DRIVER'S DAILY LOG
(ONE CALENDAR DAY - 24 HOURS)

FEDEX GROUND PACKAGE SYSTEM, INC. (NAME OF CARRIER OR CARRIERS)

Moon Township, PA 15108 (MAIN OFFICE ADDRESS)

ORIGINAL - File each day at home facility
DUPLICATE - Driver retains in his possession for eight days
Retains at home residence for 3 months

OP-129

DATE (MM/DD/YY) ___ / ___ / ___

TOTAL MILES DRIVEN

I certify these entries are true and correct:

(DRIVER'S NAME) PLEASE PRINT

(DRIVER'S SIGNATURE IN FULL)

(NAME OF CO-DRIVER) PLEASE PRINT

FEDEX ID #

HOME FACILITY NUMBER

	1	2	3	4	5	6	7		AVAILABLE HOURS TODAY	"IF OFF DUTY FOR 34 CONSECUTIVE HOURS DURING THE LAST 7 DAYS, RESTART CALCULATION AT ZERO HOURS"
Date										
Check date of 34 hour restart								TOTAL		
Recap										

YESTERDAY

70 HOURS – TOTAL = HRS. AVAILABLE TODAY

MID-NIGHT 1 2 3 4 5 6 7 8 9 10 11 NOON 1 2 3 4 5 6 7 8 9 10 11

1: Off Duty

2: Sleeper Berth

3: Driving

4: On Duty (Not Driving)

MID-NIGHT 1 2 3 4 5 6 7 8 9 10 11 NOON 1 2 3 4 5 6 7 8 9 10 11

REMARKS

TOTAL HOURS

¼ ½ ¾

¼ ½ ¾

¼ ½ ¾

¼ ½ ¾

2 4

***Caution:** City & state entries are required for each change of duty on the graph. Do not abbreviate city entries. States can be abbreviated.

Enter Facility Nos. for each dispatch movement:

EQUIPMENT NUMBERS AND TRAILER SEAL #'S

(Enter Facility #'s) From	To	TRACTOR #	TRAILER #	SEAL #	DOLLY #	TRAILER #	SEAL #	DOLLY #	TRAILER #	SEAL #

IF DRIVING FOR A CONTRACTOR: PRINT CONTRACTOR'S NAME; BUSINESS OR CORPORATION NAME IF APPLICABLE.

Contractor's Name:

Unit Number:	State:	Triples:	Beginning Odometer:	Ending Odometer:	Routes of Travel/Highways:

DRIVER'S VEHICLE INSPECTION REPORT

AS REQUIRED BY THE D.O.T. FEDERAL MOTOR CARRIER SAFETY REGULATIONS, I SUBMIT THE FOLLOWING:

DATE: _____ **TRACTOR/TRUCK NO.:** _____ **TRAILER(S) NO.(S):** _____

☐ I DETECT NO DEFECT OR DEFICIENCY IN THIS MOTOR VEHICLE AS WOULD BE LIKELY TO AFFECT THE SAFETY OF ITS OPERATION OR RESULT IN ITS MECHANICAL BREAKDOWN

☐ I DETECT THE FOLLOWING DEFECTS OR DEFICIENCIES IN THIS MOTOR VEHICLE AS WOULD BE LIKELY TO AFFECT THE SAFETY OF ITS OPERATION OR RESULT IN ITS MECHANICAL BREAKDOWN

INDICATE WHETHER DEFECTS ARE ON TRACTOR/TRUCK OR TRAILER - DESCRIBE DEFECT IN DETAIL, USE BACK SIDE IF NECESSARY.

DRIVER'S SIGNATURE: _____

☐ ABOVE DEFECTS CORRECTED

☐ ABOVE DEFECTS NEED NOT BE CORRECTED FOR SAFE OPERATION OF VEHICLE

MECHANIC'S SIGNATURE: DRIVER'S SIGNATURE: DATE:

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