



DRIVER'S DAILY LOG

(24 HOURS)

(Month) / (Day) / (Year)

Original - File at home terminal
Duplicate - Driver retains in his/her possession for eight days

RECAP
Complete at end of workday.

COAST TO COAST LOGISTICS, LLC

Name of Carrier or Carriers

5510 CLIO RD. - FLINT, MI 48504

Main Office Address

Total Miles Driving Today

Total Mileage Today

Eligible Hrs. Today

Home Terminal Address

I certify these entries are true and correct:

Truck/Tractor and Trailer Numbers or License Plate(s) / State (show each unit)

Driver's Full Signature

Co-Driver's Name

Minus Hrs. Today

	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	TOTAL HOURS
	1. OFF DUTY																								
2. SLEEPER BERTH																									
3. DRIVING																									
4. ON DUTY (NOT DRIVING)																									
REMARKS																									

Subtotal

Hrs. gained from 1st day of 7 or 8 day period.

SHIPPING DOCUMENTS:

B/L 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.

From:

To:

19658



Eligible Hrs. Tomorrow*

*If you meet the 34-hour restart requirements in §395.3, you have 60/70 hours available again.

USE TIME STANDARD AT HOME TERMINAL

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Driver's Daily Vehicle Inspection Report

§396.11(a) - Every motor carrier shall require its drivers to report, and every driver shall prepare a report in writing at the completion of each day's work on each vehicle operated.

Date: _____ Time: _____ A.M. _____ P.M.

Check any defective item and give details under "Remarks"

TRACTOR NO.

- | | | |
|--|---|---|
| <input type="checkbox"/> Air Compressor | <input type="checkbox"/> Fifth Wheel | <input type="checkbox"/> Tachograph/Trip Computer |
| <input type="checkbox"/> Battery | <input type="checkbox"/> Fire Extinguisher | <input type="checkbox"/> Tires |
| <input type="checkbox"/> Belts/Hoses | <input type="checkbox"/> Front Axle | <input type="checkbox"/> Transmission |
| <input type="checkbox"/> Body | <input type="checkbox"/> Fuel Tanks | <input type="checkbox"/> Underride Guard |
| <input type="checkbox"/> Brake Accessories | <input type="checkbox"/> Heater | <input type="checkbox"/> Warning Triangles/Flares |
| <input type="checkbox"/> Brakes, Parking | <input type="checkbox"/> Horn | <input type="checkbox"/> Wheels and Rims |
| <input type="checkbox"/> Brakes, Service | <input type="checkbox"/> Lights | <input type="checkbox"/> Windows |
| <input type="checkbox"/> Clutch | <input type="checkbox"/> Mirrors, Rear Vision | <input type="checkbox"/> Windshield Wipers |
| <input type="checkbox"/> Coupling Devices | <input type="checkbox"/> Oil Pressure | <input type="checkbox"/> OTHER |
| <input type="checkbox"/> Defroster | <input type="checkbox"/> Radiator | |
| <input type="checkbox"/> Door Handles | <input type="checkbox"/> Rear End | |
| <input type="checkbox"/> Drive Line | <input type="checkbox"/> Reflectors | |
| <input type="checkbox"/> Engine | <input type="checkbox"/> Springs | |
| | <input type="checkbox"/> Steering | |

CONDITION OF THE TRACTOR IS SATISFACTORY

REVIEWING DRIVER - In accordance with 396.13, before driving motor vehicle I have satisfied myself that this vehicle is in safe operating condition and have reviewed the last vehicle inspection report and acknowledge that there is a certification that the required repairs have been performed. (Signature not required if no defects noted.)

TRAILER NO.

- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> Brake Connections | <input type="checkbox"/> Doors | <input type="checkbox"/> Roof |
| <input type="checkbox"/> Brakes | <input type="checkbox"/> Floor | <input type="checkbox"/> Springs |
| <input type="checkbox"/> Coupling Chains | <input type="checkbox"/> Hitch | <input type="checkbox"/> Tarpaulin |
| <input type="checkbox"/> Coupling (King) Pin | <input type="checkbox"/> Landing Gear | <input type="checkbox"/> Tires |
| | <input type="checkbox"/> Lights | <input type="checkbox"/> Wheels and Rims |
| | <input type="checkbox"/> Reflectors | <input type="checkbox"/> OTHER |

CONDITION OF THE TRAILER IS SATISFACTORY

REMARKS:

Driver's Signature making report _____

§396.11(c) - **Corrective action.** Prior to requiring or permitting a driver to operate a vehicle, every motor carrier or its agent shall repair any defect or deficiency listed on the driver vehicle inspection report which would be likely to affect the safety of operation of the vehicle.

This is to certify that any defect(s) or deficiency(s) has/have been corrected
 correction is unnecessary for safe operation

Motor Carrier's or its Agent's Signature

Date