**DRIVER’S TIME RECORD**

Driver’s Name (Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Month\_\_\_\_\_\_\_\_\_\_Yr\_\_\_\_\_\_

**COMPANIES MAY PREPARE THIS REPORT INSTEAD OF “DRIVER’S DAILY IF THE FOLLOWING APPLIES:**

* Driver operates within 100-air mile radius of headquarters.
* Driver returns to headquarters and is released from work within 12 consecutive hours.
* Driver has at least 10 consecutive hours off duty between each 12 hour shift.

**Intermittent Drivers**

Shall complete this form for 7 days preceding any day driving is performed. This includes the preceding month.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Date | Start Time | End Time | Total | Driving | Truck No. | Notes |
|  | “All Duty” | “All Duty” | Hours | Hours |  |  |
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