

# Job Training Systems, Inc.

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## Rupture Disk Maintenance

**Completion Statement**

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Trainee's Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

An employee of \_\_\_\_\_  
Company and Plant Name \_\_\_\_\_

has successfully demonstrated knowledge of the materials in this Task Training Module.  
The evaluator has reviewed any incorrect responses with the trainee.

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Trainee's Signature \_\_\_\_\_

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Evaluator's Signature \_\_\_\_\_ Date \_\_\_\_\_