

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. 08-RC-247862	Date Filed 9/9/19
--------------------------	----------------------

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer: Voss Industries, Inc.	2b. Address(es) of Establishment(s) Involved (Street and number, City, State, ZIP code): 2168 W. 25th Street Cleveland, Ohio 44113-4172
---	---

3a. Employer Representative - Name and Title: Gary Deinert - HR Director	3b. Address (if same as 2b - state same): same
--	--

3c. Tel. No. 216-771-7655	3d. Cell No.	3e. Fax No. 216-771-2550	3f. E-Mail Address gdeinert@vossind.com
-------------------------------------	---------------------	------------------------------------	---

4a. Type of Establishment (Factory, mine, wholesaler, etc.) Factory	4b. Principal Product or Service aerospace parts	5a. City and State where unit is located: Cleveland, Ohio
---	--	---

5b. Description of Unit Involved: Included: All full time hourly machining, press, forming and assembly, production workers Excluded: Temp service workers, leads, supervisors and all other employees as excluded by Act	6a. Number of Employees in Unit: 150	6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
--	--	---

Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) _____ n/a and Employer declined recognition on or about (Date) _____ (If no reply received, so state).
 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (if none, so state) None	8b. Address:
---	---------------------

8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
---------------------	---------------------	--------------------	---------------------------

8g. Affiliation, if any:	8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
---------------------------------	---	--

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No Yes. If so, approximately how many employees are participating? _____, has picketed the Employer since (Month, Day, Year) _____ (Name of Labor Organization) _____

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (if none, so state)

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election: Manual Mail Mixed Manual/Mail

11b. Election Date(s): 10/2/2019	11c. Election Time(s): 6am through 12pm and 3p through 9:00pm	11d. Election Location(s): 3rd floor meeting room
--	---	---

12a. Full Name of Petitioner (including local name and number): UAW Region 2B	12b. Address (street and number, city, State and ZIP code): 1691 Woodlands Drive Maumee, Ohio 43537
---	---

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):
International Union United Automobile, Aerospace & Agricultural Implement Workers of America, UAW

12d. Tel. No. 419-893-4677	12e. Cell No.	12f. Fax No. 419-893-4073	12g. E-Mail Address
--------------------------------------	----------------------	-------------------------------------	----------------------------

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.	13b. Address (street and number, city, State and ZIP code): 1691 Woodlands Drive Maumee, Ohio 43537
--	---

13a. Name and Title: Christopher Viscomi - International Representative	13c. Tel. No. 419-887-7470	13d. Cell No. 440-623-3322	13e. Fax No. 419-893-4073	13f. E-Mail Address cviscomi@uaw.net
---	--------------------------------------	--------------------------------------	-------------------------------------	--

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) CHRISTOPHER VISCOMI	Signature Christopher Viscomi	Title INTERNATIONAL REP.	Date 9/7/19
-------------------------------------	----------------------------------	-----------------------------	----------------

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.
08-RC-247935

Date Filed
9/10/19

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer:
Unique-Chardan
2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):
705 S. Union Street - Bryan, OH 43506

3a. Employer Representative - Name and Title:
John Oxender (Plant Manager)
3b. Address (if same as 2b - state same):
same

3c. Tel. No. 419-646-6900
3d. Cell No.
3e. Fax No.
3f. E-Mail Address

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
Factory
4b. Principal Product or Service
Foam Injection Molding
5a. City and State where unit is located:
Bryan, OH

5b. Description of Unit Involved:
Included:
All full-time, regular part-time and seasonal production employees, machine, compression and oven operators, shipping and receiving employees, maintenance employees, quality control employees and leads.
Excluded:
All temporary employees, office clerical employees, guards, professional employees, and supervisors as defined in the Act.
6a. Number of Employees in Unit:
Approx. 43

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes No

Check One: **7a. Request for recognition as Bargaining Representative was made on (Date)** 9/10/2019 **and Employer declined recognition**
on or about (Date) no reply (if no reply received, so state).
 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (if none, so state)
8b. Address:

