**Davis-Bacon Wage Survey Form (WD-10)**

**Project Information:** Please provide the following information for the project to be included in the Davis-Bacon Wage Survey. If you are providing information for more than one contractor or subcontractor on the project, please use a separate form for each. \*Indicates required field.

Project Name\*: Project Location: (address/location)

(City)\* (State)\* (County or Counties) \*

Project Description (see examples in instructions):

Project Type\* (please see instructions for descriptions of each construction type) (check only one; if the project included multiple types of substantial construction, please report associated wage rates on separate WD-10 forms. See Instructions - Project Types, Substantial Construction in a Different Type of Construction)

* Residential ☐ Building ☐ Highway ☐ Heavy ☐ Don’t Know

Project Begin/Completion Date:

BEGIN (Mo/Yr) \* COMPLETION (Mo/Yr) \*

* + Estimated ☐ Actual ☐ Estimated ☐ Actual

Prime Contractor on the project: Is the project value more than $2,000? \* ☐ Yes ☐ No ☐ Don’t know

Is the project subject to Federal (Davis-Bacon) prevailing wage requirements? \* ☐ Yes ☐ No ☐ Don’t know

**Contractor or Subcontractor Information**: Please provide the following information about the contractor or subcontractor **that employed the workers** whose wage data is included below in this Davis-Bacon Wage Survey response form.

Contractor/Subcontractor Name\*

Address

(City) (State) (Zip)

Contractor/Subcontractor Point of Contact:

Name

Email address

( ) Phone

Type of Work Performed by the Contractor/Subcontractor\* (see examples in instructions):

**Note:** This information is collected by the U.S. Department of Labor (DOL) as part of a wage survey under the authority of the Davis- Bacon and Related Acts (DBRA). The information will be used to determine prevailing wage rates that will be the required minimum rates of pay for workers on construction projects covered by the DBRA. The submission of wage data is strongly encouraged but is voluntary. The use of this specific form to submit the requested wage data is also optional; respondents may use an alternate form if all the required information is included. There is no penalty for not submitting the requested wage data, but low participation in a wage survey could result in missing classifications on DBRA wage determinations or non-publication of a new wage determination for a covered area. The identity of the respondent will be kept confidential to the maximum extent possible under existing law. OMB No. 1235-0015. Expires XX/XX/XXXX. Rev. XX/XXXX. Agencies may not conduct a collection of information unless it displays a currently valid OMB control number. DOL estimates that the public reporting burden for this collection of information will average 20 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S-3502, 200 Constitution Avenue, N.W., Washington, DC 20210 and reference the OMB Control Number.

**Davis-Bacon Wage Survey Form (WD-10)**

**Wage Survey Information**: Please provide information about the wages and fringe benefits paid by the contractor or subcontractor to workers on the project. Please use a separate line for each separate classification. For classification and subclassification names and numbers, please refer to the instruction sheet. When one or more workers work in the same classification but are paid different wage rates, report each wage rate on a separate line. Do not average wage rates. Do not report for apprentices. Please consult the instructions before reporting for forepersons. Please copy this page should you need additional lines. Additional remarks and comments can be provided below or on a separate page.

