



Physical Plant

Respiratory Protection Program

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I. Purpose

The purpose of this plan is to establish a program and procedures for wearing respiratory protection at the University of Northern Iowa Physical Plant.

This Program supports compliance with the Occupational Safety and Health Administration Respiratory Protection Standard, as found in 29 CFR 1910.134. This program applies to all Physical Plant employees who work in areas in which the potential exposure to airborne contaminants requires the use of respirators. Certain parts of this program may also apply to Physical Plant employees who use respirators voluntarily in the workplace.

II. Responsibilities

Program Administrator: Environmental Safety Specialist

This person is responsible for:

- Issuing and administering the program and making sure that it satisfies all applicable federal, state and local respiratory protection requirements.
- Providing or making arrangements for initial and annual training to employees on respiratory protection.
- Coordinating annual medical evaluations and forwarding any associated medical records to HRS.
- Performing or making arrangements for the annual fit testing and special fit testing.
- Maintaining records for fit test, physical exams, and training for all Physical Plant employees included in Respiratory Protection Program.
- Conducting or making arrangements for hazard assessments when respiratory hazards may be present.
- Assisting managers and supervisors in selecting appropriate respiratory protection for use in their units.
- Assisting the University Safety Officer in the annual review of the Respiratory Protection Program to ensure its continued effectiveness.
- Collecting, evaluating and acting on appropriate recommendations made by respirator users.
- Purchasing respiratory protection equipment.
- Assuring that all equipment purchases are NIOSH approved equipment.

Managers and Supervisors whose departments are required to wear respiratory protection: Power Plant Manager, Power Plant Maintenance Manager, O&M Managers, and Area Maintenance Supervisor, Safety Manager

These people are responsible for:

- Knowing the hazards in their areas that require respiratory protection.
- Knowing the types of respirators that need to be used.
- Enforcing the wearing of respiratory protection in areas where it's required.
- Making sure employees are knowledgeable about the respiratory equipment for the areas in which they work.
- Providing training on hazardous chemicals to new employees.
- Collecting feedback on respiratory use by employees.

Employees who are required to wear respiratory protection: Facilities Mechanic II, Area Mechanics assigned water treatment at the pools and specific air filter cleaning, Power Plant repairers, Carpenters removing materials which might contain mold, Environmental Safety Specialist

These people are responsible for:

- Wearing appropriate respiratory protection.
- Maintaining their respiratory protection equipment properly and keeping it in a clean and operable condition.
- Replacing respirator cartridges before each use.
- Providing feedback about respirator use to the Program Administrator through Managers and Supervisors.
- Informing the Program Administrator of personal changes that may affect their use of respirators.

III. General Respiratory information

- The potential for respiratory hazards will be assessed within the Physical Plant, Power Plant and facilities where Physical Plant employees work, and appropriate respiratory protection will be provided for all affected employees.
- Employees will be required to wear respiratory protection whenever and wherever respiratory hazards exist.
- Respiratory protection will be stored in each individual employee's locker or approved container.
- Respiratory protection will be issued only through the Environmental Health and Safety Office.
- Efforts will be made to minimize the use of hazardous chemicals in the workplace.

IV. Medical Evaluations

- Prior to wearing a respirator or being fit tested, each employee will complete a medical questionnaire similar to the one shown in Attachment #1 and have a medical evaluation to assess his or her ability to wear a respirator.
- Annual medical evaluations will be conducted for all Physical Plant employees who wear respirators.
- Medical evaluation may include a physical exam, under certain conditions.
- Medical evaluations are provided through the currently contracted Occupational Health Services provider.

Additional Medical Evaluations will be required if:

1. An employee reports medical signs or symptoms that are related to use of a respirator
2. A Physician or other licensed health care professional, supervisor, or the respirator program administrator believes the employee needs to be reevaluated.
3. Information from the respiratory protection program, including observations made during fit testing and program evaluation, indicates a need for employee reevaluation.
4. A change occurs in workplace conditions (e.g. physical work effort, protective clothing, temperature) that may result in a substantial increase in the physiological burden placed on an employee.

