



Certified Public Accountants and Business Advisors



Metal Treating Institute

2011 Wage & Benefit Survey *for 2010 Wages & Benefits*

MTI's annual Wage and Benefit Survey provides you valuable data to analyze your company's hourly and salary pay scales against the industry as well as your benefit structure.

As a participant, you will receive a complimentary copy of the compiled results.

To participate, complete the following form and fax, mail or email it to the third party research firm conducting the survey on behalf of MTI.

VERY IMPORTANT: IF YOU HAVE PLANTS IN SEPARATE DISTRICTS, PLEASE SUBMIT A SEPARATE FORM FOR EACH DISTRICT. DISTRICT LISTING IS ON LAST PAGE OF SURVEY.

Send All Reports to:

Averett, Warmus, Durkee, Osburn, Henning CPA

ATTN: Fiona Hayward

EMAIL: mtisurvey@awdoh-cpa.com

FAX: 407-849-1119

MAIL: 1417 East Concord St. - Orlando, FL 32803

REPORT DEADLINE: SEPTEMBER 23, 2011

IMPORTANT CONFIDENTIALITY NOTICE

Your individual report is held in strict confidence by our third party research firm. No MTI staff, volunteer leader or any member has access to individual results. The third party research firm, Averett, Warmus, Durkee, Osburn, Henning CPA is the only organization with access to member data collected in this survey. ONLY MTI Members see the final compiled report.

If you have questions regarding the survey process, you can contact the MTI Offices at 904-249-0448 or info@heatreat.net.



GENERAL INFORMATION

This page MUST Accompany Survey to be Processed Accurately

COMPANY NAME: _____

SALES CODE: _____ DISTRICT: _____

PERSON COMPLETING FORM: _____

PHONE #: _____

EMAIL: _____

PERSON TO RECEIVE REPORT: _____

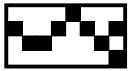
ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____

COUNTRY: _____ U.S. _____ CANADA

PLEASE COMPLETE THE FOLLOWING SEVEN (7) PAGES OF WAGE AND BENEFIT SURVEY AND SUBMIT WITH THIS FORM.

VERY IMPORTANT: : IF YOU HAVE PLANTS IN SEPARATE DISTRICTS, PLEASE SUBMIT A SEPARATE FORM FOR EACH DISTRICT. DISTRICT LISTING IS ON LAST PAGE OF SURVEY.



DEADLINE: SEPT. 23

38242

YOUR SALES CODE & DISTRICT # :

Four empty boxes for sales code and district number, separated by a hyphen.

2011 METAL TREATING INSTITUTE WAGE AND BENEFIT SURVEY (For 2010 Wages and Benefits)

Please complete all sections of this survey. Your responses will be kept strictly confidential. Only the independent consultant will see your answers. The survey results will only be reported as group data. PLEASE DO NOT WRITE IN EXPLANATIONS - THE QUESTIONNAIRE WILL BE ELECTRONICALLY SCANNED AND COMMENTS WILL NOT BE FACTORED IN.

I. Labor Wage Scale

Below is a list of 28 job positions. A job description for each is included as Appendix A. For each position please indicate the Minimum, or starting rate, the Maximum hourly rate, and the Average rate for each position (report in dollars and cents only). Please observe the following:

1. Report all wages as an hourly rate.
2. Do not report probationary employees or employees who are specially rated for some reason. This will distort the calculation of "average" wages.
3. Omit all overtime and shift premiums. Use base rates.
4. If you only have one rate for a particular category, please list it under "Maximum."

Please **PRINT** clearly your dollar amounts like this:

\$ 11.40

PLEASE USE A PENCIL OR A BLUE OR BLACK PEN.

IF YOU DO NOT HAVE AN HOURLY RATE TO REPORT FOR A PARTICULAR CATEGORY, PLEASE LEAVE IT **BLANK** - DO **NOT** CROSS IT OUT OR DO **NOT** WRITE IN ANYTHING SUCH AS "N/A" (NOT APPLICABLE).

Category	Minimum Hourly Rate	Maximum Hourly Rate	Average Hourly Rate
1. Heat Treat Group Leader	\$ <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
2. Heat Treater A	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
3. Heat Treater B	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
4. Heat Treater C	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
5. Induction/Flame Hardening Set Up	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
6. Induction/Flame Hardening Operator	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
7. Inspector A	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
8. Inspector B	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
9. Brazer Class A	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
10. Brazer Class B	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
11. Straightener	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
12. Assemblers	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>



38242

Category	Minimum Hourly Rate	Maximum Hourly Rate	Average Hourly Rate
13. Truck Driver (Two Axle)	\$ [] [] . [] []	\$ [] [] . [] []	\$ [] [] . [] []
14. Truck Driver (Semi)	[] [] . [] []	[] [] . [] []	[] [] . [] []
15. Maintenance Group Leader	[] [] . [] []	[] [] . [] []	[] [] . [] []
16. Maintenance Mechanic A	[] [] . [] []	[] [] . [] []	[] [] . [] []
17. Maintenance Mechanic B	[] [] . [] []	[] [] . [] []	[] [] . [] []
18. Blaster	[] [] . [] []	[] [] . [] []	[] [] . [] []
19. General Helper	[] [] . [] []	[] [] . [] []	[] [] . [] []
20. Shipping/Receiving Clerk	[] [] . [] []	[] [] . [] []	[] [] . [] []
21. Material Handler	[] [] . [] []	[] [] . [] []	[] [] . [] []
22. Office Group Leader	[] [] . [] []	[] [] . [] []	[] [] . [] []
23. Secretary	[] [] . [] []	[] [] . [] []	[] [] . [] []
24. Accounting Clerk	[] [] . [] []	[] [] . [] []	[] [] . [] []
25. Clerk-Typist	[] [] . [] []	[] [] . [] []	[] [] . [] []
26. Lab Technician	[] [] . [] []	[] [] . [] []	[] [] . [] []
27. Order Entry Scheduler	[] [] . [] []	[] [] . [] []	[] [] . [] []
28. PBX/Receptionist	[] [] . [] []	[] [] . [] []	[] [] . [] []

II. Management

For each of the 23 management positions below, please indicate the base salary (WEEKLY). If the salary is paid on a bi-weekly or monthly basis, please convert to a **WEEKLY** figure. Also, for each category, please write in the yearly bonus, if any.

Category	WEEKLY Base Salary	Annual Total Bonus
1. Owner/CEO/President (Active)	\$ [] [] [] [] [] [] <small>(round up to whole dollar)</small>	\$ [] [] [] [] [] []
2. Owner/CEO/President (Inactive)	[] [] [] [] [] []	[] [] [] [] [] []
3. Vice President	[] [] [] [] [] []	[] [] [] [] [] []



38242

<u>Category</u>	WEEKLY Base Salary	(round up to whole dollar)	Annual Total Bonus
4. Chief Operations Executive (if different from 1, 2, 3 above)	\$ <input type="text"/>		\$ <input type="text"/>
5. Chief Sales Executive (if different from 1, 2, 3 above)	<input type="text"/>		<input type="text"/>
6. Chief Financial Officer/Controller (if different from 1, 2, 3 above)	<input type="text"/>		<input type="text"/>
7. Chief Quality Assurance Executive (if different from 1, 2, 3 above)	<input type="text"/>		<input type="text"/>
8. District Manager (if applicable) Responsible for multiple plants.	<input type="text"/>		<input type="text"/>
9. Plant Superintendent (if applicable)	<input type="text"/>		<input type="text"/>
10. Plant Manager/General Manager (Responsible for production through plant)	<input type="text"/>		<input type="text"/>
11. Quality Manager (if different from #7 above)	<input type="text"/>		<input type="text"/>
12. General Foreman	<input type="text"/>		<input type="text"/>
13. Shift Foreman	<input type="text"/>		<input type="text"/>
14. Metallurgist	<input type="text"/>		<input type="text"/>
15. Sales Engineer/Salesperson (if different from #5 above)	<input type="text"/>		<input type="text"/>
16. Office Manager	<input type="text"/>		<input type="text"/>
17. Benefits Manager	<input type="text"/>		<input type="text"/>
18. Payroll Manager	<input type="text"/>		<input type="text"/>
19. Human Resource Manager	<input type="text"/>		<input type="text"/>
20. Engineer (other than Metallurgist)	<input type="text"/>		<input type="text"/>
21. Maintenance Supervisor	<input type="text"/>		<input type="text"/>
22. Customer Service Manager	<input type="text"/>		<input type="text"/>
23. Production Control Manager	<input type="text"/>		<input type="text"/>



38242

III. Fringe Benefits

For each benefit listed below please indicate if it is offered by your company by checking the appropriate choice.

