SOLID WASTE SERVICES COLLECTIONS DDR

DAILY DRIVER REPORT

Driver: _____ PPE Yes / No Co-Driver _____ PPE Yes / No

Co-Driver _____ PPE Yes / No

Route # _____ Date # _____ Supervisor: Gary Litson 525

Truck Number: _____ Assisted Routes: _____

Gloves Hard hat Safety glasses Steel toe boots Uniform Vest

Downtime (check one)

Personnel _____ Equipment _____

Down-Time Hours: From: _____ To: _____ Sub-total: _____

From: _____ To: _____ Sub-total: _____

Total Hrs: _____

Landfill Time: _____ Weight Collected: _____ Extra Garbage Tickets _____

_____ _____ _____

_____ _____ _____

Total:

Inspector Field Visit: Am_____PM_____ Supervisor Field Visit: AM_____PM_____

Signature: _____

Time Start	Time End	Daily Route Notes	Start mileage	End mileage

Daily driving notes: _____

Driver signature