V. Selection and Use of Respirators

- Respirators will be selected according to the types of activities for which they will be used and the types of potential air contaminants associated with these activities.
- Only NIOSH-approved respirators will be used. Respirators are being purchased through Zee Medical Service. Their certified industrial hygienist reviews the hazard analysis and recommends appropriate respiratory protection.
- All respiratory protection equipment will be used in accordance with its manufacturer's recommendations.
- Each respirator will be used and maintained exclusively by one employee.
- The service life of each respirator facepiece will be based on manufacturer's recommendation

VI. Respirator Inspection and Maintenance

- Each respirator will be inspected by its wearer before each use.
- Any respirator found to be defective will be turned into the employee's manager or supervisor for replacement.
- The user will perform the proper seal check prior to each use.
- Unit managers and supervisors where respirators are used will verify that appropriate respiratory protection is being properly used, inspected and maintained.
- Respirators are to be cleaned and disinfected after each use and are to be maintained in a sanitary condition following the manufacturer's recommendation. (See Attachment #2 for Respirator Cleaning Procedures)
- Each respirator will be inspected annually during the annual fit testing and medical examination.

VII. Fit Testing

- Each user of a respirator with a negative or positive pressure, tight-fitting face piece will be fit tested to ensure a proper face piece-to-face seal.
- Fit testing will be conducted annually or more often, as necessary. Fit testing is contracted through Zee Medical and follows their documented protocol.
- Any employee who has facial hair or has a condition that interferes with the face piece-to-face seal or valve function will not be allowed to wear a respirator.
- Employees will be fit tested with the make, model, and size of respirator that they will actually wear. Employees will be provided with several models and sizes of respirators so that they may find an optimal fit. Fit testing of respirators is to be conducted in the negative pressure mode.
- The Program Administrator will conduct fit tests following the OSHA approved Bitrex Solution Aerosol QLFT Protocol in Appendix B (B4) of the Respiratory Protection standard. The Program Administrator has determined that QNFT is not required for the respirators used under current conditions. If conditions affecting respirator use change, the Program Administrator will evaluate on a case-by-case basis whether QNFT is required.

VIII. Training

- All employees who are required to wear respirators will receive training in their appropriate use, selection and maintenance.
- Training will be repeated annually or more often, as needed (e.g. if the employee changes departments and needs to use a different type of respirator)
- Training will provide an opportunity for each employee to handle the respirator, have it fitted properly, test the face piece-to-face seal, wear it in normal air and wear it in a test atmosphere.

- Training will include methods for cleaning, replacement of filters, and proper storage procedures.
- Training is contracted through Zee Medical and is conducted in conjunction with the fit test.

IX. Wearing Respirators

Wearing Respirators In Normal Situations

- Any PPE, corrective glasses or goggles must be worn in a manner that will not interfere with the seal of the face piece-to-face seal.
- Respirators must not be removed in a hazardous environment
- Respirator and cartridges are limited to identified hazards and cannot be worn in any other atmosphere.
- Procedures for donning respirator include:
 1. Make sure the straps are not too tight or too loose
 2. Check to see that the buckles are connected properly
 3. Make sure the valves are in place and working properly
 4. Attach the bottom strap first
 5. Fit the respirator snugly from the chin upward
 6. Attach the top strap and wear it high on the head for a better seal
 7. Make sure nothing interferes with the seal of the face piece-to-face seal
 8. Make sure that the respirator provides a tight seal with no leaks (negative pressure fit check is performed by covering the cartridges with the palms of your hands while you try to inhale. Nose cup will pull against your face. If leaks are detected try adjusting straps. If leaks continue contact manager or supervisor) (positive pressure fit check is performed by placing a hand over the exhaust valve and exhaling. If leaks are detected assure you are not forcing the nose cup to lift from your face. If leaks continue contact manager or supervisor – See Attachment #3 for further information on seal check procedures)
- Leave the hazardous environment immediately if you smell or taste the contaminant, if breathing becomes difficult, or if you become dizzy or nauseated.
- Replace cartridges before each use.
- After each use, clean and sanitize respirator.
- Store respirator in locker or approved container.