Please carefully place your checkmark inside the box:



For many of the questions, please write in the number in the boxes:

1 5

Please PRINT clearly

A. Paid Time Off

1a. Sick Leave Offered

1b. Number of days of sick leave per year: (not covered in vacation time)

2. Vacation

a. Number years for one week:

b. Number years for two weeks:

c. Number years for three weeks:

d. Number years for four weeks:

e. Number years for five weeks:

3a. Holidays Offered

3b. Number of holidays per year:

4. Birthday Offered

5a. Personal Days Offered

5b. Number of personal days per year:

B. Health Benefits

1a. **Hospitalization** Offered

1b. Hospitalization covers: Employee Only Employee AND Family (Please check only **ONE**)

1c. % premium paid by company for employee coverage: % (If none, please write in 0 (zero))

1d. % premium paid by company for family coverage: % (If none, please write in 0 (zero))

1e. Type of coverage: Indemnity HMO PPO (Please check only ONE)

1f. % claim paid after deductible - IN-network: % (If none, please write in 0 (zero))

1g. % claim paid after deductible - OUT-of-network: % (If none, please write in 0 (zero))

2a. **Surgical** Offered

2b. Surgical covers: Employee Only Employee AND Family (Please check only **ONE**)

2c. % premium paid by company for employee coverage: % (If none, please write in 0 (zero))

2d. % premium paid by company for family coverage: % (If none, please write in 0 (zero))

2e. Type of coverage: Indemnity HMO PPO (Please check only ONE)

2f. % claim paid after deductible - IN-network: % (If none, please write in 0 (zero))

2g. % claim paid after deductible - OUT-of-network: % (If none, please write in 0 (zero))



38242

3a. **Major Medical** Offered

3b. Major Medical covers: Employee Only Employee AND Family (Please check only **ONE**)

3c. % premium paid by company for employee coverage: % (If none, please write in 0 (zero))

3d. % premium paid by company for family coverage: % (If none, please write in 0 (zero))

3e. Type of coverage: Indemnity HMO PPO (Please check only ONE)

3f. % claim paid after deductible - IN-network: % (If none, please write in 0 (zero))

3g. % claim paid after deductible - OUT-of-network: % (If none, please write in 0 (zero))

4a. **Vision Care** Offered

4b. Vision Care covers: Employee Only Employee AND Family (Please check only **ONE**)

4c. % premium paid by company for employee coverage: % (If none, please write in 0 (zero))

4d. % premium paid by company for family coverage: % (If none, please write in 0 (zero))

4e. Type of coverage: Indemnity HMO PPO (Please check only ONE)

4f. % claim paid after deductible - IN-network: % (If none, please write in 0 (zero))

4g. % claim paid after deductible - OUT-of-network: % (If none, please write in 0 (zero))

5a. **Dental Plan** Offered

5b. Dental Plan covers: Employee Only Employee AND Family (Please check only **ONE**)

5c. % premium paid by company for employee coverage: % (If none, please write in 0 (zero))

5d. % premium paid by company for family coverage: % (If none, please write in 0 (zero))

5e. Type of coverage: Indemnity HMO PPO (Please check only ONE)

5f. % claim paid after deductible - IN-network: % (If none, please write in 0 (zero))

5g. % claim paid after deductible - OUT-of-network: % (If none, please write in 0 (zero))

6. Prescription Drug Program Offered % paid by company (If none, please write in 0 (zero))

Drug Type: Brand Name Generic (Please check all that apply)

