

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 04-RC-243167	Date Filed 6/12/19

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlrb.gov/](http://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: Ross Mechanical Group	2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 309 Camer Drive, Unit 1, Bensalem, PA 19020
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3a. Employer Representative - Name and Title: Ross Goldstein, President/Owner	3b. Address (if same as 2b - state same): same
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3c. Tel. No. 267-552-8335	3d. Cell No. 267-234-1379	3e. Fax No. 215-914-0309	3f. E-Mail Address rmghvac@rmghvac.com
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) HVAC Installation/service	4b. Principal Product or Service HVAC	5a. City and State where unit is located: Bensalem, PA
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5b. Description of Unit Involved: Included: All Sheet Metal Installers and HVAC Service Technicians Excluded:	6a. Number of Employees in Unit: 3 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
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Check One  7a. Request for recognition as Bargaining Representative was made on (Date) 5-28-19 and Employer declined recognition on or about (Date) n/a (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:
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8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
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8g. Affiliation, if any:	8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
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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) \_\_\_\_\_

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: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
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11b. Election Date(s): 6-28-19	11c. Election Time(s): 6am	11d. Election Location(s): 309 Camer Drive, Unit 1, Bensalem, PA
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12a. Full Name of Petitioner (including local name and number): Sheet Metal Workers Local 19	12b. Address (street and number, city, State and ZIP code): 1301 S Columbus Blvd, Philadelphia, PA 19147
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12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):  
International Assn of Sheet Metal, Air, Rail, Transportation (SMART) Union, AFL-CIO

12d. Tel. No. 215-952-1999	12e. Cell No. 215-760-2199	12f. Fax No. 215-689-2894	12g. E-Mail Address Jkeenan@lu19.com
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title: James Keenan, III, Area Marketing Representative	13b. Address (street and number, city, State and ZIP code): 1301 S Columbus Blvd, Philadelphia, PA 19147
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13c. Tel. No. 215-952-1999	13d. Cell No. 215-760-2199	13e. Fax No. 215-689-2894	13f. E-Mail Address Jkeenan@lu19.com
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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) James Keenan, III	Signature 	Title Area Marketing Representative	Date 6-12-19
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)  
PRIVACY ACT STATEMENT

Collection 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. 74842-43 (Dec. 13, 2006). The NLRB will not 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.

DO NOT WRITE IN THIS SPACE	
Case No. <b>04-RC-243209</b>	Date Filed. <b>6/13/19</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.

<b>2a. Name of Employer:</b> Public Health Management Corporation	<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 1500 Market St. Philadelphia, PA 19102 Center Square East
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<b>3a. Employer Representative - Name and Title:</b> Pamela Matell	<b>3b. Address (if same as 2b - state same):</b> Same
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<b>3c. Tel. No.</b> 215-985-6887	<b>3d. Cell No.</b>	<b>3e. Fax No.</b> 215-985-2550	<b>3f. E-Mail Address</b> pmatello@pmch.org
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<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Public Health Clinics	<b>4b. Principal Product or Service</b> Community Health	<b>5a. City and State where unit is located:</b> Philadelphia, PA
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<b>5b. Description of Unit Involved:</b> Included: Nurse practitioners, care managers, social workers, Physician's Assistants, Physicians Consultants, nurses, Specialists, program manager, Excluded:	<b>6a. Number of Employees in Unit:</b> 68
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<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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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> Randall E. Bacon II	<b>8b. Address:</b> 2589 Interstate Dr. Harrisburg, PA 17110
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<b>8c. Tel. No.</b> 717-657-7677	<b>8d. Cell No.</b> 412-708-8566	<b>8e. Fax No.</b> 717-657-7662	<b>8f. E-Mail Address</b> randall.bacon@seiub68.org
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<b>8g. Affiliation, if any:</b> SEIU Local 668	<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>
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**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) \_\_\_\_\_, 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)**

<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: \_\_\_\_\_ **11a. Election Type:**  
 Manual  Mail  Mixed Manual/Mail