8c. Tel. No.
8d. Cell No.
8e. Fax No.
8f. E-Mail Address

8g. Affiliation, if any:
8h. Date of Recognition or Certification
8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? NO If so, approximately how many employees are participating?
(Name of Labor Organization) , has picketed the Employer since (Month, Day, Year)

10. Organizations or Individuals other than Petitioner and those named in Items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in Item 5b above. (if none, so state)

10a. Name
10b. Address
10c. Tel. No.
10d. Cell No.
10e. Fax No.
10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election: **11a. Election Type:**
 Manual Mail Mixed Manual/Mail

11b. Election Date(s): 9/23/2019
11c. Election Time(s): 2:30pm-5:30pm
11d. Election Location(s): Breakroom

12a. Full Name of Petitioner (including local name and number):
United Food and Commercial Workers Union, Local 75
12b. Address (street and number, city, State and ZIP code):
7250 Poe Avenue, Suite 400 - Dayton, OH 45414

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):
United Food and Commercial Workers International Union

12d. Tel. No. 937-665-0075
12e. Cell No.
12f. Fax No. 937-665-0600
12g. E-Mail Address

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title:
Bill Benner (Director of Organizing)
13b. Address (street and number, city, State and ZIP code):
7250 Poe Avenue, Suite 400 - Dayton, OH 45414

13c. Tel. No. 937-665-0075 ext. 1113
13d. Cell No. 419-690-6983
13e. Fax No. 937-665-0600
13f. E-Mail Address bill.benner@ufcw75.org

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Bill Benner
Signature 
Title Director of Organizing
Date 9/10/2019

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. 08-RC-248446	Date Filed 9/18/19
---------------------------------	------------------------------

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. **The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.**

2a. Name of Employer University Hospitals	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 29000 Center Ridge Rd, Westlake, OH 44145
---	---

3a. Employer Representative - Name and Title Douglas Smith, Legal Representative	3b. Address (if same as 2b - state same) 1001 Liberty Ave, Suite 1000 Pittsburgh, PA 15222
--	--

3c. Tel. No. 412-232-0404	3d. Cell No.	3e. Fax No.	3f. E-Mail Address
-------------------------------------	---------------------	--------------------	---------------------------

4a. Type of Establishment (Factory, mine, wholesaler, etc.) Medical Center	4b. Principal product or service Health Care	5a. City and State where unit is located: Westlake, OH
--	--	--

5b. Description of Unit Involved
Included: ALL FULL-TIME AND PART-TIME ARMED AND UNARMED SECURITY OFFICERS AND PATROL OFFICERS PERFORMING GUARD DUTIES AS DEFINED IN SECTION 9(b)(3) OF THE NATIONAL LABOR RELATIONS ACT, EMPLOYED BY UNIVERSITY HOSPITALS @ ST. JOHN MEDICAL CENTER 29000 CENTER RIDGE RD, WESTLAKE, OH 44145
Excluded: ALL OFFICE CLERICAL EMPLOYEES, PROFESSIONAL EMPLOYEES AND SUPERVISORS AS DEFINED BY THE ACT.

6a. No. of Employees in Unit: 14	6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
--	---

Check One: **7a.** Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition or on about _____ (Date) (if no reply received, so state). **no**
 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (if none, so state). none	8b. Address
--	--------------------

8c. Tel No.	8d Cell No.	8e. Fax No.	8f. E-Mail Address
--------------------	--------------------	--------------------	---------------------------

8g. Affiliation, if any	8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
--------------------------------	---	--

9. Is there now a strike or picketing at the Employer's establishment(s) involved? **no** If so, approximately how many employees are participating? _____
(Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)
none

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
--

11b. Election Date(s): 10/14/19	11c. Election Time(s): 6:00 - 9:00 am & 2:00 - 5:00 pm	11d. Election Location(s): Building 2 - training room
---	--	---

12a. Full Name of Petitioner (Including local name and number) International Union, Security, Police and Fire Professionals of America (SPFPA)	12b. Address (street and number, city, state, and ZIP code) 25510 Kelly Road, Roseville, MI 48066
--	---

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
International Union, Security, Police and Fire Professionals of America (SPFPA)