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Labor Classification Number**  *(see instructions)* | **\*Labor Classification Name** | **Subclassification Number(s)**  *(If applicable, see instructions)* | **Subclassification Name(s)** *(if applicable, see instructions)* | **\*Hourly Wage Rate Paid** | **\*# of workers performing on this project at this wage rate** | **Were these workers paid this wage rate under a CBA?** | **Local Union Name and # (If applicable)** | **Fringe Benefits:** If fringe benefits are provided, please report–as a dollar amount per hour, or as a % of the hourly wage rate–the *contractor’s contribution* to the fringe benefit plan or contractor’s cost of providing the fringe benefit. The dollar amount per hour can be calculated by dividing the contractor’s total fringe contributions for the worker by the worker’s total hours worked. For other fringe benefits, please describe.  If additional space is needed, please use the ‘Optional Descriptions of any additional fringe benefits’ | | | | |
|  |  |  |  |  |  | Yes / No |  | Health & Welfare  $\_\_\_\_\_\_\_\_\_ /hour  % hourly rate | Pension/Retirement  $ /hour  % hourly rate | Apprentice Training  $ /hour  % hourly rate | Vacation/Holiday/ Sick  $ /hour  % hourly rate Days/Year | Other:  $ /hour  % hourly rate Days/Year |
|  |  |  |  |  |  | Yes / No |  | Health & Welfare  $ /hour  % hourly rate | Pension/Retirement  $ /hour  % hourly rate | Apprentice Training  $ /hour  % hourly rate | Vacation/Holiday/ Sick  $ /hour  % hourly rate Days/Year | Other:  $ /hour  % hourly rate Days/Year |
|  |  |  |  |  |  | Yes / No |  | Health & Welfare  $ /hour  % hourly rate | Pension/Retirement  $ /hour  % hourly rate | Apprentice Training  $ /hour  % hourly rate | Vacation/Holiday/ Sick  $ /hour  % hourly rate Days/Year | Other:  $ /hour  % hourly rate Days/Year |
|  |  |  |  |  |  | Yes / No |  | Health & Welfare  $ /hour  % hourly rate | Pension/Retirement  $ /hour  % hourly rate | Apprentice Training  $ /hour  % hourly rate | Vacation/Holiday/ Sick  $ /hour  % hourly rate Days/Year | Other:  $ /hour  % hourly rate Days/Year |
|  |  |  |  |  |  | Yes / No |  | Health & Welfare  $ /hour  % hourly rate | Pension/Retirement  $ /hour  % hourly rate | Apprentice Training  $ /hour  % hourly rate | Vacation/Holiday/ Sick  $ /hour  % hourly rate Days/Year | Other:  $ /hour  % hourly rate Days/Year |
|  |  |  |  |  |  | Yes / No |  | Health & Welfare  $ /hour  % hourly rate | Pension/Retirement  $ /hour  % hourly rate | Apprentice Training  $ /hour  % hourly rate | Vacation/Holiday/ Sick  $ /hour  % hourly rate Days/Year | Other:  $ /hour  % hourly rate Days/Year |

**Davis-Bacon Wage Survey Form (WD-10)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  | Yes / No |  | Health & Welfare  $ /hour  % hourly rate | Pension/Retirement  $ /hour  % hourly rate | Apprentice Training  $ /hour  % hourly rate | Vacation/Holiday/ Sick  $ /hour  % hourly rate  Days/Year | Other:  $ /hour  % hourly rate  Days/Year |
|  |  |  |  |  |  | Yes / No |  | Health & Welfare  $ /hour  % hourly rate | Pension/Retirement  $ /hour  % hourly rate | Apprentice Training  $ /hour  % hourly rate | Vacation/Holiday/ Sick  $ /hour  % hourly rate  Days/Year | Other:  $ /hour  % hourly rate  Days/Year |

*Optional*: Descriptions of Any Additional Fringe Benefits:

*Optional*: Additional Wage Survey Form Remarks

Submitter Name\*

Submitter Email\*

Submitter Signature\*

Submitter Phone

Date\*

Submitter Organization

The willful falsification of any submitted information may result in civil or criminal prosecution. See 18 U.S.C. 1001.