<b>11b. Election Date(s):</b> 6-26-19	<b>11c. Election Time(s):</b> 8AM - 10AM, 4:30 PM - 6PM	<b>11d. Election Location(s):</b> 6 Clinic locations
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<b>12a. Full Name of Petitioner (including local name and number):</b> Service Employees Union Local 668 International	<b>12b. Address (street and number, city, State and ZIP code):</b> PHMC Various clinic locations
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**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):**  
Service Employees International Union Local 668

<b>12d. Tel. No.</b>	<b>12e. Cell No.</b>	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b>
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**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

<b>13a. Name and Title:</b> Randall E. Bacon II organizing Director	<b>13b. Address (street and number, city, State and ZIP code):</b> 2589 Interstate Dr. Harrisburg, PA 17110
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<b>13c. Tel. No.</b> 717-657-7677	<b>13d. Cell No.</b> 412-708-8566	<b>13e. Fax No.</b> 717-657-7662	<b>13f. E-Mail Address</b> randall.bacon@seiub68.org
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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) Randall E. Bacon II	Signature Randall E. Bacon II	Title Organizing Director	Date 6/12/19
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)  
PRIVACY ACT STATEMENT

Case No. **04-RC-243219** Date Filed **6/13/19**

**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:** *Commonwealth Metals*  
**2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):** *1957 PIONEER Rd  
Huntingdon, Valley PA, 19006*  
**3a. Employer Representative - Name and Title:** *Suzanne Stilwell  
(President)*  
**3b. Address (if same as 2b - state same):** *SAME*

**3c. Tel. No.** *(215) 3948234* **3d. Cell No.**  **3e. Fax No.** *(215) 938 0129* **3f. E-Mail Address**

**4a. Type of Establishment (Factory, mine, wholesaler, etc.)** *Metal production, fabrication, and sales* **4b. Principal Product or Service** *Metal fabrication, install.* **5a. City and State where unit is located:** *Huntingdon Valley*

**5b. Description of Unit Involved:**  
**Included:** *All full and part time helpers, welders, fabricator, installers.* **6a. Number of Employees in Unit:** *5*  
**Excluded:** *Truck drivers full and part time, office personnel full and part time*

**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) \_\_\_\_\_ 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)** *Howard Van Buren (215) 275 2470  
James Keenan (215) 760 2199* **8b. Address:** *1301 Columbus Blvd  
Philadelphia, Pa. 19147*

**8c. Tel. No.** *(215) 952-1999* **8d. Cell No.** *(215) 275-2470* **8e. Fax No.** *(215) 952-0250* **8f. E-Mail Address** *Huanburen@lu19.com*

**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:**  Manual  Mail  Mixed Manual/Mail

**11b. Election Date(s):** *7/5/19* **11c. Election Time(s):** *7:00 AM* **11d. Election Location(s):** *Commonwealth Metals*

**12a. Full Name of Petitioner (including local name and number):** *Sheet Metal Worker Local 19* **12b. Address (street and number, city, State and ZIP code):** *1301 Columbus Blvd  
Philadelphia, Pa. 19147*

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):**  
*Sheet Metal, Air, Rail, and Transportation International Ass.*

**12d. Tel. No.** *(202) 662 0800* **12e. Cell No.**  **12f. Fax No.**  **12g. E-Mail Address** *info@smart-union.org*

**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**  
**13a. Name and Title:** *Howard Van Buren  
James Keenan (organizer)  
(organizer)* **13b. Address (street and number, city, State and ZIP code):** *1301 Columbus Blvd  
Philadelphia Pa 19147*

**13c. Tel. No.** *(215) 275-2470* **13d. Cell No.** *(215) 275-2470* **13e. Fax No.** *(215) 952 0250* **13f. E-Mail Address** *Huanburen@lu19.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)** *HOWARD VAN BUREN* **Signature** *[Signature]* **Title** *ORGANIZER* **Date** *6/10/19*

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

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No. 04-RC-243273	Date Filed 6/13/19

