

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

DO NOT WRITE IN THIS SPACE	
Case No. <b>21-RC-245984</b>	Date Filed <b>8-2-2019</b>

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

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

2a. Name of Employer OPEIU Local 30		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 6136 Mission Gorge, Rd. Suite 214 CA San Diego 92120	
3a. Employer Representative - Name and Title Marianne Giordano		3b. Address (If same as 2b - state same) 6136 Mission Gorge, Rd. Suite 214 CA San Diego 92120	
3c. Tel. No. (619) 640-4840	3d. Cell No.	3e. Fax No. (619) 640-4830	3f. E-Mail Address mariannegiordano@opeiulocal30.org
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Others		4b. Principal product or service Labor Union	
5b. Description of Unit Involved <b>Included:</b> See Attached Page 2 for additional details <b>Excluded:</b> See Attached Page 2 for additional details		5a. City and State where unit is located: San Diego, CA 6a. No. 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? 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. 11a. Election Type: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s): 08/19/2019	11c. Election Time(s): 8am	11d. Election Location(s): 6136 Mission Gorge, Rd., Suite 214 San Diego, CA 92120
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12a. Full Name of Petitioner (including local name and number) Carlos Munoz Communication Workers of America, Local 9509	12b. Address (street and number, city, state, and ZIP code) 7548 Trade St CA San Diego 92121
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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)  
Communication Workers of America, AFL-CIO, CLC

12d. Tel No. (858) 695-1509	12e. Cell No. (773) 960-4054	12f. Fax No.	12g. E-Mail Address carlosmunoz9509@gmail.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		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) Carlos Munoz	Signature Carlos Munoz	Title District Steward	Date 08/2/2019 13:33:06
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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 <b>21-RC-245984</b>	Date Filed <b>8-2-2019</b>

Employees Included

Business Agents

Employees Excluded

Executive Director, Officers, Director, Executive Assistant, Bookkeeper, Office  
Manager, Administrative Assistant

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

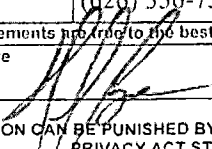
21-RC-246484

Date Filed

8-13-2019

**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: All American Service and Supplies		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 400 E. 6th Street Corona, CA 92879	
3a. Employer Representative - Name and Title: Mark Albert Luer, President		3b. Address (if same as 2b - state same): Same	
3c. Tel. No. (951) 736-7600	3d. Cell No.	3e. Fax No. (951) 739-4671	3f. E-Mail Address
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Construction services		4b. Principal Product or Service Repair/maintenance of equipment	
5a. City and State where unit is located: Corona, CA		5b. Description of Unit Involved: Included: See attached. Excluded: See attached.	
6a. Number of Employees in Unit: 33		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Check One: <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about (Date) _____ (If no reply received, so state). <input 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 (If none, so state) International Union of Operating Engineers, Local 12		8b. Address: 150 East Corson St. Pasadena, CA 91103	
8c. Tel. No. (626) 792-8900	8d. Cell No.	8e. Fax No. (626) 792-9039	8f. E-Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification 6/23/2003	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 8/31/2019
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) 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: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): 9/4/2019, 9/5/2019 or 9/6/2019	11c. Election Time(s): 12:30 p.m. to 4:30 p.m.	11d. Election Location(s): Office in the Light Duty Repair shop.	
12a. Full Name of Petitioner (including local name and number): International Union of Operating Engineers Local 12, AFL-CIO		12b. Address (street and number, city, State and ZIP code): 150 East Corson St. Pasadena, CA 91103	
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. (626) 792-8900	12e. Cell No.	12f. Fax No. (626) 792-9039	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: Hugo A. Tzec, House Counsel		13b. Address (street and number, city, State and ZIP code): 150 East Corson Street Pasadena, CA 91103	
13c. Tel. No. (626) 432-7389	13d. Cell No.	13e. Fax No. (626) 356-7589	13f. E-Mail Address h.tzec@iuoelocal12.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) Hugo A. Tzec	Signature 	Title House Counsel	Date 8/12/2019

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"

Light Duty and Parts

RC Petition

- INCLUDED: All full-time and regular part-time employees in the Employer's operations in Los Angeles, Orange, Ventura, Santa Barbara, San Bernardino, Riverside, Inyo, Mono, Imperial, San Luis Obispo, Kern and San Diego Counties in Southern California, in the following classifications: Light Duty Repairman I -IV, Light Duty Lubeman (Truck) I, Light Duty Lubeman (Auto) I, Parts Person and Parts Assistant.
- EXCLUDED: All Heavy Duty Repairmen – Welders, Welders, executives, superintendents, office clerical, guards, professional and supervisory employees, as defined in the National Labor Relations Act.

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. **21-RC-246488**Date Filed  
**8-13-2019**

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:  
All American Service and Supplies

2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):  
400 E. 6th Street  
Corona, CA 92879

3a. Employer Representative - Name and Title:  
Mark Albert Luer, President

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

3c. Tel. No.  
(951) 736-7600

3d. Cell No.

3e. Fax No.  
(951) 739-4671

3f. E-Mail Address

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

4b. Principal Product or Service  
Repair/maintenance of equipment

5a. City and State where unit is located:  
Corona, CA

5b. Description of Unit Involved:

Included:

See attached.

Excluded:

See attached.

6a. Number of Employees in Unit:  
22

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) \_\_\_\_\_ on or about (Date) \_\_\_\_\_ (If no reply received, so state).  
☒ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

and Employer declined recognition

8a. Name of Recognized or Certified Bargaining Agent (If none, so state)  
International Union of Operating Engineers, Local 12

8b. Address:  
150 East Corson St.  
Pasadena, CA 91103

8c. Tel. No.  
(626) 792-8900

8d. Cell No.

8e. Fax No.  
(626) 792-9039

8f. E-Mail Address

8g. Affiliation, if any:

8h. Date of Recognition or Certification  
6/23/2003

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 8/31/2019

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):  
9/4/2019, 9/5/2019 or 9/6/2019

11c. Election Time(s):  
12:30 p.m. to 4:30 p.m.

11d. Election Location(s):  
Upstairs meeting room in HDR shop

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

12b. Address (street and number, city, State and ZIP code):  
150 East Corson St.  
Pasadena, CA 91103

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.  
(626) 792-8900

12e. Cell No.

12f. Fax No.  
(626) 792-9039

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:  
Hugo A. Tzec, House Counsel

13b. Address (street and number, city, State and ZIP code):  
150 East Corson Street  
Pasadena, CA 91103

13c. Tel. No.  
(626) 432-7389

13d. Cell No.

13e. Fax No.  
(626) 356-7589

13f. E-Mail Address  
h.tzec@iuoclocal12.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)  
Hugo A. Tzec

Signature

Title  
House Counsel

Date  
8/12/2019

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"

Heavy Duty Repairmen – Welders and Welders

RC Petition

INCLUDED: All full-time and regular part-time employees in the Employer's operations in Los Angeles, Orange, Ventura, Santa Barbara, San Bernardino, Riverside, Inyo, Mono, Imperial, San Luis Obispo, Kern and San Diego Counties in Southern California and in the following classifications: Heavy Duty Repairmen – Welders and Welders.

EXCLUDED: All Light Duty Repairman I -IV, Light Duty Lubeman (Truck) I, Light Duty Lubeman (Auto) I, Parts Person and Parts Assistant, executives, superintendents, office clerical, guards, professional and supervisory employees, as defined in the National Labor Relations Act.

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

DO NOT WRITE IN THIS SPACE	
Case No. <b>21-RC-246790</b>	Date Filed <b>8/19/2019</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> Hi-Tech Iron Works (Architectural Enterprises)	<b>2b. Address(es) of Establishment(s) involved</b> (Street and number, city, state, ZIP code) 5821 Randolph Street, Commerce, CA 90040
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<b>3a. Employer Representative - Name and Title</b> Tom S. Lee, Owner	<b>3b. Address</b> (If same as 2b - state same) Same
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<b>3c. Tel. No.</b> (323) 268-4000	<b>3d. Cell No.</b> (323) 944-4483	<b>3e. Fax No.</b> (323) 268-8060	<b>3f. E-Mail Address</b> T.Lee@Hightechclick.com
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<b>4a. Type of Establishment</b> (Factory, mine, wholesaler, etc.) Metal fabrication	<b>4b. Principal product or service</b> Metal fabrication	<b>5a. City and State where unit is located:</b> Commerce, California
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<b>5b. Description of Unit Involved</b> <b>Included:</b> All production workers  <b>Excluded:</b> All other employees, field employees, guards and supervisors	<b>6a. No. 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> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
---	---

**Check One:** ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) by this Petition 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</b> (If none, so state). 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</b> (Month, Day, Year)
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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)  
None

<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> August 30, 2019	<b>11c. Election Time(s):</b> 8:00-9:00 a.m.	<b>11d. Election Location(s):</b> Breakroom
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<b>12a. Full Name of Petitioner</b> (including local name and number) Ironworkers Local Union 509	<b>12b. Address</b> (street and number, city, state, and ZIP code) 7007 Washington Ave Suite 201, Whittier, CA 90602
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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 Bridge, Structural, Ornamental and Reinforcing Iron Workers, AFL-CIO


<b>12d. Tel. No.</b> (323) 540-7587	<b>12e. Cell No.</b>	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b> jonathan_paramo@yahoo.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> David W. M. Fujimoto, Attorney	<b>13b. Address</b> (street and number, city, state, and ZIP code) Wenberg, Roger & Rosenfeld, 1001 Marina Village Parkway, Suite 200, Alameda, CA 94501
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<b>13c. Tel. No.</b> (510) 337-1001	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> (510) 337-1023	<b>13f. E-Mail Address</b> dfujimoto@uniconcounsel.net, drosenfeld@uniconcounsel.net, nlrblines@uniconcounsel.net
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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</b> (Print) David W. M. Fujimoto	<b>Signature</b> 	<b>Title</b> Attorney	<b>Date</b> 8/19/19
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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**

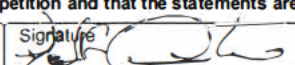
Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses 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 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>21-RC-246792</b>	Date Filed <b>8-19-2019</b>

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<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.			
<b>2a. Name of Employer</b> AIRGAS USA, LLC		<b>2b. Address(es) of Establishment(s) involved</b> (Street and number, city, State, ZIP code) 12000 S. ALAMEDA ST. LYNWOOD, CA 90262	
<b>3a. Employer Representative Name and Title</b> LESLIE STROH		<b>3b. Address</b> (If same as 2b - state same) SAME	
<b>3c. Tel. No.</b> 323-568-2246	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E Mail Address</b> LESLIE.STROH@AIRGAS.COM
<b>4a. Type of Establishment</b> (Factory, mine, wholesaler, etc.) SUPPLIER		<b>4b. Principal product or service</b> MEDICAL AND SPECIALTY GASES	
<b>5b. Description of Unit Involved</b> <b>Included:</b> ALL FULL-TIME AND REGULAR PART TIME PRODUCTION OPERATORS, PRODUCTION TESTERS AND PRODUCTION LEADS <b>Excluded:</b> ALL OTHER EMPLOYEES, OFFICE CLERICAL EMPLOYEES, PROFESSIONAL EMPLOYEES, MANAGERIAL EMPLOYEES, GUARDS, CONFIDENTIAL EMPLOYEES AND SUPERVISORS AS DEFINED BY THE ACT.		<b>5a. City and State where unit is located:</b> LYNWOOD, CA <b>6a. No. of Employees in Unit:</b> 24 <b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
<b>Check One:</b> <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 (Date) (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
<b>8a. Name of Recognized or Certified Bargaining Agent</b> (If none, so state). NONE		<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</b> (Month, Day, Year)			
<b>9. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> <u>NO</u> If so, approximately how many employees are participating? _____ (Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____.			
<b>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.</b> (If none, so state) NONE			
<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>
<b>11. Election Details:</b> 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> SEPTEMBER 3, 2019	<b>11c. Election Time(s):</b> 6:30 AM 8:30 AM AND 12:30PM 2:30PM	<b>11d. Election Location(s):</b> EMPLOYEE BREAKROOM	
<b>12a. Full Name of Petitioner (including local name and number)</b> WHOLESALE DELIVERY DRIVERS, GENERAL TRUCK DRIVERS, CHAUFFEURS, SALES, INDUSTRIAL AND ALLIED WORKERS TEAMSTERS LOCAL 848		<b>12b. Address (street and number, city, state, and ZIP code)</b> 3888 CHERRY AVE. LONG BEACH, CA 90807	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent</b> (If none, so state) INTERNATIONAL BROTHERHOOD OF TEAMSTERS			
<b>12d. Tel. No.</b> 562 595 1891	<b>12e. Cell No.</b> 202 528 5788	<b>12f. Fax No.</b> 562-595-1896	<b>12g. E Mail Address</b> PCAMACHO@LOCAL848.NET
<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> PABLO CAMACHO INTERNATIONAL ORGANIZER		<b>13b. Address (street and number, city, state, and ZIP code)</b> 3888 CHERRY AVE. LONG BEACH, CA 90807	
<b>13c. Tel. No.</b> 562-595 1891	<b>13d. Cell No.</b> 202 528 5788	<b>13e. Fax No.</b> 562 595 1896	<b>13f. E-Mail Address</b> PCAMACHO@LOCAL848.NET
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> PABLO CAMACHO	<b>Signature</b> 	<b>Title</b> INTERNATIONAL ORGANIZER	<b>Date</b> AUGUST 19, 2019

