

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

DO NOT WRITE IN THIS SPACE

Case No.

08-RC-228356

Date Filed

10/1/18

**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.

<b>2a. Name of Employer:</b> Flight Services and Systems		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> Cleveland Hopkins International Airport, 5300 Riverside Dr. Cleveland, OH 44135	
<b>3a. Employer Representative - Name and Title:</b> Mr. Myron Kuzyk		<b>3b. Address (if same as 2b - state same):</b> Same	

<b>3c. Tel. No.</b> 216-244-3323	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> mkuzyk@fsspeople.com
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<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Flight service company.	<b>4b. Principal Product or Service</b> Pre-flight services.	<b>5a. City and State where unit is located:</b> Cleveland, OH
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<b>5b. Description of Unit Involved:</b> <b>Included:</b> Employees performing ramp service and customer service duties. <b>Excluded:</b> Employees performing cabin cleaning duties.		<b>6a. Number 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?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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.

<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: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

<b>11b. Election Date(s):</b> 10/11/2018	<b>11c. Election Time(s):</b> 0700 to 22:00	<b>11d. Election Location(s):</b> At airport in office next to UA baggage claim
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<b>12a. Full Name of Petitioner (including local name and number):</b> John Werkmeister, GLR, IAMAW, AFL-CIO	<b>12b. Address (street and number, city, State and ZIP code):</b> 110 Winchester Dr. McDonald, PA 15057
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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 Association of Machinists and Aerospace Workers, AFL-CIO

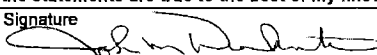
<b>12d. Tel. No.</b> 412-613-4300	<b>12e. Cell No.</b> 412-613-4300	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b> jwerkmeister@iamaw.org
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**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

<b>13a. Name and Title:</b>	<b>13b. Address (street and number, city, State and ZIP code):</b>
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<b>13c. Tel. No.</b>	<b>13d. Cell No.</b>	<b>13e. Fax No.</b>	<b>13f. E-Mail Address</b>
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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> John Werkmeister	<b>Signature</b> 	<b>Title</b> GLR	<b>Date</b> 10/1/2018
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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  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

08-RC-228879

Date Filed

10-9-18

**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:

See Attachment A

Excluded:

All supervisors, managers, clerical workers, guards, and secretaries.

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

10

**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? ☒ 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 5, 2018

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

1:00 p.m. to 3:00 p.m.

**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 Avenue, 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 Avenue, 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

**Signature****Title**

Organizer

**Date**

10/9/18

**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.

## **ATTACHMENT A**

All full-time and regular part-time employee working at 1 Ships Channel,  
Cleveland, Ohio, including all lead-men and shift-leads

RECEIVED  
NLRB REGION 8  
2018 OCT -9 PM 1:53  
CLEVELAND, OHIO

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

DO NOT WRITE IN THIS SPACE

Case No.

08-RC-228990

Date Filed

10-11-18

**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**  
Swissport USA Inc.

**2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)**  
Cleveland Hopkins International Airport 5851 South Cargo Rd.  
OH Cleveland 44135-3111

**3a. Employer Representative - Name and Title**  
Wes Bement

**3b. Address (If same as 2b - state same)**  
Cleveland Hopkins International Airport 5851 South Cargo Rd.  
OH Cleveland 44135-3111

**3c. Tel. No.**  
(216) 267-9910

**3d. Cell No.**

**3e. Fax No.**  
(216) 265-4722

**3f. E-Mail Address**  
wes.bement@swissport.com

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

**4b. Principal product or service**  
Pre-Flight Service Company

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

**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:**  
30

**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) 10/11/18 and Employer declined recognition on or about (Date) (If no reply received, so state). Region served as 1762065**

☐ **7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.**

**8a. Name of Recognized or Certified Bargaining Agent (If none, so state).**

**8b. Address**

**8c. Tel No.**

**8d. Cell No.**

**8e. Fax No.**

**8f. E-Mail Address**

**8g. Affiliation, if any**

**8h. Date of Recognition or Certification**

**8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)**

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

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

**10a. Name**

**10b. Address**

**10c. Tel. No.**

**10d. Cell No.**

**10e. Fax No.**

**10f. E-Mail Address**

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

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

**11b. Election Date(s):**  
11/7/18

**11c. Election Time(s):**  
07:00 to 21:00

**11d. Election Location(s):**  
Sheraton Cleveland Airport Hotel

**12a. Full Name of Petitioner (including local name and number)**  
John M Werkmeister  
John Werkmeister (GLR, IAMAW, AFL-CIO)

**12b. Address (street and number, city, state, and ZIP code)**  
110 Winchester Dr  
PA McDonald 15057-2650

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)**  
International Association of Machinists and Aerospace Workers, AFL-CIO

**12d. Tel No.**  
(412) 613-4300

**12e. Cell No.**  
(412) 613-4300

**12f. Fax No.**

**12g. E-Mail Address**  
jwerkmeister@iamaw.org

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

**13a. Name and Title**

**13b. Address (street and number, city, state, and ZIP code)**

**13c. Tel No.**

**13d. Cell No.**

**13e. Fax No.**

**13f. 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)**  
John M Werkmeister

**Signature**  
John M. Werkmeister

**Title**  
Grand Lodge Representative

**Date**  
10/11/2018 10:18:38

**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

08-RC-228990

Date Filed

10-11-18

Employees Included

Employees performing ramp service duties

Employees Excluded

Employees performing passenger service work



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

RECEIVED  
NLRB REGION 8  
JUL 15 AM 9:55  
CLEVELAND, OHIO

DO NOT WRITE IN THIS SPACE

Case No. 08-RC-229090 Date Filed 10/12/18

**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**  
Concord Care Centers of Ohio  
**2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)**  
3121 Glanzman Rd.  
OH Toledo 43614-3899

