



DAILY TRANSPORTATION LOG

Driver & Vehicle Trip Record

Date: _____

Driver Name: _____

Vehicle #: _____

Shift Start Time / End Time: _____

Odometer Start: _____

Odometer End: _____

Trip Record

Client	Pickup Loc.	Sched./Actual Pickup	Drop-off Loc.	Sched./Actual Drop-off	Notes/ Observations

Behavioral / Safety Observations

Note any behavioral observations, safety concerns, or equipment issues during today's trips.

: _____

: _____

End-of-Shift Confirmation

- All scheduled trips completed or accounted for
- No outstanding incidents to report
- Vehicle inspected at end of shift (see Driver Vehicle Inspection Form)



COVERED JOURNEY TRANSPORTATION CO.

Where Every Journey Is Covered With Care

Driver Signature

Date

Date

Date