C. Insurance

1. Group Term Life Insurance Offered If offered, is there a death benefit cap? Yes No
Cap: times salary

2. Short Term Disability Insurance Offered If offered: % standard benefit
 % of salary
Length of time paid: days



38242

3. Long Term Disability (Salaried) Offered If offered: % standard benefit
 % of salary
 Waiting period: days

D. Overtime/Premiums

1. Saturday Overtime	<input type="checkbox"/> Offered	Provisions: <input type="checkbox"/> 1.5 <input type="checkbox"/> 2.0 <input type="checkbox"/> 2.5 <input type="checkbox"/> 3.0	Check only one for each type of overtime
2. Sunday Overtime	<input type="checkbox"/> Offered	Provisions: <input type="checkbox"/> 1.5 <input type="checkbox"/> 2.0 <input type="checkbox"/> 2.5 <input type="checkbox"/> 3.0	
3. Holiday Overtime	<input type="checkbox"/> Offered	Provisions: <input type="checkbox"/> 1.5 <input type="checkbox"/> 2.0 <input type="checkbox"/> 2.5 <input type="checkbox"/> 3.0	
4. Afternoon Shift Premium . . .	<input type="checkbox"/> Offered	Amount \$ <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	
5. Night Shift Premium	<input type="checkbox"/> Offered	Amount: \$ <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	

E. Other Plants/Program

1. Profit Sharing	<input type="checkbox"/> Offered		
2. Incentive/Bonus	<input type="checkbox"/> Offered		
3. Pension	<input type="checkbox"/> Offered	<input type="checkbox"/> Defined Benefit OR <input type="checkbox"/> Defined Contribution	
4. Funeral	<input type="checkbox"/> Offered	Days given: <input type="text"/> <input type="text"/> <input type="checkbox"/> Paid OR <input type="checkbox"/> Non-Paid	
5. Jury Duty	<input type="checkbox"/> Offered	Days given: <input type="text"/> <input type="text"/> <input type="checkbox"/> Paid OR <input type="checkbox"/> Non-Paid	
6. Tuition Reimbursement. . . .	<input type="checkbox"/> Offered	Company reimbursement: <input type="text"/> <input type="text"/> <input type="text"/> % <input type="checkbox"/> Set Amount	Depends on grade of employee
7. 401 (K)	<input type="checkbox"/> Offered	% matched by employer: <input type="text"/> <input type="text"/> <input type="text"/> %	

F. Miscellaneous Benefits

1. Uniforms Offered
 2. Safety Glasses Offered
 3. Steel-toed Shoes Offered
 4. Hard Hats Offered
 5. Gloves Offered
 6. Beverages Offered
 7. Cars (Lease or Buy) Offered



38242

IV. Your Company

The final set of questions profile your company.

1. In which MTI district(s) are you located?

- District 1 (New England - MA, RI, CT, NH, VT, ME)
- District 2 (Middle Atlantic - NY, NJ, E. PA, MD, DE, WV)
- District 3 (South Central - W. PA, OH, IN, KY)
- District 4 (Michigan)
- District 5 (Southeast - VA, NC, SC, GA, AL, TN, FL)
- District 6 (North Central - IL, WI, MN, MO, IA, KS, NB, ND, SD)
- District 7 (Pacific Coast - CA, AZ, OR, WA, NV, ID, WY, MT, HI, AK)
- District 8 (Southwest - TX, OK, AR, CO, LA, UT, NM)
- District 9 (Canada)

2. Is your company union or non-union? Union Non-Union (Check only one)

3. Is your company owner-operated? Yes No

4. How many employees do you have in the category of labor? Include leased employees and equivalents. If you have, for example, 117 and 1/2 employees, write 117.5 in the boxes below.

Labor: .

5. How many employees do you have in the category of management?

Management:

6. In which one of the following sales ranges was your company in the most recently completed fiscal year?
[Please check only one]

- Less than \$500,000 \$4 - 5 Million
- \$500,001 - \$1 Million \$5 - 6 Million
- \$1 - 2 Million \$6 - 10 Million
- \$2 - 3 Million Over \$10 Million
- \$3 - 4 Million

FORWARD THIS QUESTIONNAIRE TO:

AVERETT WARMUS DURKEE OSBURN HENNING

ATTN: Fiona Hayward

1417 East Concord St., Orlando, FL, 32803-5409

QUESTIONS: 904-249-0448 info@heattreat.net

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