**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**  
Bauman Crane Company

**2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)**  
85 Bristol Rd  
PA Chalfont 18914-

**3a. Employer Representative - Name and Title**  
Frank Bauman

**3b. Address (if same as 2b - state same)**  
85 Bristol Rd  
PA Chalfont 18914-

**3c. Tel. No.** (215) 822-2753

**3d. Cell No.**

**3e. Fax No.** (215) 822-6482

**3f. E-Mail Address**  
info@baumancrane.com

**4a. Type of Establishment (Factory, mine, wholesaler, etc.)**  
Construction Services

**4b. Principal product or service**  
Crane rentals

**5a. City and State where unit is located:**  
Chalfont, PA

**5b. Description of Unit Involved**

**Included:** See Attached Page 2 for additional details

**Excluded:** See Attached Page 2 for additional details

**6a. No. of Employees in Unit:**  
11

**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) \_\_\_\_\_ 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).**

**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)**

<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.**

**11a. Election Type:**  Manual  Mail  Mixed Manual/Mail

**11b. Election Date(s):** 06/28/2019

**11c. Election Time(s):** 6am

**11d. Election Location(s):** 85 Bristol Rd Chalfont PA 18914

**12a. Full Name of Petitioner (including local name and number)**  
Darin Maher  
International Union of Operating Engineers Local 542

**12b. Address (street and number, city, state, and ZIP code)**  
1375 Virginia Drive  
PA Ft Washington 19034-

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)**  
International Union of Operating Engineers

**12d. Tel No.** (215) 542-7500

**12e. Cell No.** (215) 479-4129

**12f. Fax No.** (215) 542-7557

**12g. E-Mail Address**  
darin.maher@iuoe542.com

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

**13a. Name and Title**  
Louis Agre Organizer/Business Agent/Attorney  
IUOE Local 542

**13b. Address (street and number, city, state, and ZIP code)**  
1375 Virginia DR  
PA Ft Washington 19034-

**13c. Tel No.** (215) 542-7500

**13d. Cell No.**

**13e. Fax No.**

**13f. E-Mail Address**  
lou.agre@iuoe542.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> Darin Maher	<b>Signature</b> Darin Maher	<b>Title</b> Organizer/Business Agent	<b>Date</b> 06/13/2019 15:49:30
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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.

**DO NOT WRITE IN THIS SPACE**

Case	Date Filed
04-RC-243273	6/13/19

Attachment

Employees Included  
11 crane operators

Employees Excluded  
2 shop mechanics

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. <b>04-RC-243539</b>	Date Filed <b>6/19/19</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.

<b>2a. Name of Employer:</b> First Transit	<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> See Attached Sheet
<b>3a. Employer Representative - Name and Title:</b> Andrew R. Joppa, Sr. Dir of Labor Relations	<b>3b. Address (if same as 2b - state same):</b> 1412 Pennsylvania Avenue Wilmington, DE 19806

<b>3c. Tel. No.:</b> 401.309.4733	<b>3d. Cell No.:</b>	<b>3e. Fax No.:</b> 401.633.7013	<b>3f. E-Mail Address:</b> andrew.joppa@firstgroup.com
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<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.):</b> Transportation	<b>4b. Principal Product or Service:</b> Mechanics	<b>5a. City and State where unit is located:</b> See Attached Sheet
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<b>5b. Description of Unit Involved:</b> Included: All Full time and regular part-time mechanics located at the Employer's Facilities	<b>6a. Number of Employees in Unit:</b> 6
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Excluded:  
All others, guards and supervisors as defined in the Act

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.

<b>8a. Name of Recognized or Certified Bargaining Agent (if none, so state):</b> None	<b>8b. Address:</b>
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<b>8c. Tel. No.:</b>	<b>8d. Cell No.:</b>	<b>8e. Fax No.:</b>	<b>8f. E-Mail Address:</b>
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<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>
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**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)**

<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:**  
Only mechanics

<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> July 2, 2019	<b>11c. Election Time(s):</b> 10:00-10:30 am	<b>11d. Election Location(s):</b> See Attached Sheet
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<b>12a. Full Name of Petitioner (including local name and number):</b> Teamsters Union Local No. 115	<b>12b. Address (street and number, city, State and ZIP code):</b> 10965 Decatur Road, Philadelphia, PA 19154
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**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> 215.335.0100	<b>12e. Cell No.:</b>	<b>12f. Fax No.:</b> 215.333.4146	<b>12g. E-Mail Address:</b> mail@teamsters115.org
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**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

<b>13a. Name and Title:</b> Shane Reilly, Sec. Treas. & Business Manager	<b>13b. Address (street and number, city, State and ZIP code):</b> Same
---	--

<b>13c. Tel. No.:</b> Same	<b>13d. Cell No.:</b>	<b>13e. Fax No.:</b> Same	<b>13f. E-Mail Address:</b> Same
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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) Shane Reilly	Signature <i>Shane Reilly</i>	Title Sec. Treas. & Business Manager	Date 6/19/19
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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.