Wearing Respirators In Emergency Situations

- No Physical Plant employee is trained or authorized to use a respirator in an emergency situation.

Wearing Respirators Voluntarily

- All employees who voluntarily use respiratory protection equipment will be provided with information regarding its safe use. (See Attachment #4 - Information for Employees Who Voluntarily Use Respirators.)

X. Recordkeeping

- Records for respirator selection, fit testing and training will be kept in the Environmental Health and Safety Office. (See Attachments #5 for example of recordkeeping form)
- Medical evaluations are confidential records forwarded by Arrowhead Occupational Health Services. Medical records are kept at HRS.

XI. Attachments

1. Respirator Medical Evaluation Questionnaire
2. Respirator Cleaning Procedures
3. User Seal Check Procedures for Respirators
4. Information for Employees Who Voluntarily Use Respirators
5. Training Record form

Attachment #1



Covenant
Health System

- Covenant Medical Center
- Mercy Hospital of Franciscan Sisters
- Sartori Memorial Hospital

Occupational Health Partners Respiratory Questionnaire

Name _____ Date _____
Telephone Number _____
Employer _____ Social Security Number _____
Job _____ Date of Birth _____ Age _____

TO THE EMPLOYEE: Can you read?..... Yes No

Your employer must allow you to answer this questionnaire during normal working hours, or at a time and place that is convenient to you. To maintain your confidentiality, your employer or supervisor must not look at or review your answers, and your employer must tell you how to deliver or send this questionnaire to the health professional who will review it.

PART A (Mandatory)

The following information must be provided by every employee who has been selected to use any type of respirator. **PLEASE PRINT**

1. Sex:..... Male Female
2. Height _____ in.
3. Weight..... _____ lbs.
4. Have you worn a respirator? Yes No
5. Check type of respirator worn (may check more than one):
 - N, R, P disposable (filter-mask-noncartridge)
 - 1/4 - 1/2 mask with cartridge
 - Air supplied mask
 - Air supplied hood/full face
 - SCBA
6. Shifts per week respirator worn:
 - Very infrequent
 - Less than one (1) hour
 - One to four (1-4) hours
 - Almost every shift
7. Length of time respirator worn:
 - Less than one (1) hour
 - One to five (1-5) hours
 - Five to twelve (5-12) hours

8. When using respirator, work load is:
- Light (i.e., seating while typing, drafting, light assembly work; standing while using drill press one to three pounds or controlling machines)
 - Moderate (i.e., painting while standing; sitting while nailing or filing; driving truck; stand while drilling, nailing, assembly work; transfer thirty-five pound load; walk on level surface push wheelbarrow with one-hundred pound load on level surface)
 - Heavy (i.e., stand using heavy tools; lift over fifty pounds from floor to waist or shoulders; work on loading dock, bricklaying, chipping; walking up grade; climbs stairs with fifty-pound load)
 - Extreme (i.e., emergency rescue)

9. Temperature and environment:
- Low temperatures, less than thirty-five degrees (35°)
 - High temperatures, more than ninety-five degrees (95°)
 - High humidity
 - Confined spaces
 - Life threatening gases present
 - None of the above
 - Other _____

10. Protective clothes/gear worn:
- Normal clothes
 - Normal clothes, plus lightweight protective clothes
 - Heavy protective suit
 - Hoods or SCBA
 - Heavy tools and equipment

11. Type of chemical and/or exposure:
- Toxic, only with extended periods
 - Asbestos
 - Hazmat – unknown
 - Oxygen deficient
 - Toxic gaseous atmosphere
 - Nuisance or respiratory irritant
 - Other (list chemical or exposure): _____

12. At work/home, have you been exposed to hazardous chemicals (solvents, gases, fumes, dust), either breathing or on your skin? Yes No

13. Have you ever worked with:
- | | | |
|---|------------------------------|-----------------------------|
| Asbestos | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Silica (sandblasting) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Tungsten/Cobalt (grind or weld this material) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Beryllium | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Aluminum | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Coal (mining) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Iron | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Tin | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Dusty environments Yes No
 Other exposures Yes No
 List other: _____

