

WD-10 Davis Bacon Wage Survey Report of Construction Contractor's Wage Rates

Project Information: Please provide the following information for the project to be included in the Davis-Bacon Wage Survey. Please submit a separate form for each contractor or subcontractor on the project.

Project Name: _____

Project Location: _____
(address/location)

(City) (State) (County or Counties)

Project Description (see examples in instructions): _____

Project Type(s) (please see instructions for descriptions of each construction type) (check only one; if the project included multiple types of 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

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 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 information requested 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 sub-classification 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 supervisors or 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 <i>(see instructions)</i>	Labor Classification Name	Sub-Classification Number(s) <i>(if applicable, see instructions)</i>	Sub-Classification Name(s) <i>(if applicable, see instructions)</i>	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 #	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.				
								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
						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: Additional Remarks: _____

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. 1001.

Questions	If you have questions regarding this survey form, please contact Davis-Bacon Survey Center at 866-236-2773 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: <ul style="list-style-type: none"> • <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(s)	<p>Residential: Involves the construction, alteration, or repair of single-family houses or apartment buildings of no more than four (4) stories in height.</p> <p>Building: Involves the construction of sheltered enclosures with walk-in access for the purpose of housing persons, machinery, equipment, or supplies.</p> <p>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.</p> <p>Heavy: projects that are not properly classified as building, highway, or residential.</p> <p>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 set forth in All Agency Memoranda 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</p>
Project Begin/Completion Date	Provide the beginning and completion date of the overall project, if known. 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 known. 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: <ul style="list-style-type: none"> • <i>Carpet installation</i> • <i>Drywall hanging and finishing</i> • <i>Signal lighting installation</i> • <i>Concrete work</i>

Labor Classification number	Insert classification number as listed in the “Classification and Sub-Classification Directory” that best characterizes the trade of the worker(s) on which you wish to report. If no classification is listed in the directory that reflects the trade of the worker(s), please select “Other Classification” number and provide the classification name.
Labor Classification name	Insert classification name as listed in the “Classification and Sub-Classification Directory” that best characterizes the trade of the worker(s) on which you wish to report. If no classification is listed that reflects the trade of the worker(s), please select “Other Classification” number and provide the classification name.
Sub-Classification number	<p>If applicable, insert sub-classification number as listed on the “Classification and Sub-Classification Directory”. Select multiple sub-classifications if applicable and report them on a single wage line. If no sub-classification is listed that reflects the trade of the worker(s), please select “other sub-classification” number, and provide the sub-classification name.</p> <p>Do not report on apprentices.</p> <p>Working supervisors/forepersons should only be included if they spend at least 20% of their time during a workweek performing the work of a classification in the “Classification and Sub-Classification Directory”, in which case they should be reported as a worker in that classification.</p> <p>If additional information needs to be provided, please include it in the additional remarks section.</p>
Sub-Classification name	<p>If applicable, insert sub-classification name as listed on the “Classification and Sub-Classification Directory”. Select multiple sub-classifications if applicable. If no sub-classification is listed that reflects the trade of the worker(s), please select “other sub-classification” number, and provide the sub-classification name.</p> <p>Do not report on apprentices.</p> <p>Working supervisors/forepersons should only be included if they spend at least 20% of their time during a workweek performing the work of a classification in the “Classification and Sub-Classification Directory”, in which case they should be reported as a worker in that classification.</p> <p>If additional information needs to be provided, please include it in the additional remarks section.</p>
Hourly Wage Rate Paid	Actual hourly wage rate paid to workers working in the listed classification (and, if applicable, sub-classification). 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 rate paid to all workers in a classification.</u>
# of workers performing on this project at this wage rate	<p>Number of workers working in the listed classification (or, if applicable, sub-classification) paid the same wage rate. If workers in the same labor classification or sub-classification were paid different rates, report each rate separately on different wage lines.</p> <p>Do include:</p> <ul style="list-style-type: none"> • journey-level workers who performed work in that trade or classification on the project. <p>Do not include:</p> <ul style="list-style-type: none"> • apprentices. • working supervisors/forepersons unless they are performing the work of a classification in the “Classification and Sub-Classification Directory” for at least 20% of their time during a workweek; in such circumstances, working supervisors/forepersons may be reported as a worker in that classification.