## First Transit Mechanic Locations

1. 2000 Industrial Highway  
Building 5  
Eddystone, PA 19022
2. Building C-2  
Cargo City  
Philadelphia, PA 19153

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. <b>04-RC-243667</b>	Date Filed <b>6/20/19</b>

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlrb.gov/](http://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:**  
Inspira Health Life Center Vineland

**2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):**  
2445 Delsea Drive, Vineland NJ 08360

**3a. Employer Representative - Name and Title:**  
Shawn McIntyre, Transportation Manager

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

**3c. Tel. No.** 856-295-5433      **3d. Cell No.**      **3e. Fax No.** 856-451-1723      **3f. E-Mail Address**

**4a. Type of Establishment (Factory, mine, wholesaler, etc.)**  
Healthcare

**4b. Principal Product or Service**  
Outpatient Healthcare

**5a. City and State where unit is located:**  
Vineland, NJ

**5b. Description of Unit Involved:**  
Included:  
All full-time, regular part-time, and per diem Drivers and Bus Aides  
Excluded:  
All other employees

**6a. Number of Employees in Unit:**  
26

**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) 06/20/19 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)**  
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:  Manual  Mail  Mixed Manual/Mail

**11b. Election Date(s):** July 12, 2019      **11c. Election Time(s):** 10:00 a.m.      **11d. Election Location(s):** Employee Break Room

**12a. Full Name of Petitioner (including local name and number):**  
Teamsters Local 331

**12b. Address (street and number, city, State and ZIP code):**  
1 Philadelphia Ave., Egg Harbor City, NJ 08215

**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.** 609-641-2331      **12e. Cell No.**      **12f. Fax No.** 609-641-2740      **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:**  
Joseph Richardson, Esq.

**13b. Address (street and number, city, State and ZIP code):**  
Willig, Williams & Davidson, 1845 Walnut St., 24th Floor, Philadelphia PA 19103

**13c. Tel. No.** 215-656-3655      **13d. Cell No.**      **13e. Fax No.** 215-561-5135      **13f. E-Mail Address** jrichardson@wwdlaw.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) Joseph D Richardson, Esq.      Signature       Title Attorney      Date 6/20/19

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 GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No. <b>04-RC-243726</b>	Date Filed <b>6/21/19</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.**

<b>1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE</b> - 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>DV Flora</b>		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) <b>520 Mantua Blvd., North, Sewell, NJ 08080</b>	
3a. Employer Representative - Name and Title <b>Mr. David Paleschic</b>		3b. Address (If same as 2b - state same) <b>Same</b>	
3c. Tel. No. <b>800.676.1212 ext 1370</b>	3d. Cell No.	3e. Fax No.	3f. E-Mail Address <b>dpaleschic@dvflora.com</b>
4a. Type of Establishment (Factory, mine, wholesaler, etc.) <b>Wholesale</b>		4b. Principal product or service <b>Flowers</b>	5a. City and State where unit is located: <b>Sewell, NJ</b>
5b. Description of Unit Involved <b>Included:</b> All full-time and regular part-time delivery truck drivers employed by the Employer at its 520 Mantua Blvd Location <b>Excluded:</b> All other employees, warehouse, mechanics, maintenance, timekeepers, shipping & receiving, production, guards and supervisors within the meaning of the Act			6a. No. of Employees in Unit: <b>30</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"/>
Check One: <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) <u>N/A</u> and Employer declined recognition on or about <u>N/A</u> (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).		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? <u>No</u> 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: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): <b>July 11, 2019</b>		11c. Election Time(s): <b>3:00am - 6:00am</b>	
		11d. Election Location(s): <b>Employee Cafeteria</b>	
12a. Full Name of Petitioner (including local name and number) <b>Highway Truck Drivers &amp; Helpers Local 107 a/w International Brotherhood of Teamsters</b>		12b. Address (street and number, city, state, and ZIP code) <b>12275 Townsend Rd. Philadelphia, Pa 19154</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.		12e. Cell No.	
		12f. Fax No.	
		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 <b>Chris Buschmeier - Trustee / Organizer / Business Agent</b>		13b. Address (street and number, city, state, and ZIP code) <b>12275 Townsend Rd. Philadelphia, Pa 19154</b>	
13c. Tel No. <b>215.552.0070 ext. 107</b>		13d. Cell No. <b>484.620.9358</b>	
		13e. Fax No. <b>215.552.0071</b>	
		13f. E-Mail Address <b>cbuschmeier@teamsters107.com</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>Chris Buschmeier</b>		Signature 	
		Title <b>Organizer / Trustee / Business Agent</b>	
		Date <b>June 20, 2019</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 will 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. <b>04-RC-243891</b>	Date Filed <b>6/26/19</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.

