

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

08-RC-257004

Date Filed

2/26/2020

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

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

2a. Name of Employer Morrow County Firefighter's & Squadmen's Association (MCFSA) d/b/a		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 140 South Main Street OH Mount Gilead 43338-	
3a. Employer Representative - Name and Title Jeffery Sparks		3b. Address (If same as 2b - state same) 140 South Main Street OH Mount Gilead 43338-	
3c. Tel. No. (419) 946-7727	3d. Cell No.	3e. Fax No. (419) 946-6747	3f. E-Mail Address Chief801@mcems.net
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Healthcare		4b. Principal product or service Care & transportation of the sick & injured.	
5a. City and State where unit is located: Mount Gilead, OH			5b. Description of Unit Involved
Included: See Attached Page 2 for additional details			6a. No. of Employees in Unit: 9
Excluded: See Attached Page 2 for additional details			6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Check One: ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition 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)

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.

11b. Election Date(s): March 30, 2020	11c. Election Time(s): 0800hrs	11d. Election Location(s): 140 South Main Street Mount Gilead, OH
12a. Full Name of Petitioner (including local name and number) Kennard Ray Skaggs II International Association of EMTs & Paramedics (IAEP/NAGE/SEIU Local R7-059)		12b. Address (street and number, city, state, and ZIP code) P.O. Box 911 OH Wadsworth 44282-

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
International Association of EMTs & Paramedics/NAGE/SEIU

12d. Tel No. (617) 376-7237	12e. Cell No. (863) 585-3045	12f. Fax No. (863) 582-9506	12g. E-Mail Address kskaggs@nage.org
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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 Doug Hall Esq. Associate General Counsel International Association of EMTs & Paramedics (IAEP/NAGE/SEIU)		13b. Address (street and number, city, state, and ZIP code) 3510 Main Street CT Bridgeport 06606-	
13c. Tel No. (203) 371-6170	13d. Cell No. (860) 230-5874	13e. Fax No. (203) 371-6378	13f. E-Mail Address dhall@nage.org

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

Name (Print) Kennard Ray Skaggs II	Signature Kennard R. Skaggs II	Title National Representative	Date 02/26/2020 14:22:01
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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.

Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed
08-RC-257004	2/26/2020

Employees Included

All full-time dispatchers to be included via "Armor-Globe" election (reference case# 08-RC-185223).

Employees Excluded

all other professional employees, office clerical employees, guards and supervisors as defined in the National Labor Relations Act.

FORM NLRB-502 (RD)
(4-15)UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RD PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 08-RD-255785	Date Filed 2/5/2020

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

1. PURPOSE OF THIS PETITION: 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 Heritage-WTI Inc., d/b/a Heritage Thermal Services		2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 1250 Saint George St, East Liverpool, OH 43920-3471	
3a. Employer Representative - Name and Title Christopher Pherson		3b. Address (if same as 2b - state same) SAME AS ABOVE	
3c. Tel. No. (330)385-7337	3d. Cell No.	3e. Fax No. (330)385-7813	3f. E-Mail Address
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Waste Incinerator		4b. Principal product or service Trash	
5a. City and State where unit is located: East Liverpool, OH		6a. No. of Employees in Unit: 46	
5b. Description of Unit Involved Included: All Service Tech I, Service Tech II, Receiving and Filed Service employees at the Employer's facility located at 1250 Saint George Street, East Liverpool, Ohio 43920 Excluded: All other employees, including professional and managerial, laboratory/quality control, maintenance, E & I, Operators, outbound and transportation coordinator and lab pack, office/clericals, guards and supervisors as defined by the Act.		6b. 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 [X]	
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 checked="" type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent International Chemical Workers Union Council, Local 767-C		8b. Address 1655 West Market Street, 6th Floor, Akron, OH 44313	
8c. Tel. No. (330)926-1444	8d. Cell No.	8e. Fax No. (330)926-0816	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification December 2, 2015	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) May 1, 2017 - May 1, 2020
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 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): ASAP	11c. Election Time(s): 3:30 p.m. - 5:30 p.m. (2 days)	11d. Election Location(s): The 1st Floor Conference Room	
12a. Full Name of Petitioner (b) (6), (b) (7)(C)		12b. Address (street and number, city, state, and ZIP code) (b) (6), (b) (7)(C)	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)			
12d. Tel. No.	12e. Cell No. (b) (6), (b) (7)(C)	12f. Fax No.	12g. E-Mail Address (b) (6), (b) (7)(C)
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title (b) (6), (b) (7)(C)		13b. Address (street and number, city, state, and ZIP code) (b) (6), (b) (7)(C)	
13c. Tel. No. SAME AS ABOVE	13d. Cell No. (b) (6), (b) (7)(C)	13e. Fax No.	13f. E-Mail Address (b) (6), (b) (7)(C)
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) (6), (b) (7)(C)	Sig (b) (6), (b) (7)(C)	Title Individual/Petitioner	Date 2-5-2020

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

PRIVACY ACT STATEMENT

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(b) (6), (b) (7)(C)

FORM NLRB-502 (RD)
(4-16)UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RD PETITION

DO NOT WRITE IN THIS SPACE

Case No.
08-RD-255913

Date Filed 2-6-2020

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

1. PURPOSE OF THIS PETITION: 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
Heritage-WTI Inc., d/b/a Heritage Thermal Services

2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code)
1250 Saint George St, East Liverpool, OH 43920-3471

3a. Employer Representative - Name and Title
Christopher Pherson

3b. Address (if same as 2b - state same)
SAME AS ABOVE

3c. Tel. No.
(330)385-7337

3d. Cell No.

