAL HRS. ON DUTY LAST 7 DAYS, INCL. TODAY

B. 70
TOTAL HRS. AVAILABLE TOMORROW 70 HRS. MINUS A

C. 0
TOTAL HRS. ON DUTY LAST 8 DAYS, INCL. TODAY

Shipping document, manifest number, or name of a shipper and commodity.

Check the time and enter name of place you reported and where released from work and when and where each change of duty occurred. Explain excess hours.

FROM: (STARTING POINT OR PLACE)

TO: (DESTINATION OR TURN AROUND POINT OR PLACE)

USE TIME STANDARD AT HOME TERMINAL

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DRIVER'S VEHICLE INSPECTION REPORT

AS REQUIRED BY THE D.O.T. FEDERAL MOTOR CARRIER SAFETY REGULATIONS, I SUBMIT THE FOLLOWING:

DATE: _____ TRACTOR/TRUCK NO.: _____ TRAILER(S) NO.(S): _____

APPROPRIATE CHECK OFF

- I detect no defect or deficiency in this motor vehicle as would be likely to affect the safety of its operation or result in its mechanical breakdown.
- I detect the following defects or deficiencies in this motor vehicle as would be likely to affect the safety of its operation or result in its mechanical breakdown.

Indicate whether defects are on TRACTOR/TRUCK or TRAILER - Use sufficient detail to locate for mechanic.

DRIVER'S SIGNATURE: _____

Above defects corrected

Above defects need not be corrected for safe operation of vehicle

MECHANIC'S SIGNATURE: _____

DRIVER'S SIGNATURE: _____

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