



REDMAN VAN & STORAGE CO.

DRIVER SIGNATURE: Zach Dangers  
DRIVER SAFETY # 0160

| CHECK IF LOG SHEET ATTACHED                                                                                      | CHECK IF LOG SHEET ATTACHED                                                                                                                                         | CHECK IF LOG SHEET ATTACHED                                                                                                                                          | CHECK IF LOG SHEET ATTACHED                                                                                                                                        | CHECK IF LOG SHEET ATTACHED                                                                                      | CHECK IF LOG SHEET ATTACHED                                                                                                                                         | CHECK IF LOG SHEET ATTACHED                                                                                      |
|------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/>                                                                                         | <input type="checkbox"/>                                                                                                                                            | <input type="checkbox"/>                                                                                                                                             | <input type="checkbox"/>                                                                                                                                           | <input type="checkbox"/>                                                                                         | <input type="checkbox"/>                                                                                                                                            | <input type="checkbox"/>                                                                                         |
| <b>SUNDAY</b><br>DATE <u>12/28/14</u>                                                                            | <b>MONDAY</b><br>DATE <u>12/29/14</u>                                                                                                                               | <b>TUESDAY</b><br>DATE <u>12/30/14</u>                                                                                                                               | <b>WEDNESDAY</b><br>DATE <u>12/31/14</u>                                                                                                                           | <b>THURSDAY</b><br>DATE <u>1/1/15</u>                                                                            | <b>FRIDAY</b><br>DATE <u>1/2/15</u>                                                                                                                                 | <b>SATURDAY</b><br>DATE <u>12/3/15</u>                                                                           |
| TIME<br>ON AM<br>OFF PM<br>ON AM<br>OFF PM<br>ON AM<br>OFF PM<br>ON AM<br>OFF PM<br>TOTAL ON-DUTY HOURS <u>0</u> | TIME<br>ON 8:00 AM<br>OFF 5:55 PM<br>ON 1:30 AM<br>OFF 3:00 PM<br>ON 2:00 AM<br>OFF 5:00 PM<br>ON AM<br>OFF PM<br>ON AM<br>OFF PM<br>TOTAL ON-DUTY HOURS <u>8.5</u> | TIME<br>ON 8:00 AM<br>OFF 5:55 PM<br>ON 1:30 AM<br>OFF 3:00 PM<br>ON 2:00 AM<br>OFF 7:00 PM<br>ON AM<br>OFF PM<br>ON AM<br>OFF PM<br>TOTAL ON-DUTY HOURS <u>10.5</u> | TIME<br>ON 7:30 AM<br>OFF 6:00 PM<br>ON 1:30 AM<br>OFF 4:00 PM<br>ON 2:00 AM<br>OFF 6:00 PM<br>ON AM<br>OFF PM<br>ON AM<br>OFF PM<br>TOTAL ON-DUTY HOURS <u>10</u> | TIME<br>ON AM<br>OFF PM<br>ON AM<br>OFF PM<br>ON AM<br>OFF PM<br>ON AM<br>OFF PM<br>TOTAL ON-DUTY HOURS <u>0</u> | TIME<br>ON 8:00 AM<br>OFF 5:55 PM<br>ON 1:30 AM<br>OFF 3:00 PM<br>ON 2:00 AM<br>OFF 4:00 PM<br>ON AM<br>OFF PM<br>ON AM<br>OFF PM<br>TOTAL ON-DUTY HOURS <u>7.5</u> | TIME<br>ON AM<br>OFF PM<br>ON AM<br>OFF PM<br>ON AM<br>OFF PM<br>ON AM<br>OFF PM<br>TOTAL ON-DUTY HOURS <u>0</u> |
| TOTAL ON-DUTY HRS. LAST 7 DAYS <u>0</u>                                                                          | TOTAL ON-DUTY HRS. LAST 7 DAYS <u>8.5</u>                                                                                                                           | TOTAL ON-DUTY HRS. LAST 7 DAYS <u>19</u>                                                                                                                             | TOTAL ON-DUTY HRS. LAST 7 DAYS <u>29</u>                                                                                                                           | TOTAL ON-DUTY HRS. LAST 7 DAYS <u>29</u>                                                                         | TOTAL ON-DUTY HRS. LAST 7 DAYS <u>36.5</u>                                                                                                                          | TOTAL ON-DUTY HRS. LAST 7 DAYS <u>36.5</u>                                                                       |

### 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.
- §396.11(c) - Prior to operating a motor vehicle, motor carriers or their agent(s) shall effect repair of any items listed on the vehicle inspection report(s) that would be likely to affect the safety of operation of the vehicle.
- §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 required to be carried on power unit and acknowledge that there is a certification that the required repairs have been made.