|  |  |
| --- | --- |
| Questions | If you have questions regarding this survey form, please contact the Davis-Bacon  Survey Center at 202-343-2005 or email [DavisBaconInfo@dol.gov .](mailto:DavisBaconInfo@dol.gov) |
| Project Name | Provide the name of the project, if known. Examples: Washington Elementary  School remodel, Jefferson Memorial Bridge |
| Project Location | Provide the address of the project. If unknown, please provide other location identifiers including street name or cross streets. City, State and County information is required. If the project is in multiple counties, please list all counties. This information is used to ensure that wage data for the project may be used to calculate prevailing wage rates for the appropriate county or group of counties. |
| Project Description | Provide a general description of the overall project such as:   * *New construction of apartment complex* * *Renovating hotel* * *Airport runway repaving* * *New construction of wastewater treatment plant*   *Bridge repairs on state highway* |
| Project Type | **Residential**: Involves the construction, alteration, or repair of single-family houses or apartment buildings of no more than four (4) stories in height. **Building**: Involves the construction, alteration, or repair of sheltered enclosures with walk-in access for the purpose of housing persons, machinery, equipment, or supplies.  **Highway**: Includes the construction, alteration, or repair of roads, streets, highways, runways, taxiways, alleys, trails, paths, parking areas, and other similar projects not incidental to building or heavy construction.  **Heavy**: Construction, alteration, or repair of projects that are not properly classified as building, highway, or residential.  **Substantial Construction in a Different Type of Construction:** Work in a different type of construction is substantial if it exceeds 20% of total contract costs or the applicable monetary threshold ($2.5 million in 2022, with any subsequent increases that are published in accordance with All Agency Memorandum 236 <https://sam.gov/content/wage-determinations/resources/all-agency-memos> ) *For additional information, including examples of projects within each construction type, please review All Agency Memoranda 130 and 131 found at* [*https://sam.gov/content/wage-determinations/resources/all-agency-memos*](https://sam.gov/content/wage-determinations/resources/all-agency-memos) |
| Project Begin/ Completion Date | Provide the beginning and completion date of the overall project. For projects that have not yet been completed, please provide the estimated completion date. Please indicate whether the dates are actual or estimated.  These dates are used to determine whether the project was under construction  during the construction period of the survey. |
| Prime Contractor | Provide the name of the contractor that is the prime/general on the project, if  known. |
| Project Value | Indicate whether the **total value** of the project is more than $2,000. If you are unsure if the project value is more than $2,000, select “Don’t know”. |
| Subject to Federal (Davis- Bacon) prevailing wage requirements | Indicate whether the project required the payment of federal (Davis-Bacon) prevailing wages. Typically, projects that receive Federal funding or assistance are subject to Davis-Bacon prevailing wage requirements, and contracts on such projects should include a Davis-Bacon wage determination. If you are unsure if the project is subject to a Davis-Bacon wage determination, select “don’t know”. |
| Contractor or Subcontractor Information | Provide the name and address of the company that employed the workers whose wage data is being reported on this form. Also provide the name, telephone number, and email address of a representative that can be reached should additional information be needed. |