14. Do you have a second job/side business? Yes No
 List: _____

15. List previous occupations: _____

16. List current/previous hobbies: _____

17. Military Service Yes No
 In military service, were you exposed to biological or chemical agents? Yes No

18. Have you worked on a Hazmat team? Yes No

PART B (Mandatory)

1. Do you currently smoke or have you smoked in the past month? Yes No
 If yes, list amount: _____

2. Do you currently take prescription medication for breathing or lung problems, heart trouble, blood pressure, and/or seizures? Yes No
 List: _____

3. Have you **ever** had:
 Allergic reactions that interfere with breathing Yes No
 Claustrophobia Yes No
 Diabetes (sugar disease) Yes No
 Seizures (fits) Yes No
 Trouble smelling odors (loss of smell) or loss of taste Yes No

4. Have you **ever** had:
 Asbestosis Yes No
 Asthma Yes No
 Broken ribs Yes No
 Chronic bronchitis Yes No
 Emphysema Yes No
 Lung cancer Yes No
 Pneumonia Yes No
 Pneumothorax (collapsed lung) Yes No
 Any chest injury or surgery Yes No
 Any other lung problem Yes No
 Tuberculosis Yes No
 Silicosis Yes No

5. Do you **currently** have any of the following symptoms of lung illness?
- Shortness of breath (feel winded) Yes No
- Shortness of breath when walking fast or walking up a slight hill Yes No
- Shortness of breath when walking an ordinary pace on level ground Yes No
- Need to stop for breath when walking at normal pace on level ground Yes No
- Shortness of breath when washing or dressing Yes No
- Shortness of breath that interferes with your job Yes No
- Cough that produces thick sputum Yes No
- Cough that wakes you early morning Yes No
- Cough that occurs when lying down Yes No
- Coughing up of blood in the last month Yes No
- Wheezing Yes No
- Wheezing that interferes with your job Yes No
- Chest pain when you breath deeply Yes No
- Any symptoms related to lung problems Yes No
6. Have you **ever** had heart/circulation problems:
- Angina (chest pain) Yes No
- Heart attack Yes No
- Heart failure Yes No
- Heart arrhythmia (beats irregular) Yes No
- High blood pressure Yes No
- Stroke Yes No
- Swelling in your legs/feet Yes No
- Frequent pain or tightness in your chest Yes No
- Pain or tight chest during physical activity or exercise Yes No
- Pain or tight chest that interferes with your job Yes No
- Noticed your heart skipping beats Yes No
- Heartburn/indigestion not necessarily after eating Yes No
- Other heart/circulation problems Yes No
7. If you have used a respirator/mask, have you ever had:
- Anxiety Yes No
- Eye irritation Yes No
- General weakness/fatigue (tired) Yes No
- Skin allergy or rash Yes No
- Any other problem that interferes with your use of a respirator Yes No
8. Would you like to talk to a health professional who will discuss questions with you? Yes No

PART C

(Other Questions Requested to Be Answered by Health Care Professional – Not OSHA Required)

1. Do you currently take medication (either prescription or over-the-counter) **other than** for heart, lung, breathing problems, blood pressure, or seizures? Yes No
- List: _____

2. Are you currently under a doctor's care? Yes No
3. Do you have:
- Allergy to latex/rubber Yes No
- Anxiety attacks Yes No
- Beard or mustache Yes No
- Dentures Yes No
- Dizziness Yes No
- Facial scars Yes No
- Fainting/blackout spells Yes No
- Nose or throat problems Yes No
- Panic attacks Yes No
- Skin sensitivity Yes No
- Tuberculosis Yes No
- Silicosis Yes No
4. In the last three weeks, have you have any respiratory infection, flu, pneumonia, or cold? Yes No
5. Have you **ever** had:
- Heart beats fast (higher than 100/minute) Yes No
- Heart beats slow (less than 60/minute) Yes No
6. Do you believe you will have or have had a problem with wearing a respirator/mask? Yes No

