

150 MILE RADIUS EXEMPT LOG

DRIVER NAME (print)

DRIVER NUMBER

WEEKLY DRIVER SIGNATURE

Carrier: Elite Transportation Systems Inc.

9113 Davenport Street NE, Blaine, MN 55449, 763-785-0124

(CHECK BOX IF GRID LOG ATTACHED)

[illegible]

TOTAL MILES THIS WEEK

PRE-TRIP

POST- TRIP

AS REQUIRED BY D.O.T. FEDERAL MOTOR CARRIER SAFETY REGULATION §396.11, I SUBMIT THE FOLLOWING:

[illegible]

(initial the following boxes as it applies for each day)

*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*

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I detect the following defects/deficiencies in this motor vehicle that would likely affect the safety of its operation or cause a mechanical breakdown

Service Brakes		Service Brakes		Service Brakes		Service Brakes		Service Brakes		Service Brakes	
Parking Brake		Parking Brake		Parking Brake		Parking Brake		Parking Brake		Parking Brake	
Steering Mech.		Steering Mech.		Steering Mech.		Steering Mech.		Steering Mech.		Steering Mech.	
Lights/Reflectors		Lights/Reflectors		Lights/Reflectors		Lights/Reflectors		Lights/Reflectors		Lights/Reflectors	
Tires		Tires		Tires		Tires		Tires		Tires	
Horn		Horn		Horn		Horn		Horn		Horn	
Windshld Wipers		Windshld Wipers		Windshld Wipers		Windshld Wipers		Windshld Wipers		Windshld Wipers	
Mirrors		Mirrors		Mirrors		Mirrors		Mirrors		Mirrors	
Coupl'g Devices		Coupl'g Devices		Coupl'g Devices		Coupl'g Devices		Coupl'g Devices		Coupl'g Devices	
Wheels/Rims		Wheels/Rims		Wheels/Rims		Wheels/Rims		Wheels/Rims		Wheels/Rims	
Emerg'y Equipmt		Emerg'y Equipmt		Emerg'y Equipmt		Emerg'y Equipmt		Emerg'y Equipmt		Emerg'y Equipmt	

Indicate whether defects are on tractor/truck or trailer - describe defect in detail, use a separate sheet & attach if necessary.

Driver's Repair Signature: _____

- ☐ Above defects corrected
- ☐ Above defects need not be correct for safe operation of vehicle

Required:

Mechanic's Signature:

Date:

Weekly Driver's Signature:

Date: