



Driver & Vehicle
Standards
Agency

Weekly Record Sheet

Example

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 _____			