PART D (Mandatory for All Who Use Full Face Respirator or a SCBA)

1. Do you **currently** have vision problems: .
- Limited vision Yes No
- Wear contacts Yes No
- Wear glasses Yes No
- Color blind Yes No
- Eye irritation Yes No
- Any other eye problems Yes No
2. Do you **have** ear problems:
- Ear perforation (broken/whole in ear drum) Yes No
- Difficulty hearing Yes No
- Ringing in ears Yes No
- Equilibrium problems (dizzy/balance) Yes No
- Wear hearing aid Yes No
- Other hearing problems Yes No
3. Are you pregnant? Yes No

4. Do you **currently** or have you **ever** had muscle or bone problems (musculoskeletal):
- Back problem/pain Yes No
- Weakness in any of your arms, hands, legs, or feet Yes No
- Pain in arms, hands, legs, or feet Yes No
- Numbness or tingling in arms, hands, legs, or feet Yes No
- Problem with any range of motion (moving arms or legs) Yes No
- Pain or stiffness when you lean forward or backward at the waist Yes No
- Difficulty moving your head up and down Yes No
- Difficulty moving your head side to side Yes No
- Neck pain Yes No
- Difficulty bending at your knees Yes No
- Difficulty squatting to the ground Yes No
- Problem climbing a flight of stairs or ladder carrying more than twenty-five pounds Yes No
- Problem with postural stability (holding your balance or standing erect/straight) Yes No
5. In your present job, are you:
- Working at high altitudes Yes No
- In an area with low oxygen amounts Yes No
- If yes, do you have feelings of:
- Dizziness Yes No
- Shortness of breath Yes No
- Pounding in your chest Yes No
- Other symptoms/problems Yes No

Employee's Signature _____ Date _____

Attachment #2

Respirator Cleaning Procedures

These procedures are provided for employer use when cleaning respirators. They are general in nature, and the employer as an alternative may use the cleaning recommendations provided by the manufacturer of the respirators used by their employees, provided such procedures are as effective as those listed here in Appendix B-2. Equivalent effectiveness simply means that the procedures used must accomplish the objectives set forth in Appendix B-2, i.e., must ensure that the respirator is properly cleaned and disinfected in a manner that prevents damage to the respirator and does not cause harm to the user.

I. Procedures for Cleaning Respirators

A. Remove filters, cartridges, or canisters. Disassemble facepieces by removing speaking diaphragms, demand and pressure-demand valve assemblies, hoses, or any components recommended by the manufacturer. Discard or repair any defective parts.

B. Wash components in warm (43 deg. C [110 deg. F] maximum) water with a mild detergent or with a cleaner recommended by the manufacturer. A stiff bristle (not wire) brush may be used to facilitate the removal of dirt.

C. Rinse components thoroughly in clean, warm (43 deg. C [110 deg. F] maximum), preferably running water. Drain.

D. When the cleaner used does not contain a disinfecting agent, respirator components should be immersed for two minutes in one of the following:

1. Hypochlorite solution (50 ppm of chlorine) made by adding approximately one milliliter of laundry bleach to one liter of water at 43 deg. C (110 deg. F); or,
2. Aqueous solution of iodine (50 ppm iodine) made by adding approximately 0.8 milliliters of tincture of iodine (6-8 grams ammonium and/or potassium iodide/100 cc of 45 % alcohol) to one liter of water at 43 deg. C (110 deg. F); or,
3. Other commercially available cleansers of equivalent disinfectant quality when used as directed, if their use is recommended or approved by the respirator manufacturer.

E. Rinse components thoroughly in clean, warm (43 deg. C [110 deg. F] maximum), preferably running water. Drain. The importance of thorough rinsing cannot be overemphasized. Detergents or disinfectants that dry on facepieces may result in dermatitis. In addition, some disinfectants may cause deterioration of rubber or corrosion of metal parts if not completely removed.