<b>2a. Name of Employer</b> Temp-Air, Inc., a Sunbelt Rentals Co.	<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> 200 Happy Lane DE Newark 19711-
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<b>3a. Employer Representative - Name and Title</b> Steve Piech	<b>3b. Address (If same as 2b - state same)</b> 200 Happy Lane DE Newark 19711-
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<b>3c. Tel. No.</b> (302) 369-3880	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b>
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<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Rental & Leasing	<b>4b. Principal product or service</b> HVAC	<b>5a. City and State where unit is located:</b> Newark, DE
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<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> 9	<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>
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**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>
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<b>8c. Tel No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
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<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>
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**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> July 11, 2019	<b>11c. Election Time(s):</b> 6:00 a.m. to 6:30 a.m.	<b>11d. Election Location(s):</b> Employee Breakroom at 200 Happy Lane, Newark, Delaware
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<b>12a. Full Name of Petitioner (including local name and number)</b> Howard Halverson United Association of Journeymen and Apprentices of the Plumbing and Pipefitting Industry of the United States and	<b>12b. Address (street and number, city, state, and ZIP code)</b> 201 Executive Court DE Newark 19702-
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**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)**  
United Association of Journeymen and Apprentices of the Plumbing and Pipefitting Industry of the United States and Canada, AFL-CIO

<b>12d. Tel No.</b> (302) 636-7400	<b>12e. Cell No.</b>	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b> organizer@ualocal74.com
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**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

<b>13a. Name and Title</b> Lance Geren Attorney for UA Local 74 O'Donoghue & O'Donoghue, LLP	<b>13b. Address (street and number, city, state, and ZIP code)</b> 325 Chestnut Street, Suite 600 PA Philadelphia 19106-
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<b>13c. Tel No.</b> (215) 629-4970	<b>13d. Cell No.</b> (202) 805-6148	<b>13e. Fax No.</b> (215) 629-4996	<b>13f. E-Mail Address</b> lgeren@odonoghuelaw.com
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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> Lance Geren	<b>Signature</b> Lance Geren	<b>Title</b> Attorney for UA Local 74	<b>Date</b> 06/25/2019 07:07:47
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**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.

**DO NOT WRITE IN THIS SPACE**

Case

Date Filed

Attachment

**Employees Included**

All full-time and regular part-time driver/technicians, HVAC technicians, service technicians and yard associates employed by the Employer at its 200 Happy Lane, Newark, Delaware facility.

**Employees Excluded**

All other employees, office clericals, managerial employees, guards and supervisors as defined in the Act.

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No <b>04-RC-244086</b>	Date Filed <b>6/28/19</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.

