



REDMAN VAN & STORAGE CO.

DRIVER SIGNATURE: \_\_\_\_\_

DRIVER SAFETY # \_\_\_\_\_

01720

| 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 checked="" type="checkbox"/> |
| SUNDAY<br>DATE 5/1             | MONDAY<br>DATE 5/2                | TUESDAY<br>DATE 5/3            | WEDNESDAY<br>DATE 5/4          | THURSDAY<br>DATE 5/5           | FRIDAY<br>DATE 5/6                | SATURDAY<br>DATE 5/7                |
| TIME ON-DUTY HRS.              | TIME ON-DUTY HRS.                 | TIME ON-DUTY HRS.              | TIME ON-DUTY HRS.              | TIME ON-DUTY HRS.              | TIME ON-DUTY HRS.                 | TIME ON-DUTY HRS.                   |
| ON AM PM                       | ON 9:00 AM PM 4                   | ON AM PM                       | ON AM PM                       | ON AM PM                       | ON 8:00 AM PM 4                   | ON AM PM                            |
| OFF AM PM                      | OFF 12:00 AM PM                   | OFF AM PM                      | OFF AM PM                      | OFF AM PM                      | OFF 12:00 AM PM                   | OFF AM PM                           |
| ON AM PM                       | ON 12:30 AM PM 4                  | ON AM PM                       | ON AM PM                       | ON AM PM                       | ON 12:30 AM PM 4.5                | ON AM PM                            |
| OFF AM PM                      | OFF 4:30 AM PM                    | OFF AM PM                      | OFF AM PM                      | OFF AM PM                      | OFF 5:00 AM PM                    | OFF AM PM                           |
| ON AM PM                       | ON AM PM                          | ON AM PM                       | ON AM PM                       | ON AM PM                       | ON AM PM                          | ON AM PM                            |
| OFF AM PM                      | OFF AM PM                         | OFF AM PM                      | OFF AM PM                      | OFF AM PM                      | OFF AM PM                         | OFF AM PM                           |
| ON AM PM                       | ON AM PM                          | ON AM PM                       | ON AM PM                       | ON AM PM                       | ON AM PM                          | ON AM PM                            |
| OFF AM PM                      | OFF AM PM                         | OFF AM PM                      | OFF AM PM                      | OFF AM PM                      | OFF AM PM                         | OFF AM PM                           |
| ON AM PM                       | ON AM PM                          | ON AM PM                       | ON AM PM                       | ON AM PM                       | ON AM PM                          | ON AM PM                            |
| OFF AM PM                      | OFF AM PM                         | OFF AM PM                      | OFF AM PM                      | OFF AM PM                      | OFF AM PM                         | OFF AM PM                           |
| TOTAL ON-DUTY HOURS            | TOTAL ON-DUTY HOURS 8             | TOTAL ON-DUTY HOURS            | TOTAL ON-DUTY HOURS            | TOTAL ON-DUTY HOURS            | TOTAL ON-DUTY HOURS 9.5           | TOTAL ON-DUTY HOURS                 |
| TOTAL ON-DUTY HRS. LAST 7 DAYS | TOTAL ON-DUTY HRS. LAST 7 DAYS 23 | TOTAL ON-DUTY HRS. LAST 7 DAYS | TOTAL ON-DUTY HRS. LAST 7 DAYS | TOTAL ON-DUTY HRS. LAST 7 DAYS | TOTAL ON-DUTY HRS. LAST 7 DAYS 24 | TOTAL ON-DUTY HRS. LAST 7 DAYS      |

### 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      | Beg.    | Defects:                                                                                                         |                                                                                                                               |
| Truck #   | End     | DRIVER'S SIGNATURE                                                                                               | MECHANIC'S SIGNATURE DRS. SIGNATURE                                                                                           |
| MONDAY    | 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 5/2  | Beg.    | Defects: S.F.                                                                                                    |                                                                                                                               |
| Truck #   | End     | DRIVER'S SIGNATURE                                                                                               | MECHANIC'S SIGNATURE DRS. SIGNATURE                                                                                           |
| TUESDAY   | 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      | Beg.    | Defects:                                                                                                         |                                                                                                                               |
| Truck #   | End     | DRIVER'S SIGNATURE                                                                                               | MECHANIC'S SIGNATURE DRS. SIGNATURE                                                                                           |
| WEDNESDAY | 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      | Beg.    | Defects:                                                                                                         |                                                                                                                               |
| Truck #   | End     | DRIVER'S SIGNATURE                                                                                               | MECHANIC'S SIGNATURE DRS. SIGNATURE                                                                                           |
| 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      | Beg.    | Defects:                                                                                                         |                                                                                                                               |
| Truck #   | End     | DRIVER'S SIGNATURE                                                                                               | MECHANIC'S SIGNATURE DRS. SIGNATURE                                                                                           |
| FRIDAY    | 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 5/6  | Beg.    | Defects: S.F.                                                                                                    |                                                                                                                               |
| Truck #   | End     | DRIVER'S SIGNATURE                                                                                               | MECHANIC'S SIGNATURE DRS. SIGNATURE                                                                                           |
| 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      | Beg.    | Defects:                                                                                                         |                                                                                                                               |
| Truck #   | End     | DRIVER'S SIGNATURE                                                                                               | MECHANIC'S SIGNATURE DRS. SIGNATURE                                                                                           |