

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. 08-RC-230667

Date Filed  
11-7-18

**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:**  
CSI Sand Products Company

**2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):**  
1 Ships Channel, Cleveland, Ohio 44113

**3a. Employer Representative - Name and Title:**  
Don Beck

**3b. Address (if same as 2b - state same):**  
1 Ships Channel, Cleveland, Ohio 44113

**3c. Tel. No.**  
216-631-2999

**3d. Cell No.**  
608-381-6274

**3e. Fax No.**  
NA

**3f. E-Mail Address**  
donald.beck@laprairiegroup.com

**4a. Type of Establishment (Factory, mine, wholesaler, etc.):**  
Sand Pit

**4b. Principal Product or Service**  
Sand

**5a. City and State where unit is located:**  
Cleveland, Ohio

**5b. Description of Unit Involved:**

**Included:**

All truckdrivers

**Excluded:**

All supervisors, managers, clerical workers, guards, secretaries, and other site empls.

**6a. Number of Employees in Unit:**  
2

**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)** October 9, 2018 **and Employer declined recognition on or about (Date)** October 9, 2018 (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:

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

**11b. Election Date(s):**  
November 21, 2018

**11c. Election Time(s):**  
4:30 PM to 6:30 PM

**11d. Election Location(s):**  
Employee Break Room

**12a. Full Name of Petitioner (including local name and number):**  
International Union of Operating Engineers, Local 18

**12b. Address (street and number, city, State and ZIP code):**  
3515 Prospect Ave., Cleveland, Ohio 44115

**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.**  
216-432-3138

**12e. Cell No.**

**12f. Fax No.**  
216-432-3135

**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:**  
Chris Camino

**13b. Address (street and number, city, State and ZIP code):**  
3515 Prospect Ave., Cleveland, Ohio 44115

**13c. Tel. No.**  
216-432-3131

**13d. Cell No.**

**13e. Fax No.**  
216-432-3135

**13f. E-Mail Address**  
ccamino@iuoelocal18.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)

Chris Camino by TRP

Signature

Chris Camino (TRP)

Title

ORGANIZER

Date

11/7/18

**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.  
08-RD-230648Date Filed  
11-7-18

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 7 below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. **PURPOSE OF THIS PETITION: RD- DECERTIFICATION (REMOVAL OF REPRESENTATIVE)** - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer Vitalant		2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 333 East Bridge Street, Elyria, OH 44035	
3a. Employer Representative - Name and Title Stephanie Hyster		3b. Address (If same as 2b - state same) same	
3c. Tel. No. (440) 322-9415	3d. Fax No. (440) 323-8878	3e. Cell No. (440) 396-3454	3f. E-Mail Address shyster@lifeshare.cc
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Blood Bank		4b. Principal product or service Pharmaceutical Blood Products	
5a. Description of Unit Involved <b>Included:</b> Unionized employees of Vitalant Ohio  <b>Excluded:</b> Supervisors, management and other non-represented employees			5b. City and State where unit is located: Elyria, OHIO Canton, OHIO Middleburg Heights, OHIO

6. No. of Employees in Unit 66	7. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
8a. Name of Recognized or Certified Bargaining Agent Office & Professional Employees International Union, Local 17		8b. Affiliation, if any AFL-CIO	
8c. Address 1209 Lowell Street Elyria, OH 44035		8d. Tel. No. (440) 322-3757	8e. Cell No. (216) 244-5428
		8f. Fax No. (440) 322-6169	8g. E-Mail Address Sronow@yahoo.com
9. Date of Recognition or Certification January 29, 1998		10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) October, 31, 2018	
11a. Is there now a strike or picketing at the Employer's establishment(s) involved? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		11b. If so, approximately how many employees are participating?	
11c. The Employer has been picketed by or on behalf of (Insert Name) (Insert Address)		a labor organization, of since (Month, Day, Year)	
12. Organizations or individuals other those named in items 8 and 11c, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5 above. (If none, so state) 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: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
13b. Election Date(s) Tuesday	13c. Election Time(s) 6 PM EST	13d. Election Location(s) Elyria, Canton and Middleburg Heights	

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

14f. Affiliation, if any			
15. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
15a. Name		15b. Title	
15c. Address (Street and number, city, state, ZIP code)		15d. Tel. No.	15e. Fax No.
		15f. Cell No.	15g. E-Mail Address

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) (b) (6), (b) (7)(C)		Title Petitioner	Date Filed 11/5/2018

WILLFUL FALSE STATEMENTS OR

FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)  
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.

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CLEVELAND, OHIO  
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