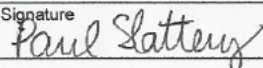


UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No. <b>18-RC-227287</b>	Date Filed <b>September 12, 2018</b>

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov/](http://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: <b>Morrison Healthcare/Compass Group</b>		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): <b>32021 County 24 Blvd. Cannon Falls MN 55009</b>	
3a. Employer Representative - Name and Title: <b>Gina M. Davito</b>		3b. Address (if same as 2b - state same): <b>Same</b>	
3c. Tel. No. <b>267-449-3109</b>	3d. Cell No. <b>267-449-3109</b>	3e. Fax No. <b>704-295-5146</b>	3f. E-Mail Address <b>gina.davito@compass-usa.com</b>
4a. Type of Establishment (Factory, mine, wholesaler, etc.) <b>Hospital</b>		4b. Principal Product or Service <b>Foodservice</b>	5a. City and State where unit is located: <b>Cannon Falls MN</b>
5b. Description of Unit Involved: <b>Included:</b> All regular full-time and regular part-time Morrison dietary employees working at the <b>Excluded:</b> All office employees, all professional employees, all managerial employees, all supervi			6a. Number of Employees in Unit: <b>9</b>
			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: <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about (Date) _____ (If no reply received, so state). <input type="checkbox"/> 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) <b>Teamsters Local 120</b>		8b. Address: <b>9422 Ulysses St. NE Blaine MN 55434</b>	
8c. Tel. No. <b>763-267-6120</b>	8d. Cell No. <b>651-343-1714</b>	8e. Fax No. <b>763-267-6121</b>	8f. E-Mail Address <b>pslattery@teamsterslocal120.org</b>
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? _____ 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 and 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): <b>9/26/2018</b>		11c. Election Time(s): <b>5:00 - 6:00 PM</b>	
			11d. Election Location(s): <b>employee Breakroom</b>
12a. Full Name of Petitioner (including local name and number): <b>International Brotherhood of Teamsters Local 120</b>		12b. Address (street and number, city, State and ZIP code): <b>9422 Ulysses St. NE Blaine, MN 55434</b>	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): <b>International Brotherhood of Teamsters</b>			
12d. Tel. No. <b>763-267-6120</b>	12e. Cell No. <b>651-34301714</b>	12f. Fax No. <b>763-267-6121</b>	12g. E-Mail Address <b>pslattery@teamsterslocal120.org</b>
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: <b>Paul Slattery, Organizer</b>		13b. Address (street and number, city, State and ZIP code): <b>9422 Ulysses St. NE Blaine MN 55434</b>	
13c. Tel. No. <b>763-267-6121</b>	13d. Cell No. <b>651-343-1714</b>	13e. Fax No. <b>763-267-6121</b>	13f. E-Mail Address <b>pslattery@teamsterslocal120.org</b>
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) <b>Paul Slattery</b>	Signature 	Title <b>Organizer</b>	Date <b>09/12/2018</b>

**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. 18-RC-227370	Date Filed September 14, 2018

**INSTRUCTIONS: Unless e-Filed using the Agency's website, [www.nlr.gov](http://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.**

<b>2a. Name of Employer</b> Americold	<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> 230 Collins Rd WI Jefferson 53549-2022
--	---

<b>3a. Employer Representative - Name and Title</b> Keith Meske	<b>3b. Address (If same as 2b - state same)</b>
--	---

<b>3c. Tel. No.</b> (920) 674-3035	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> keith.meske@americold.com
---------------------------------------	---------------------	--------------------	--

<b>4a. Type of Establishment (Factory, mine, wholesaler, etc )</b> Others	<b>4b. Principal product or service</b> Freezer/Warehouse	<b>5a. City and State where unit is located:</b> Jefferson, WI
--	--	---

<b>5b. Description of Unit Involved</b> <b>Included:</b> See Attached Page 2 for additional details <b>Excluded:</b> See Attached Page 2 for additional details	<b>6a. No. of Employees in Unit:</b> 7	<b>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"/></b>
---	---	---

**Check One:**  **7a.** Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ 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.

