

**DRIVER'S DAILY LOG (24 HOURS)**  
**USE TIME STANDARD AT HOME TERMINAL**

1. 70 HR / 7 DAY CYCLE 2. 120 HR / 14 DAY

IF DEFERRED OFF DUTY  
 DAY 1  DAY 2

NAN

044258.2 044259.8 3.4 1 / 12 / 2023  
 ENDING ODOMETER STARTING ODOMETER KMS DRIVEN TODAY DAY MONTH YEAR

1805 Arthur Street  
 NAME OF CARRIER  
 MAIN OFFICE ADDRESS

Ted O'Flaherty  
 DRIVER'S NAME IN FULL (PLEASE PRINT)

NAME OF CO-DRIVER (PLEASE PRINT)

CarStar Kenora  
 ADDRESS OF ORIGINATING TERMINAL

Ted O'Flaherty  
 DRIVER'S SIGNATURE

CXPM 142  
 TRUCK LICENSE PLATE #

2 Machin Drive Kenora  
 DESTINATION

1. TRAILER LICENSE PLATE # 2. TRAILER LICENSE PLATE # TOTAL TRUCK HOURS TODAY

DAY START TIME (IF OTHER THAN MIDNIGHT)	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	TOTAL HOURS
1. OFF DUTY																										
2. SLEEPER BERTH																										
3. DRIVING																										
4. ON DUTY (NOT DRIVING)																										
REMARKS																										<u>1</u> 24 HOURS

MANIFEST/BILL OF LADING #	PREVIOUS 14 DAYS	DATE														END ODO	PERSONAL USE									
		1	2	3	4	5	6	7	8	9	10	11	12	13	14											
SHIPPER & COMMODITY		ENTER NAME OF PLACE YOU REPORTED; WHERE RELEASED FROM WORK; WHEN AND WHERE EACH CHANGE OF DUTY OCCURRED.														START ODO										

**DRIVER'S DAILY VEHICLE INSPECTION REPORT**

PRE-TRIP  POST-TRIP

NAN

CarStar Kenora

CXPM 142

ON

CARRIER

LOCATION OF INSPECTION

TRACTOR/TRUCK LIC. PLATE #

JURISDICTION

ADDRESS

INSPECTION DATE

INSPECTION TIME

TRAILER #1 LIC. #

JURISDICTION

Kenora

Ford Edge

044258.2

TRAILER #2 LIC. #

JURISDICTION

CITY

VEHICLE MAKE / MODEL

ODOMETER (MILES / KM)

TRAILER #2 LIC. #

JURISDICTION

I declare that the vehicle(s) shown above has (have) been inspected in accordance with the applicable requirements of Schedule 1 and / or jurisdiction legislation.

No Defects Found

Ted O'Flaherty

Ted O'Flaherty

Inspector / Driver's Name Print

Inspector / Driver's Signature

Driver's Signature (If different from Inspector)

CHECK ANY DEFECTIVE ITEM AND GIVE DETAILS UNDER REMARKS

REFER TO ACCOMPANYING SCHEDULE 1 TO IDENTIFY DEFECTS

TRACTOR/TRUCK	TRAILER # 1	TRAILER # 2	TRACTOR/TRUCK	TRACTOR/TRUCK
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Air Brake Adjustments	<input checked="" type="checkbox"/> Emergency Equipment/Safety Devices
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Brakes - Pedal/Booster/Gauges	<input type="checkbox"/> Exhaust System
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Brakes - Warning Lights: Low Pressure, Vacuum/Failure	<input type="checkbox"/> Fifth Wheel
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Compressor	<input checked="" type="checkbox"/> Fuel System
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Hoses & Connections	<input checked="" type="checkbox"/> General
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Hydraulic Brake Fluid	<input checked="" type="checkbox"/> Glass & Mirrors
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Parking Brakes	<input checked="" type="checkbox"/> Horn
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Battery	<input type="checkbox"/> Pintle Hook
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Defroster/Heater	<input checked="" type="checkbox"/> Power Steering System
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Documents - Registration, etc.	<input checked="" type="checkbox"/> Radiator
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Driver Controls	<input checked="" type="checkbox"/> Steering Mechanism
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Driver Seat	<input type="checkbox"/> Towing Attachment
				<input checked="" type="checkbox"/> Windshield Wiper/Washer

Vehicle/Load:Height/Width (MB Reg. 95/2008)  
4/2/19

DEFECTS EN ROUTE

REMARKS

Above defects corrected

Above defects need not be corrected for safe operation of vehicle

Signature of Authorized Repair Person

Date

Driver's Signature

Date