|  |  |
| --- | --- |
| Type of Work Performed by the Contractor/Subcontractor | Provide a brief description of the work performed on the project by the contractor/subcontractor that employed the workers for whom wage information is being provided on this survey, such as:   * *Carpet installation* * *Drywall hanging and finishing* * *Signal lighting installation* * *Concrete work* |
| Labor Classification number | Insert classification number as listed in the “Classification and Subclassification Directory” that best characterizes the trade of the worker(s) who performed such work on the project on which you wish to report. If no classification is listed in the directory that reflects the trade of the worker(s), please select 5000 (“Other Classification”) and provide the classification name. |
| Labor Classification name | Insert classification name as listed in the “Classification and Subclassification Directory” that best characterizes the trade of the worker(s) who performed such work on the project on which you wish to report. A listed labor classification encompasses all work performed by that classification. If no classification is listed that reflects the trade of the worker(s), please select “Other Classification” and provide the classification name. |
| Subclassification number | If applicable, insert subclassification(s) number as listed on the “Classification and Subclassification Directory”. If applicable, select multiple subclassification(s) if subclassification(s) was the only work performed and report them on a single wage line if paid the same rate of pay. If work was performed in multiple subclassifications and was paid at different rates, then each such subclassification must be listed on a different wage line. If no subclassification is listed that reflects the subclassification performed by the worker(s), please select “other” number from the subclassification box and provide the subclassification name.  Do not report on apprentices.  Forepersons should only be included if they spend at least 20% of their time during a workweek performing duties that are manual or physical in nature (including those workers who use tools or who are performing the work of a trade), as distinguished from mental or managerial. If additional information needs to be provided, please include it in the additional remarks section. |
| Subclassification name | If applicable, insert sub-classification name as listed on the “Classification and Subclassification Directory”. If applicable, select multiple subclassifications if subclassification(s) was the only work performed and report them on a single wage line if paid the same rate. If multiple subclassification work was performed and paid at different rates, they must be listed on different wage lines. If no subclassification is listed that reflects the trade of the worker(s), please select “other” number from subclassification box and provide the subclassification name.  Do not report on apprentices.  Forepersons should only be included if they spend at least 20% of their time during a workweek performing duties that are manual or physical in nature (including those workers who use tools or who are performing the work of a trade), as distinguished from mental or managerial.  If additional information needs to be provided, please include it in the additional remarks section. |
| Hourly Wage Rate Paid | Provide the actual hourly wage rate paid to workers working in the listed classification (and, if applicable, subclassification). When multiple workers work in the same classification but are paid different wage rates, report each grouping of workers making the same wage rate on a separate wage line. If an individual worker is paid different wage rates at different times (either while working in the same classification or in different classifications), report each of the wage rates on a separate wage line. **Do not average the wage rates paid to all workers in a classification or different wage rates paid to a single worker.** |

|  |  |
| --- | --- |
| # of workers performing on this project at this wage rate | Number of workers working in the listed classification (or, if applicable, subclassification) paid the same wage rate. If workers in the same labor classification or subclassification were paid different rates, report each rate separately on different wage lines.  Do include:   * **Journey-level workers who performed work in that trade or classification on the project**   Do not include:   * Apprentices * Forepersons unless they spend at least 20% of their time during a workweek performing duties that are manual or physical in nature (including those workers who use tools or who are performing the work of a trade), as distinguished from mental or managerial.   When multiple workers work in the same classification but are paid different wage rates, report each grouping of workers making the same wage rate on a separate wage line. **Do not average the wage rates paid to all workers in a classification or different wage rates paid to a single worker.**  *Examples***:**   * The subcontractor performed work on the project for a total of eight (8) weeks.   + If the same four (4) workers worked in a labor classification and were paid the same hourly wage and the same fringe benefit rate, four (4) workers would be reported.   + If each week the subcontractor was on the project, a different group of four (4) workers in the same labor classification were paid the same hourly wage rate and the same fringe benefit rate, 32 workers would be reported (4 workers × 8 weeks). * The subcontractor performed work on the project for a total of six (6) weeks.   + If during the first three weeks, the subcontractor paid four (4) workers in a labor classification the same hourly wage rate and the same fringe benefit rate, four (4) workers would be reported.   + If during the next three (3) weeks, the subcontractor paid the same four (4), plus two (2) additional workers in the same labor classification the same hourly wage rate and the same fringe benefit rate as each other, but either the hourly wage rate or fringe rate was different than the hourly wage or fringe rate for the first three-week period, a separate wage line should be entered, and six (6) workers should be reported for this wage rate.   **GUAM SURVEY RESPONDENTS ONLY**: List H-2B visa workers separately from other reported workers. Identify H-2B workers by using an “H-2” after the classification title.   * Information may be requested to verify this information. |
| Were these workers paid this wage rate under a CBA? | If the reported wage and fringe benefit rates were paid under a Collective Bargaining Agreement (CBA), mark yes. If the reported wage and fringe benefit rates were not paid under a CBA, mark no. |
| Local Union Name and # | If the reported wage and fringe benefit rates were paid under a CBA, identify  the name and local union number. If not paid under a CBA, leave blank. |