<b>2a. Name of Employer</b> Meadowview Rehabilitation and Nursing Center		<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> 9209 Ridge Pike PA Philadelphia 19128-	
<b>3a. Employer Representative - Name and Title</b> Crystal Jordan		<b>3b. Address (if same as 2b - state same)</b> 9209 Ridge Pike PA Philadelphia 19128-	
<b>3c. Tel. No.</b> (610) 825-6560	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b>

<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Healthcare Facilities	<b>4b. Principal product or service</b> Rehabilitation and Nursing	<b>5a. City and State where unit is located:</b> Philadelphia, PA
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<b>5b. Description of Unit Involved</b>		<b>6a. No. of Employees in Unit:</b> 75
<b>Included:</b> See Attached Page 2 for additional details		<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>
<b>Excluded:</b> See Attached Page 2 for additional details		

**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>11b. Election Date(s):</b> July 15, 2018	<b>11c. Election Time(s):</b> 6:00 A.M. to 8:00 A.M. and 2:00 P.M. to 4:30 P.M.	<b>11d. Election Location(s):</b> Employee Breakroom at Employer's Facility
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<b>12a. Full Name of Petitioner (including local name and number)</b> Chris Woods District 1199C, National Union of Hospital and Health Care Employees, AFSCME, AFL-CIO	<b>12b. Address (street and number, city, state, and ZIP code)</b> 1319 Locust Street PA Philadelphia 19107-
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**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)**  
National Union of Hospital and Health Care Employees

<b>12d. Tel No.</b> (215) 735-1300	<b>12e. Cell No.</b>	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b> ChristenW@1199cnuhce.org
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**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

<b>13a. Name and Title</b> Lance Geren Attorney for District 1199C O'Donoghue & O'Donoghue, LLP		<b>13b. Address (street and number, city, state, and ZIP code)</b> 325 Chestnut Street, Suite 600 PA Philadelphia 19106-	
<b>13c. Tel No.</b> (215) 629-4970	<b>13d. Cell No.</b> (202) 805-6148	<b>13e. Fax No.</b> (215) 629-4996	<b>13f. E-Mail Address</b> lgeren@odonoghuelaw.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> Lance Geren	<b>Signature</b> Lance Geren	<b>Title</b> Attorney for District 1199C	<b>Date</b> 06/28/2019 06:30:54
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**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.

**DO NOT WRITE IN THIS SPACE**

Case

Date Filed

04-RC-244086

6/28/19

Attachment

**Employees Included**

All full-time and regular part-time certified nursing assistants, dietary employees, housekeeping employees, and laundry employees employed by the Employer at its 9209 Ridge Pike, Philadelphia, Pennsylvania facility.

**Employees Excluded**

All other employees, managerial employees, office clericals, guards and supervisors as defined in the Act.

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. <b>04-RC-244115</b>	Date Filed <b>6/28/19</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.**

<b>2a. Name of Employer:</b> Lehigh University	<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 420 E. Packer Avenue Bethlehem, PA 18015
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<b>3a. Employer Representative - Name and Title:</b> J. Andrew Cassano, Administrative Director Zoellner Arts Center	<b>3b. Address (if same as 2b - state same):</b> Same
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<b>3c. Tel. No.</b> 610-758-5301	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> jacfl1@lehigh.edu
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<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Entertainment venue	<b>4b. Principal Product or Service</b> Entertainment	<b>5a. City and State where unit is located:</b> Bethlehem, PA
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<b>5b. Description of Unit Involved:</b> <b>Included:</b> All full-time and regular part-time stagehands at Zoellner Arts Center <b>Excluded:</b> All supervisors, Clericals, temporary workers, work study students, ticket takers, management, guards	<b>6a. Number of Employees in Unit:</b> 20
	<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Check One:  7a. Request for recognition as Bargaining Representative was made on (Date) 6/19/19 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.