**3a. Employer Representative - Name and Title**  
Heidi Whitehouse  
**3b. Address (If same as 2b - state same)**  
3121 Glanzman Rd.  
OH Toledo 43614-3899

**3c. Tel. No.** (419) 385-6616 **3d. Cell No.** **3e. Fax No.** **3f. E-Mail Address** info@concordcarecenters.com

**4a. Type of Establishment (Factory, mine, wholesaler, etc.)** Healthcare **4b. Principal product or service** skilled nursing **5a. City and State where unit is located:** Toledo, OH

**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:** 14  
**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) 10/11/2018 and Employer declined recognition on or about (Date) (If no reply received, so state). No reply received**  
☐ **7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.**

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

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

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

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

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

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

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

**11b. Election Date(s):** 10/30/2018 **11c. Election Time(s):** 8am-10am, 3pm-5pm **11d. Election Location(s):** 3121 Glanzman Rd. Toledo, Ohio 43614 in the break room

**12a. Full Name of Petitioner (including local name and number)** D Totty United Food and Commercial Workers Union Local 75 **12b. Address (street and number, city, state, and ZIP code)** 7441 International Dr OH Holland 43528-9376

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

**12d. Tel No.** (313) 330-5773 **12e. Cell No.** **12f. Fax No.** (419) 865-8674 **12g. E-Mail Address** Dtotty@ufcw.org

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

**13a. Name and Title** Dawn Christen Attorney United Food and Commercial Workers Union Local 75 **13b. Address (street and number, city, state, and ZIP code)** 7441 International Dr OH Holland 43528-9376

**13c. Tel No.** (419) 360-1053 **13d. Cell No.** **13e. Fax No.** (419) 865-8674 **13f. E-Mail Address** dchristen@dawnchristenlaw.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)** D Totty **Signature** Mr.D. Totty **Title** Organizer **Date** 10/11/2018 12:49:40

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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Attachment

DO NOT WRITE IN THIS SPACE	
Case 08-RC-229090	Date Filed 10/12/18

**Employees Included**

All full time/part time and contingent Licensed Practicing Nurses (LPNs)

**Employees Excluded**

Dietary, Activity, STNAs, Housekeeping, office clerical, RNs, maintenance, supervisors, and all others not defined under the Act.

RECEIVED  
NLRB REGION 8  
2018 OCT 15 AM 9:55  
CLEVELAND, OHIO

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

08-RC-230037

Date Filed

10/26/18

**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.

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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:

See Attachment A

Excluded:

All supervisors, managers, clerical workers, guards, and secretaries.

6a. Number of Employees in Unit:

10

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? ☒

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 and 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 5, 2018

11c. Election Time(s):

1:00 p.m. to 3:00 p.m.

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 Avenue, 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 Avenue, 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

Signature



Title

Organizer

Date

10/9/18

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.

Inq # 1-23719-76884



## **ATTACHMENT A**

All full-time and regular part-time employee working at 1 Ships Channel,  
Cleveland, Ohio, including all lead-men and shift-leads

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

DO NOT WRITE IN THIS SPACE	
Case No. 08-RD-228333	Date Filed 10-1-18

**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: 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  
**FLO-TORK, INC. (AYA: Moog, Inc.)**

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)  
**1701 N Main St. Orrville, OH 44667-9172**

3a. Employer Representative - Name and Title  
**James York**

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

3c. Tel. No.  
**(330)682-0010**

3d. Cell No.

3e. Fax No.  
**(330)683-6857**

3f. E-Mail Address  
**jyork@moog.com**

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

4b. Principal product or service  
**Hydraulic and Pneumatic Actuators**

5a. City and State where unit is located:  
**Orrville, OH**

5b. Description of Unit Involved

**Included:** All full-time and regular part-time production and maintenance employees, including lead-persons and truck drivers.

**Excluded:** all salespersons, quality control personnel, drafters, detail designers, office clerical employees, production clerical employees, guards and supervisors as defined in the Act.

6a. No. of Employees in Unit:  
**29**

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 ☐

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 ASSOCIATION OF MACHINISTS AND AEROSPACE WORKERS, AFL-CIO, DISTRICT LODGE 54, LOCAL LODGE 1581**

8b. Address  
**PO Box 27, Dennison, OH 44621-0027**

8c. Tel. No.  
**(740)922-2318**

8d. Cell No.  
**(330)407-5723**

8e. Fax No.  
**(614)239-0415**

8f. E-Mail Address  
**drukens@dl54.com**

8g. Affiliation, if any

8h. Date of Recognition or Certification  
**10/30/2012 08-RD-089601**

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)  
**December 2, 2018**

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 ASSOCIATION OF MACHINISTS AND AEROSPACE WORKERS, AFL-CIO, DISTRICT LODGE 54, LOCAL LODGE 1581**

10b. Address  
**PO Box 27, Dennison, OH 44621-0027**

10c. Tel. No.  
**(740)922-2318**

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):  
**October 12, 2018**

11c. Election Time(s):  
**5:30 a.m. to 6:30 a.m.**

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

11d. Election Location(s):  
**Gulley**

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)  
**INTERNATIONAL ASSOCIATION OF MACHINISTS AND AEROSPACE WORKERS, AFL-CIO, DISTRICT LODGE 54, LOCAL LODGE 1581**

12d. Tel. No.

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

12e. Fax No.

12f. 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.

**(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  
**An Individual**

Date  
**9/24/2018**

**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)**