|  |  |
| --- | --- |
| Fringe Benefits | Fringe benefits paid to workers working in the listed classification. Fringe benefits are paid in addition to the hourly wage rate. Report only the contributions made (or costs incurred) by the contractor, not the workers’ contributions. Do not include costs paid by the contractor that are required by either Federal, State, or local law such as worker’s compensation or unemployment insurance. Examples of bona fide fringe benefits include:   * Health and Welfare—medical or hospital care, or insurance to provide such care; life insurance; long- or short-term disability, sickness, or accident insurance * Pension/Retirement (401(k), etc.)—defined benefit plans, defined contribution plans (including savings and thrift 401(k)s), deferred profit sharing, and money purchase pension plans, annuities, or cost of insurance to provide such a benefit * Apprentice Training—defrayment of the cost of apprenticeship or similar training programs * Vacation/Holiday/Sick—the payment of compensation for holidays, vacation, and sick leave * Other: If you are not sure of the category of the fringe benefit, enter the rate information in the column, and specify the fringe type in the “Description of Any Additional Fringe Benefits” field at the bottom of the form. For example other types of fringe benefits could include supplemental unemployment benefits and safety and health funds.   If benefits are provided based on a percentage (%) of the hourly rate, provide percentage.  The provision of vacation and holiday pay can be reported as a number of days provided per year, or as a dollar amount per hour, or as a % of the hourly wage rate. If vacation or holiday pay is earned on a per-week or per-pay-period basis, please calculate and report the number of days per year that would be earned at that rate.  To calculate an hourly equivalent for holiday, vacation, sick leave benefits, or other benefits, multiply the days provided by the hours worked per day and hourly wage rate, and divide by the number of hours worked per worker in the relevant time period. *Example:*   * If nine (9) holidays are provided per year and worker is paid $17.00 per hour then compute the hourly equivalent as follows:   + 9 holidays × 8 hours per holiday × $17/hour = $1,224 total holiday compensation.   + $1,224 total holiday compensation ÷ 1670 total annual hours worked by worker = $0.73 per hour holiday pay fringe benefit.   If fringe benefits are provided and you are reporting them as a dollar amount per hour, please compute the hourly equivalent of the contractor’s contribution for all hours worked in the relevant time period, *not just* the hours worked on the project being reported on. Except with respect to defined contribution pension plans or another fringe benefit for which an exception from “annualization” has been approved by WHD, calculate the hourly equivalent by dividing the contractor’s fringe benefit contribution by all hours worked in the time period. *Examples:*   * *Employer contributed $300 per month for health and welfare. The worker works 160 hours per month, 80 hours on the project being reported on and 80 hours on other projects. $300÷160 hours = $1.87 per hour health and welfare fringe benefit.* * *Worker accrues 1.5 hours of vacation time each week. The worker is paid*   *$25 per hour and works 40 hours a week, but only 30 of those hours are on the project being reported on. (1.5 vacation hours × $25 per hour) ÷ 40 hours = $0.94 per hour vacation pay fringe benefit.*  When multiple workers work in the same classification but receive different fringe benefits, report them on different wage lines. **Do not average the fringe**  **benefits paid to all workers in a classification.** |
| Optional: Descriptions of Any Additional Fringe Benefits | Please use this space to describe additional fringe benefits or explain varying fringe benefit rates. |
| Optional: Additional Wage Survey Form Remarks | Please use this space to include any additional description of Classifications, Subclassifications, or equipment reported in a Classification or Subclassification. For example, if you wish to include size, weight, and/or type of equipment, please describe that here. Also use this area as needed to describe differences in wage rates between wage lines for the same classification. This space may also be used to describe area practice issues that you feel WHD should be aware of. |