<b>8a. Name of Recognized or Certified Bargaining Agent (if none, so state)</b> N/A	<b>8b. Address:</b> N/A
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<b>8c. Tel. No.</b> N/A	<b>8d. Cell No.</b> N/A	<b>8e. Fax No.</b> N/A	<b>8f. E-Mail Address</b> N/A
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<b>8g. Affiliation, if any:</b> N/A	<b>8h. Date of Recognition or Certification</b> N/A	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b> N/A
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**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) 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)**  
N/A

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

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election: **All full-time and regular part-time stagehands at Zoellner Arts Center**  
**11a. Election Type:**  Manual  Mail  Mixed Manual/Mail

<b>11b. Election Date(s):</b> 7/16/2019	<b>11c. Election Time(s):</b> 3:00 pm	<b>11d. Election Location(s):</b> 420 E. Packer Ave., Bethlehem, PA 18015
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<b>12a. Full Name of Petitioner (including local name and number):</b> International Alliance of Theatrical Stage Employees Local 200	<b>12b. Address (street and number, city, State and ZIP code):</b> P.O. Box 1723, Bethlehem, PA 18016-1723
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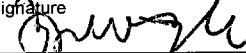
**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):**  
Int'l Alliance of Theatrical Stage Employees, Moving Picture Technicians, Artists, and Allied Crafts of the U.S. Its Territories

<b>12d. Tel. No.</b>	<b>12e. Cell No.</b> 610-360-4705	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b> iatse200ba@gmail.com
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<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b> <b>13a. Name and Title:</b> Quintes D. Taglioli, Esquire	<b>13b. Address (street and number, city, State and ZIP code):</b> 121 N. Cedar Crest Blvd., 2nd Floor, Allentown, PA 18104
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<b>13c. Tel. No.</b> 610-820-9531	<b>13d. Cell No.</b> 610-390-2599	<b>13e. Fax No.</b> 610-820-9445	<b>13f. E-Mail Address</b> qdtaglioli@markowitzandrichman.com
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**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> Quintes D. Taglioli	<b>Signature</b> 	<b>Title</b> Attorney	<b>Date</b> 06/26/19
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**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  
RD PETITION

DO NOT WRITE IN THIS SPACE  
Case No. 04-RD-243520  
Date Filed 6/19/19

INSTRUCTIONS: Unless e-Filed using the Agency's website, [www.nlrb.gov](http://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 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-503); 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: Franchi Holdings, DBA M.C. Custom Sheet Metal  
2b. Address(es) of Establishment(s) involved: 215 E Old Egg Harbor Rd W. Berlin NJ  
3a. Employer Representative - Name and Title: Mike Franchi - Owner  
3b. Address (if same as 2b state same): Same

3c. Tel. No.: 856-767-9509  
3d. Fax No.:  
3e. Cell No.:  
3f. E-Mail Address:

4a. Type of Establishment (Factory, mine, wholesaler, etc.): Sheet metal fabrication  
4b. Principal product or service: custom sheet metal

5a. Description of Unit Involved  
Included: All full time & regular part time sheet metal apprentices & Mechanics  
Excluded: All other employees, clerical, guards, and supervisors as defined in the action  
5b. City and State where unit is located:

6. No. of Employees in Unit: 6  
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: International Association of Sheet Metal, Air, Rail and Transportation Workers (SMART)  
8b. Affiliation, if any: unknown

8c. Address: Sheet Metal Workers Local 19, 1301 S. Columbus Blvd, Phila Pa 19147  
8d. Tel. No.: 215-952-1999  
8e. Cell No.:  
8f. Fax No.:  
8g. E-Mail Address:

9. Date of Recognition or Certification: April 27 2018  
10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year): None

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) N/A  
(Insert Address) 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) None

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:  Manual  Mail  Mixed Manual/Mail

13b. Election Date(s): 6/21/19  
13c. Election Time(s): 10:00 To 11:00 AM  
13d. Election Location(s): 215 E Old Egg Harbor Rd W. Berlin NJ

14. Full name of (b) (6), (b) (7)(C)

14a. Address: (b) (6), (b) (7)(C)  
14b. Tel. No.: N/A  
14c. Fax No.: (b) (6), (b) (7)(C)

14d. Affiliation, if any

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

15a. Name: (b) (6), (b) (7)(C)  
15b. Title: (b) (6), (b) (7)(C)  
15c. Address: (b) (6), (b) (7)(C)  
15d. Tel. No.: N/A  
15e. Fax No.: N/A

I declare that I have read the above petition and that it is true to the best of my knowledge and belief.  
Signature: (b) (6), (b) (7)(C)  
Date Filed: 6/19/19

NOTES ON THIS FORM: 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.