	<p>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 rate paid to all workers in a classification.</u></p> <p><u>Examples:</u></p> <ul style="list-style-type: none"> • The subcontractor performed work on the project for a total of eight (8) weeks. <ul style="list-style-type: none"> ○ If the same four (4) workers worked in that 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. <ul style="list-style-type: none"> ○ 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. <p>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.</p> <p>Information may be requested to verify this information.</p>
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 #	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	<p>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:</p> <ul style="list-style-type: none"> • <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.

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:*

- Nine (9) holidays are provided per year and worker is paid \$17.00 per hour then compute the hourly equivalent as follows:
 - $9 \text{ holidays} \times 8 \text{ hours per holiday} \times \$17/\text{hour} = \$1,224 \text{ total holiday compensation.}$
 - $\$1,224 \text{ total holiday compensation} \div 1670 \text{ total annual hours worked by worker} = \$0.73 \text{ per hour holiday pay fringe benefit.}$

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. 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. $\$300 \div 160 \text{ hours} = \$1.87 \text{ per hour health and welfare fringe benefit.}$*
- *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. $(1.5 \text{ vacation hours} \times \$25 \text{ per hour}) \div 40 \text{ hours} = \$0.94 \text{ per hour vacation pay fringe benefit.}$*

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.

Classification and Sub-Classification Directory

Labor Classification Number/Name	Sub-Classification (if applicable)	Labor Classification Number/Name	Sub-Classification (if applicable)		
101. Asbestos Worker		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. Vactor 3012. Water		
201. Heat & Frost Insulator	202. Fire Stop Technician 203. Mechanical Insulator				
301. Boilermaker					
401. Bricklayer					
501. Carpenter	502. Drywall Installation 503. Wood Framing 504. Formwork Concrete 505. Interior Systems				
601. Cement Mason/Concrete Finisher					
701. Drywall Finisher		4000. Power Equipment Operator	4001. Asphalt Spreader 4002. Asphalt/Concrete Laydown 4003. Auger 4004. Backhoe/Loader Combo 4005. Backhoe Track 4006. Backhoe/Excavator/Trackhoe 4007. Bobcat/Skid Steer/Skid Loader 4008. Boom Truck 4009. Boring Machine 4010. Boom/Sweeper 4011. Bulldozer 4012. Chipper 4013. Compactor 4014. Concrete 4015. Tamper/Spreader/Finisher 4016. Crane 4017. Curb/Gutter Machine 4018. Dragline 4019. Drill 4020. Forklift 4021. Grader/Blade 4022. Hydroseeder 4023. Loader 4024. Lull 4025. Mechanic 4026. Milling Machine 4027. Oiler 4028. Paver (asphalt, aggregate, & concrete) 4029. Piledriver 4030. Pounder 4031. Pump 4032. Roller 4033. Scissor Lift 4034. Scraper 4035. Screed 4036. Tamper 4037. Tractor 4038. Trencher		
801. Electrician	802. Groundperson 803. Lineperson 804. Wireperson				
901. Elevator Constructors	902. Elevator Mechanics				
1101. Floor Covering					
1201. Glazier					
1301. HVAC Mechanic/Technician	1302. HVAC Pipe Install 1303. HVAC Duct Install 1304. HVAC System Install				
1401. Ironworker	1402. Ornamental 1403. Reinforcing 1404. Structural 1405. Machinery Movers/Riggers				
1600. Laborer	1601. General 1602. Landscape Laborer 1603. Pipelayer 1604. Mason Tender 1605. Plaster Tender				
1701. Millwright					
1801. Painter	1802. Sign and Display Erector 1803. Pavement Marking 1804. Wall Covering				
1901. Pile Driver					
2101. Pipefitter-Steamfitter	2102. HVAC Pipe Install 2103. High Pressure Pipefitter				
2201. Plumber	2202. HVAC Pipe Install				
2301. Roofer	2302. Waterproofer				
2401. Sheet Metal Worker	2402. HVAC Duct Install 2403. Metal Building Erection 2404. Metal Flashing/Sheeting				
2501. Sprinkler Fitter					
2601. Tile/Terrazzo	2602. Tile Setter 2603. Tile Finisher 2604. Terrazzo Worker				
2701. Traffic Control	2702. Flagger				
2801. Low Voltage Wiring System Worker	2802. Wiring System Technician 2803. Wiring System Installer			5000. Other Classification (please specify)	