**Classification and Subclassification Directory**

|  |  |  |  |
| --- | --- | --- | --- |
| **Labor Classification Number/Name** | **Subclassification**  **(if applicable)** | **Labor Classification Number/Name** | **Subclassification**  **(if applicable)** |
| 100. Asbestos Worker | 199. Other | 3000. Truck Driver | 3001. Asphalt Distributor  3002. Concrete  3003. Dump  3004. Euclid  3005. Flatbed  3006. Hydroseeder  3007. Lowboy  3008. Oil Distributor  3009. Pickup  3010. Semi-trailer  3011. Vacuum  3012. Water  3099. Other |
| 200. Heat & Frost  Insulator | 201. Fire Stop Technician  202. Mechanical Insulator  299. Other |
| 300. Boilermaker | 399. Other |
| 400. Bricklayer | 401. Stone Mason  402. Pointer, Caulker, Cleaner  499. Other |
| 500. Carpenter | 501. Drywall Installation  502. Framing  503. Formwork Concrete  504. Interior Systems  599. Other |
| 600. Cement Mason/  Concrete Finisher | 699. Other | 4000. Power Equipment  Operator | 4001. Backhoe/Backhoe & Loader  Combo/Track Backhoe  4002. Bobcat/Skid Steer/Skid Loader  4003. Boom/Crane Truck  4004. Boring Machine  4005. Boat/Barge Operator  4006. Breaker  4007. Broom/Sweeper  4008. Bulldozer  4009. Chipper  4010. Compactor/Roller  4011. Concrete Cutter/Saw  4012. Concrete Pump Truck  4013. Concrete Screed  4014. Crane / Derricks  4015. Curb/Gutter Machine  4016. Dragline  4017. Drill Rig/Auger  4018. Excavator/Trackhoe  4019. Forklift  4020. Gradall  4021. Hoist/ Elevator  4022. Horizontal Directional Drill  4023. Hydroseeder  4024. Loader/Front End Loader  4025. Material Transfer Device/Buggies  4026. Mechanic  4027. Milling Machine  4028. Motor Grader/Blade  4029. Oiler  4030. Paver/Spreader/Finish equipment  (asphalt, aggregate, & concrete)  4031. Piledriver  4032. Pounder  4033. Pump  4034. Scraper  4035. Soil Stabilizer/Tiller  4036. Telehandler/Lull/All Terrain Forklift  4037. Tractor  4038. Trencher  4099. Other |
| 700. Drywall Finisher | 799. Other |
| 800. Electrician | 801. Groundperson  802. Lineperson  803. Wireperson  804. Limited Energy Worker/  Wiring System Worker  899. Other |
| 900. Elevator  Constructors | 901. Elevator Mechanics  999. Other |
| 1000. Floor Covering | 1099. Other |
| 1100. Glazier | 1199. Other |
| 1200. HVAC Mechanic/  Technician | 1201. HVAC Unit Install  1299. Other |
| 1300. Ironworker | 1301. Ornamental  1302. Reinforcing  1303. Structural  1304. Machinery Movers/Riggers  1399. Other |
| 1400. Laborer | 1401. General  1402. Landscape Laborer  1403. Pipelayer  1404. Mason Tender  1405. Plaster Tender  1499. Other |
| 1500. Millwright | 1599. Other |
| 1600. Painter | 1601. Sign and Display Erector  1602. Pavement Marking  1603. Wall Covering  1699. Other |
| 1700. Pile Driver | 1799. Other |
| 1800. Pipefitter-  Steamfitter | 1801. HVAC Pipe Install  1802. High Pressure Pipefitter  1899. Other |
| 1900. Plumber | 1901. HVAC Pipe Install  1999. Other |
| 2000. Roofer | 2001. Waterproofer  2099. Other |
| 2100. Sheet Metal  Worker | 2101. HVAC Duct Install  2102. HVAC Unit Install  2103. Metal Building Erection  2104. Metal Flashing/Sheeting  2199. Other |
| 2200. Sprinkler Fitter | 2299. Other |
| 2300. Tile/Terrazzo | 2301. Tile Setter  2302. Tile Finisher  2303. Terrazzo Worker  2304. Terrazzo Finisher  2305. Marble Mason  2306. Marble Finisher  2399. Other | 5000. Other  Classification  (please specify) |  |
| 2400. Traffic Control | 2401. Flagger  2499. Other |