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.

**21-RC-247134**

Date Filed

**8-23-2019**

**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 for 247134 (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> SDH Services West, LLC AKA Sodexo Health Services At		<b>2b. Address(es) of Establishment(s) involved</b> (Street and number, city, State, ZIP code) 3751 Katella Ave, Los Alamitos, CA 90720	
<b>3a. Employer Representative - Name and Title</b> Bruce Collier, Labor Relations Director		<b>3b. Address</b> (If same as 2b - state same) 4475 Honeyglen Court, Moorpark, CA 93021	
<b>3c. Tel. No.</b>	<b>3d. Cell No.</b> 805-744-9041	<b>3e. Fax No.</b> 805-456-3041	<b>3f. E-Mail Address</b> bruce.collier@sodexo.com
<b>4a. Type of Establishment</b> (Factory, mine, wholesaler, etc.) Healthcare Facility		<b>4b. Principal product or service</b> Food Services Contractor	
		<b>5a. City and State where unit is located:</b> Los Alamitos, CA	
<b>5b. Description of Unit Involved</b> <b>Included:</b> All full time, part time, and per diem cashiers, cooks, ambassadors, dish/pot washers, and leads employed by the employer at its operations at Los Alamitos Medical Center at 3751 Katella Ave, Los Alamitos, CA 90720 <b>Excluded:</b> All other employees, managers, confidential employees, dieticians, diet assistants, nutritionists, high school students, and already represented employees and supervisors as defined by the act.			<b>6a. No. of Employees in Unit:</b> 35 <b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

**Check One:** ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) 8/23/2019 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</b> (If none, so state).		<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</b> (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>
<b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election.		<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
<b>11b. Election Date(s):</b> 9/12/2019	<b>11c. Election Time(s):</b> 11am-1pm, 2pm-4pm	<b>11d. Election Location(s):</b> Conference Room upstairs from cafeteria	
<b>12a. Full Name of Petitioner (including local name and number)</b> National Union of Healthcare Workers		<b>12b. Address (street and number, city, state, and ZIP code)</b> 5801 Christie Ave, Suite 525, Emeryville, CA	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent</b> (if none, so state) none			
<b>12d. Tel No.</b> (818) 241-0140	<b>12e. Cell No.</b>	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b>

<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> Piete Clayton		<b>13b. Address (street and number, city, state, and ZIP code)</b> 225 W. Broadway, Suite 400 Glendale, CA 91204	
<b>13c. Tel No.</b>	<b>13d. Cell No.</b> 510-290-4811	<b>13e. Fax No.</b> (818) 241-0141	<b>13f. E-Mail Address</b> pclayton@nuhw.org

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> Florice Hoffman	<b>Signature</b> <i>Florice Hoffman</i>	<b>Title</b> attorney	<b>Date</b> 8/23/19
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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**

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