DRIVER'S DAILY LOG

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

Today's Date/Off Duty Begin Date If multiple off-duty days, enter end date here: (Print Last Name, First Initial - Ex. Smith, R) (Month) (Day) (Year) (Month) (Day) (Year)
(Total Miles Driving Today) (Tractor Number) (Safety #) I certify these entries are true and correct (Driver's Signature in Full)
(Co-Driver ID) (Specialized Transportation Inc 5001 US Hwy. 30W - Fort Wayne, IN 46898
MID-NIGHT 1 2 3 4 5 6 7 8 9 10 11 NOON1 2 3 4 5 6 7 8 9 10 11 TOTAL HOURS 1: Off Duty 2: Sleeper 3: Driving
4: On Duty (Not Driving) 29.80
REMARKS: $1/4 = 0.2$ $1/2 = 0.5$ $3/4 = 0.7$
B/L NO. NO LOG USING STANDARD TIME OF HOME TERMINAL SUCH (Home Terminal Address)
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". 10. Parking Brake 13. Speedometer 14. Lights and Reflectors 15. NO DEFECTS 12. Service Brakes 12. Service Brakes 13. Speedometer 14. Lights and Reflectors 15. NO DEFECTS 12. Service Brakes 14. Steering Mechanism 15. Service Brakes 16. Fire Extinguisher 9. Windshield Wipers 17. Steering Mechanism 18. Horn (Air and/or Electric) 18. Horn (Air and/or Electric) 19. Windshield Wipers 18. Horn (Air and/or Electric) 19. Windshield Wipers 19. Windshield Wiper
MILES AND FUEL BY STATE - SPECIALIZED TRANSPORTATION, INC.
Month Day Year Print Lead Driver's Name CARIBSTOREM Lead Hauler P7550
Tractor/Str. Truck 6 Digit # PLACE AN (X) IF RENTAL UNIT Agent REDMAN Agent Code 7445
ODOMETER READINGS REQUIRED BY "IFTA" STATE/PROVINCE ROUTES TRAVELED MILES/KILOMETERS GAL/LITERS FUEL PURCHASED BEGINNING - ODOMETER 7 9 3 3 1 7 W V T-75 T 9 0 3 59
ENDING - ODOMETER 293987 ENDING CITY/STATE WH T T-90 CSE
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Attach Fuel Receipts to Miles and Fuel Section.