12d. Tel No. 586-772-7250 X111	12e. Cell No. 586-872-5634	12f. Fax No. 586-772-9644	12g. E-Mail Address organize@spfpa.org
--	--------------------------------------	-------------------------------------	--

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Gordon Gregory, General Counsel	13b. Address (street and number, city, state, and ZIP code) 65 Cadillac Square, Suite 3727, Detroit, MI 48226
---	---

13c. Tel No. 313-964-5600	13d. Cell No.	13e. Fax No. 313-964-2125	13f. E-Mail Address Gordon@UnionLaw.net
-------------------------------------	----------------------	-------------------------------------	---

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) David L. Hickey	Signature 	Title International President	Date 9/17/19
--	---	---	------------------------

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. **08-RC-248689** Date Filed **9/23/19**

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlr.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer:
Airgas USA LLC

2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):
7600 Oak Leaf Road, Oakwood Village, Ohio 44146

3a. Employer Representative - Name and Title:
Tony Allen - Branch/Plant Manager

3b. Address (if same as 2b - state same):
same

3c. Tel. No. 440.786.2855 **3d. Cell No.** **3e. Fax No.** 440.786.2874 **3f. E-Mail Address**

4a. Type of Establishment (Factory, mine, wholesaler, etc.) Industrial Gas Fill Plant **4b. Principal Product or Service** Industrial Gases **5a. City and State where unit is located:** Oakwood Village, Ohio

5b. Description of Unit Involved:
Included:
See attached Unit Description
Excluded:
See attached Unit Description

6a. Number of Employees in Unit: 45 **6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?** Yes No



Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) 9/23/19 on or about (Date) 9/23/19 (If no reply received, so state). 9/23/19 and Employer declined recognition
 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (if none, so state) None **8b. Address:** N/A

8c. Tel. No. N/A **8d. Cell No.** N/A **8e. Fax No.** N/A **8f. E-Mail Address** N/A

8g. Affiliation, if any: N/A **8h. Date of Recognition or Certification** N/A **8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)** N/A

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? N/A
(Name of Labor Organization) N/A, has picketed the Employer since (Month, Day, Year) N/A

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)
None

10a. Name N/A **10b. Address** N/A **10c. Tel. No.** N/A **10d. Cell No.** N/A
10e. Fax No. N/A **10f. E-Mail Address** N/A

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election: NLRB admin. election to take place at 7600 Oak Leaf Rd., Bedford, Ohio 44146 **11a. Election Type:** Manual Mail Mixed Manual/Mail

11b. Election Date(s): To be determined **11c. Election Time(s):** 9:30 am - 11 am; 5:30 pm - 7 pm **11d. Election Location(s):** Employee Break Room

12a. Full Name of Petitioner (including local name and number): Teamsters Local Union No. 507 **12b. Address (street and number, city, State and ZIP code):** 5425 Warner Road, Unit 7, Cleveland, Ohio 44125

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Brotherhood of Teamsters

12d. Tel. No. 216.328.0111 **12e. Cell No.** **12f. Fax No.** 216.328.5655 **12g. E-Mail Address**

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.
13a. Name and Title: Dan Chavez, Business Agent/Organizer **13b. Address (street and number, city, State and ZIP code):** 5425 Warner Road, Unit 7, Cleveland, Ohio 44125

13c. Tel. No. 216.328.0111 **13d. Cell No.** 216.314.4284 **13e. Fax No.** 216.328.5655 **13f. E-Mail Address** danchavez@teamsterslocal507.com

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Dan Chavez Signature Title Business Agent/Organizer Date 09/23/19

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

**UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION**



5b. Description of Unit Involved:

Included:

All of the Company's full-time and part-time: drivers; loaders/unloaders; fillers; sort pad employees; dispatchers; all leads; maintenance employees; LCR repair/cylinder maintenance; testers; pullers; OPS II employees; bank builders; and propane rehab employees (collectively the "Unit").

Excluded:

Managers; assistant managers; coordinators; administrators; clerical employees; professional employees; lab assistants; guards; and supervisors as defined in the "Act."