S U P P L E M E N T A R Y R E C O R D

Driver's Name:

Licence No:

State/Territory Issued:

BFM/AFM Accreditation No:

BFM/AFM drivers only.

Date: ___ ___/___ ___/___ ___ ___ ___

Day of the Week: S M T W T F S

Time Zone:

State/Territory (Driver Base)

Pre-trip check (optional): ☐ **Time:**

Tick the work/rest option for this daily sheet only

Solo driver work/rest options: ☐ Standard ☐ Standard (Bus) ☐ BFM ☐ AFM

Two-up driver work/rest options: ☐ Standard ☐ BFM ☐ AFM

Work/rest hours exemption: ☐ (if applicable)

DETAILS OF ACTIVITIES

record at start and end of day and at change of activity and/or heavy vehicle

Number Plate (record at start & end of day & at work/rest change & vehicle change)

Odometer Reading (record at start & end of day & at work/rest change & vehicle change)

Name of Location at Work/Rest Change (rest area, truck stop, suburb, or town)

midnight 1 2 3 4 5 6 7 8 9 10 11 noon 1 2 3 4 5 6 7 8 9 10 11 midnight

All drivers: calculate totals

Solo Work — **Total Solo:**

Rest — **Total Rest:**

Two-up Work — **Total Two-up:**

midnight 1 2 3 4 5 6 7 8 9 10 11 noon 1 2 3 4 5 6 7 8 9 10 11 midnight

Driver Signature:

By signing this daily sheet you verify the information given is true and correct in every detail.

YOU MUST SIGN THIS PAGE BEFORE STARTING A NEW DAILY SHEET

Two-up Driver Name:

Licence No:

Work Diary No:

State/Territory Issued:

Two-up Driver Signature:

By signing this sheet you verify the information given is true and correct in every detail.