

MOTOR VEHICLE OPERATOR'S DAILY LOG

(One Calendar Day - 24 Hours)

Day	Month	Year

RECAP

Carrier (Employer) _____ Address _____

Starting Point _____ Destination or turn around point _____ Bill of Lading _____

Shift Start Time _____ Odometer End _____ Vehicles (Show Unit # and Plate #) _____

Odometer Start _____ Home Terminal address _____

Distance driving today _____ Total distance today _____ Other Vehicle Operator(s) (if driven) _____



- DEFERRAL TIME
- Day 1
 - Day 2
 - 70 Hrs 7 Days
 - 120 Hrs 14 Days
 - U.S. Cycle

24

PRINT NAME _____														DRIVER'S SIGNATURE CERTIFIED TRUE AND CORRECT _____													
PREVIOUS 14 DAYS	DAY														PERSONAL USE												
	TOTAL HOURS ON DUTY	1	2	3	4	5	6	7	8	9	10	11	12	13	14	ODOMETER START	ODOMETER END										
	TOTAL HOURS OFF DUTY																										

ON DUTY HRS. TODAY TOTAL LINES 3 & 4

70 HR / 7 DAY DRIVERS

A. TOTAL HRS. ON DUTY LAST 6 DAYS, INCL. TODAY

B. TOTAL HRS. AVAILABLE TOMORROW 70 HRS. MINUS A

C. TOTAL HRS. ON DUTY LAST 7 DAYS, INCL. TODAY

120 HR / 14 DAY DRIVERS

A. TOTAL HRS. ON DUTY LAST 13 DAYS, INCL. TODAY

B. TOTAL HRS. AVAILABLE TOMORROW 120 HRS. MINUS A

C. TOTAL HRS. ON DUTY LAST 14 DAYS, INCL. TODAY

DAILY VEHICLE INSPECTION REPORT CARRIER _____

Pre-Trip Inspection DATE _____
 Post-Trip Inspection TIME _____
 LOCATION _____
 ODOMETER _____

TRUCK MAKE _____ PLATE _____ PROV. _____ UNIT# _____

TRAILERS 1 PLATE# _____ PROV. _____ UNIT# _____ 2 PLATE# _____ PROV. _____ UNIT# _____

CHECK (X) DEFECTIVE ITEMS. EXPLAIN IN REMARKS

- | MAJOR | MINOR | MAJOR | MINOR | MAJOR | MINOR |
|--------------------------|--|--------------------------|---|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> Air Brake System | <input type="checkbox"/> | <input type="checkbox"/> Emergency Equipment and Safety Devices | <input type="checkbox"/> | <input type="checkbox"/> Horn |
| <input type="checkbox"/> | <input type="checkbox"/> Cab | <input type="checkbox"/> | <input type="checkbox"/> Exhaust System | <input type="checkbox"/> | <input type="checkbox"/> Hydraulic Brake System |
| <input type="checkbox"/> | <input type="checkbox"/> Cargo Securement | <input type="checkbox"/> | <input type="checkbox"/> Emergency Cargo Braking System | <input type="checkbox"/> | <input type="checkbox"/> Lamps and Reflectors |
| <input type="checkbox"/> | <input type="checkbox"/> Coupling Devices | <input type="checkbox"/> | <input type="checkbox"/> Fuel System | <input type="checkbox"/> | <input type="checkbox"/> Steering |
| <input type="checkbox"/> | <input type="checkbox"/> Dangerous Goods | <input type="checkbox"/> | <input type="checkbox"/> General | <input type="checkbox"/> | <input type="checkbox"/> Suspension System |
| <input type="checkbox"/> | <input type="checkbox"/> Driver Controls | <input type="checkbox"/> | <input type="checkbox"/> Glass Mirrors | <input type="checkbox"/> | <input type="checkbox"/> Tires |
| <input type="checkbox"/> | <input type="checkbox"/> Driver Seat | <input type="checkbox"/> | <input type="checkbox"/> Windshield Wiper | <input type="checkbox"/> | <input type="checkbox"/> Wheels, Hubs & Fasteners |
| <input type="checkbox"/> | <input type="checkbox"/> Electric Brake System | | | <input type="checkbox"/> | <input type="checkbox"/> Windshield/Wiper Washer |

REMARKS _____

Inspected by _____

SIGNATURE _____

I certify this inspection performed in accordance with Ontario Regulation 199-07

I have reviewed the last vehicle inspection report and acknowledge that the required repairs have been made.

DATE _____
 SIGNATURE OF DRIVER _____

SIGNATURE OF DRIVER IF INSPECTION PERFORMED BY ANOTHER PERSON _____

- No Defects found
 Defects corrected
 Defects need not be corrected for safe operation of vehicle(s)

DATE _____
 SIGNATURE OF MECHANIC OR AUTHORIZED AGENT _____