

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

1. CYCLE 2. IF DEFERRED OFF DUTY
 70 HR / 7 DAY 120 HR / 14 DAY DAY 1 DAY 2

NAN 045283.8 044802.9 480.9 7 / 12 / 2023
 NAME OF CARRIER ENDING ODOMETER STARTING ODOMETER KMS DRIVEN TODAY DAY MONTH YEAR

138 B Mission Road Fort William ON Ted Edward O'Haherty
 MAIN OFFICE ADDRESS DRIVER'S NAME IN FULL (PLEASE PRINT)

Renora District Jail Ted O'Haherty
 ADDRESS OF ORIGINATING TERMINAL DRIVER'S SIGNATURE

Stouffville Airport CXP M142
 TRUCK LICENSE PLATE #

DESTINATION	TRAILER LICENSE PLATE #	TRAILER LICENSE PLATE #	TOTAL TRUCK HOURS TODAY																								
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																											

Jeffery Owen

7.5
24 HOURS

MANIFEST/BILL OF LADING # _____ SHIPPER & COMMODITY _____

DATE	1	2	3	4	5	6	7	8	9	10	11	12	13	14
PREVIOUS 14 DAYS	TOTAL HOURS ON DUTY													
	TOTAL HOURS OFF DUTY													

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

PERSONAL USE END ODO _____ START ODO _____

DRIVER'S DAILY VEHICLE INSPECTION REPORT

NAN 2 Mackin Dr, Renora CXP M142 ON
 CARRIER LOCATION OF INSPECTION TRACTOR/TRUCK LIC. PLATE # JURISDICTION

138 B Mission Road, Fort William ON DEC 7, 2023 06:45
 ADDRESS INSPECTION DATE INSPECTION TIME TRAILER #1 LIC. # JURISDICTION

Fort William FIRST Motion Ford Edge 044802.9
 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'Haherty Ted O'Haherty
 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

- | | | | |
|---|--|--|--|
| <p>TRACTOR/TRUCK</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Brake Adjustments <input checked="" type="checkbox"/> Brake Connections <input checked="" type="checkbox"/> Cargo Securement <input checked="" type="checkbox"/> Coupling Devices <input checked="" type="checkbox"/> Dangerous Goods Placard/Holder <input checked="" type="checkbox"/> Frame & Cargo Body <input checked="" type="checkbox"/> Inspection Decal <input checked="" type="checkbox"/> Lamps & Reflectors <input checked="" type="checkbox"/> Plate Validation Sticker <input checked="" type="checkbox"/> Suspension System <input checked="" type="checkbox"/> Tires <input checked="" type="checkbox"/> Wheels/Hubs/Fasteners | <p>TRAILER #</p> <p>1 2</p> <ul style="list-style-type: none"> <input type="checkbox"/> Brake Adjustments <input type="checkbox"/> Brake Connections <input type="checkbox"/> Cargo Securement <input type="checkbox"/> Coupling Devices <input type="checkbox"/> Dangerous Goods Placard/Holder <input type="checkbox"/> Frame & Cargo Body <input type="checkbox"/> Inspection Decal <input type="checkbox"/> Lamps & Reflectors <input type="checkbox"/> Plate Validation Sticker <input type="checkbox"/> Suspension System <input type="checkbox"/> Tires <input type="checkbox"/> Wheels/Hubs/Fasteners | <p>TRACTOR/TRUCK</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Air Brake Adjustments <input checked="" type="checkbox"/> Brakes - Pedal/Booster/Gauges <input checked="" type="checkbox"/> Brakes - Warning Lights: Low Pressure, Vacuum/Failure <input checked="" type="checkbox"/> Compressor <input checked="" type="checkbox"/> Hoses & Connections <input checked="" type="checkbox"/> Hydraulic Brake Fluid <input checked="" type="checkbox"/> Parking Brakes <input checked="" type="checkbox"/> Battery <input checked="" type="checkbox"/> Defroster/Heater <input checked="" type="checkbox"/> Documents - Registration, etc. <input checked="" type="checkbox"/> Driver Controls <input checked="" type="checkbox"/> Driver Seat | <p>TRACTOR/TRUCK</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Emergency Equipment/Safety Devices <input checked="" type="checkbox"/> Exhaust System <input checked="" type="checkbox"/> Fifth Wheel <input checked="" type="checkbox"/> Fuel System <input checked="" type="checkbox"/> General <input checked="" type="checkbox"/> Glass & Mirrors <input checked="" type="checkbox"/> Horn <input checked="" type="checkbox"/> Pintle Hook <input checked="" type="checkbox"/> Power Steering System <input checked="" type="checkbox"/> Radiator <input checked="" type="checkbox"/> Steering Mechanism <input checked="" type="checkbox"/> Towing Attachment <input checked="" type="checkbox"/> Windshield Wiper/Washer |
|---|--|--|--|

Vehicle/Load: Height/Width (MB Reg. 95/2008)
4/12/19

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 _____

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FORM 612 (REV. 04/18)