

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

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

IF DEFERRED OFF DUTY  
 DAY 1  DAY 2

NA N  
 NAME OF CARRIER  
 138 B Mission Road Fort William ON Ted Edward O'Flaherty  
 MAIN OFFICE ADDRESS DRIVER'S NAME IN FULL (PLEASE PRINT)  
 2 Machin Drive, Kenora, ON. Ted O'Flaherty  
 ADDRESS OF ORIGINATING TERMINAL DRIVER'S SIGNATURE  
 West Tim Hortons, Kenora, ON. 1. TRUCK LICENSE PLATE #  
 CXP M 142  
 DESTINATION 2. TRAILER LICENSE PLATE # TOTAL TRUCK HOURS TODAY

DAY START TIME (IF OTHER THAN MIDNIGHT)	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	Training with Joe. 1 Hour.																							24 HOURS		

MANIFEST/BILL OF LADING #	PREVIOUS 14 DAYS	DATE														END ODO	PERSONAL USE										
		TOTAL HOURS ON DUTY	1	2	3	4	5	6	7	8	9	10	11	12	13			14	TOTAL HOURS OFF DUTY								
SHIPPER & COMMODITY																											

ENTER NAME OF PLACE YOU REPORTED; WHERE RELEASED FROM WORK; WHEN AND WHERE EACH CHANGE OF DUTY OCCURRED.

**DRIVER'S DAILY VEHICLE INSPECTION REPORT**

PRE-TRIP  POST-TRIP

NA N  
 CARRIER 2 Machin Drive, Kenora, ON. CXP M 142 ON  
 138 B Mission Road, Fort William 4, 12, 2023 09:15  
 ADDRESS INSPECTION DATE INSPECTION TIME TRACTOR/TRUCK LIC. PLATE # JURISDICTION  
 Fort William First Nation. Ford Edge 044258.2  
 CITY VEHICLE MAKE / MODEL ODOMETER (MILES / KM) TRAILER #1 LIC. # JURISDICTION  
 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

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 checked="" 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"/> Brake Connections	<input checked="" type="checkbox"/> Exhaust System
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Cargo Securement	<input type="checkbox"/> Fifth Wheel
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Coupling Devices	<input checked="" type="checkbox"/> Fuel System
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Dangerous Goods Placard/Holder	<input checked="" type="checkbox"/> General
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Frame & Cargo Body	<input checked="" type="checkbox"/> Glass & Mirrors
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Inspection Decal	<input checked="" type="checkbox"/> Horn
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Lamps & Reflectors	<input type="checkbox"/> Pintle Hook
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Plate Validation Sticker	<input checked="" type="checkbox"/> Power Steering System
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Suspension System	<input checked="" type="checkbox"/> Radiator
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Tires	<input checked="" type="checkbox"/> Steering Mechanism
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Wheels/Hubs/Fasteners	<input type="checkbox"/> Towing Attachment
			<input type="checkbox"/> Documents - Registration, etc.	<input checked="" type="checkbox"/> Windshield Wiper/Washer
			<input type="checkbox"/> Driver Controls	
			<input checked="" type="checkbox"/> Driver Seat	

Vehicle/Load:Height/Width (MB Reg. 95/2008)  
 4 12 kg

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 \_\_\_\_\_