3e. Fax No.
(330)385-7813

3f. E-Mail Address

4a. Type of Establishment (Factory, mine, wholesaler, etc.)
Waste incinerator

4b. Principal product or service
Trash

5a. City and State where unit is located:
East Liverpool, OH

5b. Description of Unit Involved

Included: All Service Tech I, Service Tech II, Receiving and Filed Service employees at the Employer's facility located at 1250 Saint George Street, East Liverpool, Ohio 43920

Excluded: All other employees, including professional and managerial, laboratory/quality control, maintenance, E & I, Operators, outbound and transportation coordinator and lab pack, office/clericals, guards and supervisors as defined by the Act.

5c. No. of Employees in Unit:
46

5d. 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 []

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
International Chemical Workers Union Council, Local 967-C

8b. Address
1655 West Market Street, 6th Floor, Akron, OH 44313

8c. Tel. No.
(330)926-1444

8d. Cell No.

8e. Fax No.
(330)926-0816

8f. E-Mail Address

8g. Affiliation, if any

8h. Date of Recognition or Certification
December 2, 2015

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
May 1, 2017 - May 1, 2020

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 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 Date(s):
ASAP

11c. Election Time(s):
3:30 p.m. - 5:30 p.m. (2 days)

11b. Election Type: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11d. Election Location(s):
The 1st Floor Conference Room

12a. Full Name of Petitioner
(b) (6), (b) (7)(C)

12b. Address (street and number, city, state, and ZIP code)
(b) (6), (b) (7)(C)

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

12d. Tel. No.

12e. Cell No.
(b) (6), (b) (7)(C)

12f. Fax No.

12g. E-Mail Address
(b) (6), (b) (7)(C)

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

13a. Name and Title
(b) (6), (b) (7)(C)

13b. Address (street and number, city, state, and ZIP code)
(b) (6), (b) (7)(C)

13c. Tel. No.

13d. Cell No.
(b) (6), (b) (7)(C)

13e. Fax No.

13f. E-Mail Address
(b) (6), (b) (7)(C)

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) (6), (b) (7)(C)

(b) (6), (b) (7)(C)

Title
Individual/Petitioner

Date
2-6-2020

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

PRIVACY ACT STATEMENT

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(b) (6), (b) (7)(C)

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RD PETITION

DO NOT WRITE IN THIS SPACE

Case No. 08-RD-256420 Date Filed 2/18/2020

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

1. **PURPOSE OF THIS PETITION: 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 ARCHER DANIELS MIDLAND CO.		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 1308 Miami St, Toledo, OH 43605-3354	
3a. Employer Representative - Name and Title Jason Boyer		3b. Address (If same as 2b - state same) SAME AS ABOVE	
3c. Tel. No. (419)691-7480	3d. Cell No. 419-250-2417	3e. Fax No.	3f. E-Mail Address jason.boyer@ADM.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Factory		4b. Principal product or service Load/unload agricultural material	
5a. City and State where unit is located: Toledo, OH		5b. Description of Unit Involved Included: All full time and regular part time Operator A, Operator B, Utility and Maintenance employees Excluded: All managerial employees, professional employees, office clerical employees, guards and supervisors as defined in the Act.	
6a. No. of Employees in Unit: 8		6b. 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 <input checked="" type="checkbox"/> No <input type="checkbox"/>	

Check One: ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition 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 International Longshoremen Local 1768		8b. Address P.O. box 167405, Oregon, OH 43616	
8c. Tel. No. (419)266-4123	8d. Cell No.	8e. Fax No.	8f. E-Mail Address (b) (6), (b) (7)(C)
8g. Affiliation, if any		8h. Date of Recognition or Certification Contract, if any (Month, Day, Year) February 15, 2020	

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 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 International Longshoremen Local 1768		10b. Address P.O. box 167405, Oregon, OH 43616	
10c. Tel. No. (419)266-4123	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): 3/10/2020	11c. Election Time(s): 6:30 AM to 7:30 AM	11d. Election Location(s): Breakroom	

12a. Full Name of Petitioner (b) (6), (b) (7)(C)	12b. Address (street and number, city, state, and ZIP code) (b) (6), (b) (7)(C)
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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)

12d. Tel. No. (b) (6), (b) (7)(C)	12e. Cell No. (b) (6), (b) (7)(C)	12f. Fax No.	12g. E-Mail Address (b) (6), (b) (7)(C)
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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 (b) (6), (b) (7)(C)		13b. Address (street and number, city, state, and ZIP code) SAME AS ABOVE	
13c. Tel. No. SAME AS ABOVE	13d. Cell No. SAME AS ABOVE	13e. Fax No. SAME AS ABOVE	13f. E-Mail Address SAME AS ABOVE

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) (6), (b) (7)(C)	Signature (b) (6), (b) (7)(C)	Title (b) (6), (b) (7)(C)	Date 2-16-2020
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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

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