



Driver's name

Period covered by sheet

Week commencing (date) _____

To week ending (date) _____

Day on which duty commenced	Registration no. of vehicle(s)	Place where vehicle(s) based	Time of going on duty	Time of going off duty	Time spent driving	Time spent on duty	Driver's signature
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							

Certification by employer

I have examined the entries in this sheet

Signature _____

Position held _____