<b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state).</b>	<b>8b. Address</b>
--	--------------------

<b>8c. Tel No.</b>	<b>8d Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
--------------------	--------------------	--------------------	---------------------------

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

**9. Is there now a strike or picketing at the Employer's establishment(s) involved? \_\_\_\_\_ 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)**

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

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

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

<b>11b. Election Date(s):</b> 9/25/2018	<b>11c. Election Time(s):</b> 2:30 - 3:30 p.m.	<b>11d. Election Location(s):</b> Front Dock Break Room
--	---	--

<b>12a. Full Name of Petitioner (including local name and number)</b> Vangie Moreno Teamsters Union Local No. 695	<b>12b. Address (street and number, city, state, and ZIP code)</b> 1314 N. Stoughton Road WI Madison 53714
---	--

**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

<b>12d. Tel No.</b> (608) 244-6207	<b>12e. Cell No.</b> (608) 212-4360	<b>12f. Fax No.</b> (608) 244-8730	<b>12g. E-Mail Address</b> madison@teamsters695.org
---------------------------------------	--	---------------------------------------	--

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

<b>13a. Name and Title</b> Scott Soldon Attorney Soldon Law Firm	<b>13b. Address (street and number, city, state, and ZIP code)</b> 3934 N Harcourt Pl WI Milwaukee 53211-2444
--	---

<b>13c. Tel No.</b>	<b>13d. Cell No.</b>	<b>13e. Fax No.</b>	<b>13f. E-Mail Address</b> scott@soldonlawfirm.com
---------------------	----------------------	---------------------	---

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

<b>Name (Print)</b> Vangie Moreno	<b>Signature</b> Vangie Moreno	<b>Title</b> Business Representative/Organizer	<b>Date</b> 09/14/2018 10:51:13
--------------------------------------	-----------------------------------	---	------------------------------------

**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.

Attachment

<b>DO NOT WRITE IN THIS SPACE</b>	
Case	Date Filed
	September 14, 2018

**Employees Included**

All regular full-time and regular part-time office CSR employees, shipping/receiving clerks, office lead employed by Americold

**Employees Excluded**

Managers and supervisors, as defined in the National Labor Relations Act.

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://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 7 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: RD - DECERTIFICATION (REMOVAL OF REPRESENTATIVE)** - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative. 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 ASC Aquisition Company LLC		2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 7775 Main St. N.E. Fridley MN 55432	
3a. Employer Representative - Name and Title Anne Kadue President		3b. Address (If same as 2b - state same)	
3c. Tel. No. 763-754-2899	3d. Fax No. 763-767-7316	3e. Cell No.	3f. E-Mail Address anne@albrechtsigncompany.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Full Service Sign Company		4b. Principal product or service Signs	

5a. Description of Unit Involved Included: Fabrication Excluded: Installation		5b. City and State where unit is located: Fridley Minnesota
---	--	--

6. No. of Employees in Unit **7**      7. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative?  Yes     No

8a. Name of Recognized or Certified Bargaining Agent Local 880		8b. Affiliation, if any	
8c. Address 3205 Country Dr Little Canada, MN 55117		8d. Tel. No. 651) 224-5480	8e. Cell No.
		8f. Fax No.	8g. E-Mail Address

9. Date of Recognition or Certification  
9-1-2015      10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)  
8-31-2018

11a. Is there now a strike or picketing at the Employer's establishment(s) involved?  Yes     No      11b. If so, approximately how many employees are participating?

11c. The Employer has been picketed by or on behalf of (Insert Name) \_\_\_\_\_ a labor organization, of (Insert Address) \_\_\_\_\_ since (Month, Day, Year)

12. Organizations or individuals other than those named in items 8 and 11c, 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 5 above. (If none, so state) **No**

12a. Name	12b. Address	12c. Tel. No.	12d. Fax No.
		12e. Cell No.	12f. E-Mail Address

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

13a. Election Type: <input type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	13b. Election Date(s)	13c. Election Time(s)	13d. Election Location(s)
--	-----------------------	-----------------------	---------------------------

14. Full Name of Petitioner  
**(b) (6), (b) (7)(C)**

14a. Address (Street and number, city, state, ZIP code) <b>(b) (6), (b) (7)(C)</b>	14b. Tel. No.	14c. Fax No. <b>(b) (6), (b) (7)(C)</b>
	14d. Cell No. <b>(b) (6), (b) (7)(C)</b>	14e. E-Mail Address <b>(b) (6), (b) (7)(C)</b>

