

NOTE: All entries must be neatly printed in blocks.
Use blue or black ink only.

e/Off Duty Begin Date

If multiple off-duty days, enter end date here:

(Print Last Name, First Initial - Ex. Smith, R)

On/Off Duty Begin Date:
 (Day) (Year)

(Month) (Day) (Year)

Home Phone:

Total Miles Driving Today:
 (Tractor Number)

(Safety #)

(Trailer Number)

(Co-Driver ID)

I certify these entries are true and correct.
 (Driver's Signature in Full)

(Print Co-Driver Name)

☐ Specialized Transportation Inc. - 5001 US Hwy. 30W - Fort Wayne, IN 46898

Specialized Transportation Inc. - 5001 US Hwy. 50W Fort Wayne, IN 46825

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

3: Driving

4: On Duty (Not Driving)

REMARKS:

1 0 5 0

7 2 5

3 7 5

2 4 0 0

1/4 = 0.25
1/2 = 0.50
3/4 = 0.75

REMARKS:

B/L NO.

LOG USING STANDARD TIME OF HOME TERMINAL

(Home Terminal Address)

DAILY VEHICLE CONDITION REPORT

THIS IS AN END OF THE DAY INSPECTION (FMCSR 396.11). IF ANY COMPONENTS ARE FOUND TO BE DEFECTIVE, PLACE AN (X) IN THE APPROPRIATE BOX.
IF NO DEFECTS ARE FOUND, PLACE AN (X) IN THE BOX MARKED "NO DEFECTS".

☐ 7. Triangles and Fuses	☐ 10. Parking Brake	☐ 13. Speedometer
☐ 8. Tires	☐ 11. Steering Mechanism	☐ 14. Lights and Reflectors
☐ 9. Brakes	☐ 12. Horn	☒ 15. NO DEFECTS

- ☐ 1. Air Hoses and Connectors ☐ 4. Tires
☐ 2. Coupling Devices ☐ 5. Glass and Mirrors
☐ 3. Wheels and Rims ☐ 6. Fire Extinguisher

- ☐ 7. Triangles and Fuses
☐ 8. Horn (Air and/or Electric)
☐ 9. Windshield Wipers

- ☐ 10. Parking Brake
☐ 11. Steering Mechanism
☐ 12. Service Brakes

- ☐ 13. Speedometer
- ☐ 14. Lights and Reflectors

15. NO DEFECTS

DRIVER'S SIGNATURE

[illegible]

Attach Fuel Receipts to Miles and Fuel Section.

FUEL RECEIPTS WILL NOT BE ACCEPTED IF THE DATES HAVE BEEN CHANGED

ORIGINAL Copy - Mail to Safety Administration every 7 days in attached envelopes