F. Components should be hand-dried with a clean lint-free cloth or air-dried.

G. Reassemble facepiece, replacing filters, cartridges, and canisters where necessary.

H. Test the respirator to ensure that all components work properly.

Attachment #3

User Seal Check Procedures For Respirators

The individual who uses a tight-fitting respirator is to perform a user seal check to ensure that an adequate seal is achieved each time the respirator is put on. Either the positive and negative pressure checks listed in this appendix, or the respirator manufacturer's user seal check method shall be used. User seal checks are not substitute for qualitative or quantitative fit tests.

I. Facepiece Positive and/or Negative Pressure Tests

- A. Positive pressure check.* Close off the exhalation valve and exhale gently into the facepiece. The face fit is considered satisfactory if a slight positive pressure can be built up inside the facepiece without any evidence of outward leakage of air at the seal. For most respirators this method of leak testing requires the wearer to first remove the exhalation valve cover before closing off the exhalation valve and then carefully replacing it after the test.
- B. Negative pressure check.* Close off the inlet opening of the canister or cartridge(s) by covering with the palm of the hand(s) or by replacing the filter seal(s), inhale gently so that the facepiece collapses slightly, and hold the breath for ten seconds. The design of the inlet opening of some cartridges cannot be effectively covered with the palm of the hand. The test can be performed by covering the inlet opening of the cartridge with a thin latex or nitrile glove. If the facepiece remains in it's slightly collapsed condition and no inward leakage of air is detected, the tightness of the respirator is considered adequate.

II. Manufacturer's Recommended User Seal Check

The respirator manufacturer's recommended procedures for performing a user seal check may be used instead of the positive and/or negative pressure check procedures provided that the employer demonstrates that the manufacturer's procedures are equally effective.

Attachment #4

Information for Employees Who Voluntarily Use Respirators

Respirators are an effective method of protection against designated hazards when properly selected and worn. Respirator use is encouraged, even when exposures are below the exposure limit, to provide an additional level of comfort and protection for workers. However, if a respirator is used improperly or not kept clean, the respirator itself can become a hazard to the worker. Sometimes, workers may wear respirators to avoid exposures to hazards, even if the amount of hazardous substance does not exceed the limits set by OSHA standards. If your employer provides respirators for your voluntary use, or if you provide your own respirator, you need to take certain precautions to be sure that the respirator itself does not present a hazard.

You should do the following:

1. Read and heed all instructions provided by the manufacturer on use, maintenance, cleaning and care, and warnings regarding the respirators limitations.
2. Choose respirators certified for use to protect against the contaminant of concern. NIOSH, the National Institute for Occupational Safety and Health of the U.S. Department of Health and Human Services, certifies respirators. A label or statement of certification should appear on the respirator or respirator packaging. It will tell you what the respirator is designed for and how much it will protect you.
3. Do not wear your respirator into atmospheres containing contaminants for which your respirator is not designed to protect against. For example, a respirator designed to filter dust particles will not protect you against gases, vapors, or very small solid particles of fumes or smoke.
4. Keep track of your respirator so that you do not mistakenly use someone else's respirator.

Attachment #5

Respiratory Protection Training Record

| | |
|-----------------|-----------------|
| Name of Trainee | Unit/Department |
|-----------------|-----------------|

The following respiratory training topics and demonstrations were covered:

- (1) The employer shall ensure that each employee can demonstrate knowledge of at least the following
- (i) Why the respirator is necessary and how improper fit, usage, or maintenance can compromise the protective effect of the respirator;
 - (ii) What the limitations and capabilities of the respirator are;
 - (iii) How to use the respirator effectively in emergency situations including situations in which the respirator malfunctions;
 - (iv) How to inspect, put on and remove, use, and check the seals of the respirator;
 - (v) What the procedures are for maintenance and storage of the respirator;
 - (vi) How to recognize medical signs and symptoms that may limit or prevent the effective use of the respirators; and
 - (vii) The general requirements of this section.

| Training Type | Date | Respirator(s) Tested | Trainer's Signature | Employee's Initials |
|-------------------|------|----------------------|---------------------|---------------------|
| Original Training | | | | |
| Annual Retraining | | | | |
| Annual Retraining | | | | |
| Annual Retraining | | | | |
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