14f. Affiliation, if any

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

15a. Name <b>(b) (6), (b) (7)(C)</b>	15b. Title <b>(b) (6), (b) (7)(C)</b>
15c. Address (Street and number, city, state, ZIP code) <b>(b) (6), (b) (7)(C)</b>	15d. Tel. No.
	15e. Fax No.
	15f. Cell No. <b>(b) (6), (b) (7)(C)</b>
	15g. E-Mail Address <b>(b) (6), (b) (7)(C)</b>

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) <b>(b) (6), (b) (7)(C)</b>	Title <b>(b) (6), (b) (7)(C)</b>	Date Filed 9-10-18
--	-------------------------------------	-----------------------

WILLFUL FALSE STATEMENTS ON THIS FORM MAY 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.



Case No.  
18-RD-228240

Date Filed  
September 27, 2018

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://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 7 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: RD- DECERTIFICATION (REMOVAL OF REPRESENTATIVE) - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative. 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 <b>Fairview Health Services</b>		2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) <b>2450 Riverside Ave Mpls, Mn 55454</b>	
3a. Employer Representative - Name and Title <b>James Hereford CEO + Pres.</b>		3b. Address (if same as 2b - state same) <b>Same</b>	
3c. Tel. No. <b>x</b>	3d. Fax No.	3e. Cell No.	3f. E-Mail Address <b>jherefo1@fairview.org</b>

4a. Type of Establishment (Factory, mine, wholesaler, etc.) <b>Hospital</b>	4b. Principal product or service <b>Health Care</b>
--	--

5a. Description of Unit Involved Included: <b>Surgical Technologist</b>	5b. City and State where unit is located: <b>(b) (6), (b) (7)(C)</b> <b>Minneapolis, Mn</b>
Excluded:	

6. No. of Employees in Unit <b>38</b>	7. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
--	--

8a. Name of Recognized or Certified Bargaining Agent <b>SEIU HealthCare Mn Ben Fisher</b>		8b. Affiliation, if any	
8c. Address <b>345 Randolph Ave Suite 100 St. Paul, MN 55102</b>		8d. Tel. No.	8e. Cell No. <b>612-840-4471</b>
		8f. Fax No. <b>651-294-8100</b>	8g. E-Mail Address <b>Ben.Fisher@sciuhcmn.org</b>

9. Date of Recognition or Certification <b>March 2016</b>	10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) <b>NO CONTRACT</b>
--	---

11a. Is there now a strike or picketing at the Employer's establishment(s) involved? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	11b. If so, approximately how many employees are participating?
--	---

11c. The Employer has been picketed by or on behalf of (Insert Name) <b>(Insert Address)</b>	a labor organization, of since (Month, Day, Year)
---	--

12. Organizations or individuals other those named in items 8 and 11c, 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 5 above. (If none, so state).

12a. Name	12b. Address	12c. Tel. No.	12d. Fax No.
		12e. Cell No.	12f. E-Mail Address

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

13a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	13b. Election Date(s) <b>Oct. 15, 2018</b>	13c. Election Time(s) <b>6:00 - 7:00am 2pm - 3:30pm</b>	13d. Election Location(s) <b>UMMC - West Hosp Cafeteria</b>
---	---	--	--

14. Full Name <b>(b) (6), (b) (7)(C)</b>
---

14a. Address (Street and number, city, state, ZIP code) <b>(b) (6), (b) (7)(C)</b>	14b. Tel. No.	14c. Fax No.
	14d. Cell No. <b>(b) (6), (b) (7)(C)</b>	14e. E-Mail Address <b>(b) (6), (b) (7)(C)</b>

14f. Affiliation, if any

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

15a. Name <b>(b) (6), (b) (7)(C)</b>	15b. Title
15c. Address (Street and number, city, state, ZIP code) <b>MINNEAPOLIS</b>	15d. Tel. No.
	15e. Fax No.
	15f. Cell No.
	15g. E-Mail Address

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) <b>(b) (6), (b) (7)(C)</b>	Signature <b>(b) (6), (b) (7)(C)</b>	Title <b>(b) (6), (b) (7)(C)</b>	Date Filed <b>9/24/18</b>
--	---	-------------------------------------	------------------------------