| SUNDAY               | MILEAGE                                 | §396.11(a) - <input type="checkbox"/> I detect no defect <input type="checkbox"/> I detect the following defects            | <input type="checkbox"/> all defect(s) or deficiency(s) has been corrected <input type="checkbox"/> correction is unnecessary |
|----------------------|-----------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|
| DATE <u>12/28/14</u> | Beg. <u>68947</u><br>End <u>68948</u>   | Defects: _____<br>DRIVER'S SIGNATURE _____                                                                                  | MECHANIC'S SIGNATURE _____ DRS. SIGNATURE _____                                                                               |
| Truck # _____        |                                         |                                                                                                                             |                                                                                                                               |
| MONDAY               | MILEAGE                                 | §396.11(a) - <input checked="" type="checkbox"/> I detect no defect <input type="checkbox"/> I detect the following defects | <input type="checkbox"/> all defect(s) or deficiency(s) has been corrected <input type="checkbox"/> correction is unnecessary |
| DATE <u>12/29/14</u> | Beg. <u>68947</u><br>End <u>68948</u>   | Defects: _____<br>DRIVER'S SIGNATURE _____                                                                                  | MECHANIC'S SIGNATURE _____ DRS. SIGNATURE _____                                                                               |
| Truck # <u>33065</u> |                                         |                                                                                                                             |                                                                                                                               |
| TUESDAY              | MILEAGE                                 | §396.11(a) - <input checked="" type="checkbox"/> I detect no defect <input type="checkbox"/> I detect the following defects | <input type="checkbox"/> all defect(s) or deficiency(s) has been corrected <input type="checkbox"/> correction is unnecessary |
| DATE <u>12/30/14</u> | Beg. <u>68948</u><br>End <u>68949</u>   | Defects: _____<br>DRIVER'S SIGNATURE _____                                                                                  | MECHANIC'S SIGNATURE _____ DRS. SIGNATURE _____                                                                               |
| Truck # _____        |                                         |                                                                                                                             |                                                                                                                               |
| WEDNESDAY            | MILEAGE                                 | §396.11(a) - <input checked="" type="checkbox"/> I detect no defect <input type="checkbox"/> I detect the following defects | <input type="checkbox"/> all defect(s) or deficiency(s) has been corrected <input type="checkbox"/> correction is unnecessary |
| DATE <u>12/31/14</u> | Beg. <u>370641</u><br>End <u>370636</u> | Defects: _____<br>DRIVER'S SIGNATURE _____                                                                                  | MECHANIC'S SIGNATURE _____ DRS. SIGNATURE _____                                                                               |
| Truck # <u>63</u>    |                                         |                                                                                                                             |                                                                                                                               |
| THURSDAY             | MILEAGE                                 | §396.11(a) - <input type="checkbox"/> I detect no defect <input type="checkbox"/> I detect the following defects            | <input type="checkbox"/> all defect(s) or deficiency(s) has been corrected <input type="checkbox"/> correction is unnecessary |
| DATE <u>1/1/15</u>   | Beg. _____<br>End _____                 | Defects: _____<br>DRIVER'S SIGNATURE _____                                                                                  | MECHANIC'S SIGNATURE _____ DRS. SIGNATURE _____                                                                               |
| Truck # _____        |                                         |                                                                                                                             |                                                                                                                               |
| FRIDAY               | MILEAGE                                 | §396.11(a) - <input checked="" type="checkbox"/> I detect no defect <input type="checkbox"/> I detect the following defects | <input type="checkbox"/> all defect(s) or deficiency(s) has been corrected <input type="checkbox"/> correction is unnecessary |
| DATE <u>1/2/15</u>   | Beg. <u>555</u><br>End <u>51916</u>     | Defects: _____<br>DRIVER'S SIGNATURE _____                                                                                  | MECHANIC'S SIGNATURE _____ DRS. SIGNATURE _____                                                                               |
| Truck # <u>40170</u> |                                         |                                                                                                                             |                                                                                                                               |
| SATURDAY             | MILEAGE                                 | §396.11(a) - <input type="checkbox"/> I detect no defect <input type="checkbox"/> I detect the following defects            | <input type="checkbox"/> all defect(s) or deficiency(s) has been corrected <input type="checkbox"/> correction is unnecessary |
| DATE <u>1/3/15</u>   | Beg. _____<br>End _____                 | Defects: _____<br>DRIVER'S SIGNATURE _____                                                                                  | MECHANIC'S SIGNATURE _____ DRS. SIGNATURE _____                                                                               |
| Truck # _____        |                                         |                                                                                                                             |                                                                                                                               |

Please sign on the correct line!!