

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.

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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

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						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:

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.

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 .
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: • <i>New construction of apartment complex</i> • <i>Renovating hotel</i> • <i>Airport runway repaving</i> • <i>New construction of wastewater treatment plant</i> • <i>Bridge repairs on state highway</i>
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 <u>not incidental to</u> 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.
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, <u>report each grouping of workers making the same wage rate on a separate wage line</u>. 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. <u>Do not average the wage rates paid to all workers in a classification or different wage rates paid to a single worker.</u>

# 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, <u>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.</u> <u>Examples:</u> • 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: • <u>Health and Welfare</u>—medical or hospital care, or insurance to provide such care; life insurance; long- or short-term disability, sickness, or accident insurance • <u>Pension/Retirement (401(k), etc.)</u>—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 • <u>Apprentice Training</u>—defrayment of the cost of apprenticeship or similar training programs • <u>Vacation/Holiday/Sick</u>—the payment of compensation for holidays, vacation, and sick leave • <u>Other</u>: 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. <i>Example</i>: • 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, <i>not just</i> 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. <i>Examples</i>: • <i>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.</i> • <i>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.</i>
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	When multiple workers work in the same classification but receive different fringe benefits, <u>report them on different wage lines.</u> <u>Do not average the fringe benefits paid to all workers in a classification.</u>
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
200. Heat & Frost Insulator	201. Fire Stop Technician 202. Mechanical Insulator 299. Other		3002. Concrete
300. Boilermaker	399. Other		3003. Dump
400. Bricklayer	401. Stone Mason 402. Pointer, Caulker, Cleaner 499. Other		3004. Euclid
500. Carpenter	501. Drywall Installation 502. Framing 503. Formwork Concrete 504. Interior Systems 599. Other		3005. Flatbed
600. Cement Mason/ Concrete Finisher	699. Other	4000. Power Equipment Operator	3006. Hydroseeder
700. Drywall Finisher	799. Other		3007. Lowboy
800. Electrician	801. Groundperson 802. Lineperson 803. Wireperson 804. Limited Energy Worker/ Wiring System Worker 899. Other		3008. Oil Distributor
900. Elevator Constructors	901. Elevator Mechanics 999. Other		3009. Pickup
1000. Floor Covering	1099. Other		3010. Semi-trailer
1100. Glazier	1199. Other		3011. Vacuum
1200. HVAC Mechanic/ Technician	1201. HVAC Unit Install 1299. Other		3012. Water
1300. Ironworker	1301. Ornamental 1302. Reinforcing 1303. Structural 1304. Machinery Movers/Riggers 1399. Other		3099. Other
1400. Laborer	1401. General 1402. Landscape Laborer 1403. Pipelayer 1404. Mason Tender 1405. Plaster Tender 1499. Other		4001. Backhoe/Backhoe & Loader Combo/Track Backhoe
1500. Millwright	1599. Other		4002. Bobcat/Skid Steer/Skid Loader
1600. Painter	1601. Sign and Display Erector 1602. Pavement Marking 1603. Wall Covering 1699. Other		4003. Boom/Crane Truck
1700. Pile Driver	1799. Other		4004. Boring Machine
1800. Pipefitter- Steamfitter	1801. HVAC Pipe Install 1802. High Pressure Pipefitter 1899. Other		4005. Boat/Barge Operator
1900. Plumber	1901. HVAC Pipe Install 1999. Other		4006. Breaker
2000. Roofer	2001. Waterproofer 2099. Other		4007. Broom/Sweeper
2100. Sheet Metal Worker	2101. HVAC Duct Install 2102. HVAC Unit Install 2103. Metal Building Erection 2104. Metal Flashing/Sheeting 2199. Other		4008. Bulldozer
2200. Sprinkler Fitter	2299. Other		4009. Chipper
2300. Tile/Terrazzo	2301. Tile Setter 2302. Tile Finisher 2303. Terrazzo Worker 2304. Terrazzo Finisher 2305. Marble Mason 2306. Marble Finisher 2399. Other		4010. Compactor/Roller
2400. Traffic Control	2401. Flagger 2499. Other		4011. Concrete Cutter/Saw
		5000. Other Classification (please specify)	4012. Concrete Pump Truck
			4013. Concrete Screed

