

MANAGEMENT CONTROL EVALUATION CERTIFICATION STATEMENT		1. REGULATION NUMBER
For use of this form, see AR 11-2; the proponent agency is ASA (FM&C).		2. DATE OF REGULATION
3. ASSESSABLE UNIT		
4. FUNCTION		
5. METHOD OF EVALUATION <i>(Check one)</i>		
<input type="checkbox"/> a. CHECKLIST <i>(Indicate appendix letter)</i>		<input type="checkbox"/> b. ALTERNATIVE METHOD <i>(Indicate method)</i>
6. EVALUATION CONDUCTED BY		
a. NAME <i>(Last, First, MI)</i>		b. DATE OF EVALUATION
7. REMARKS <i>(Describe your review process)</i>		
a. Describe how each key management control was tested (e.g., direct observation, file/documentation review, analysis, sampling, simulation, other _____).		
b. Describe the deficiencies detected in these key management controls (if any).		
c. Describe the corrective actions taken (if applicable).		
8. CERTIFICATION		
I certify that the key management controls in this function have been evaluated in accordance with provisions of AR 11-2, Management Control. I also certify that corrective action has been initiated to resolve any deficiencies detected. These deficiencies and corrective actions <i>(if any)</i> are described above or in attached documentation. This certification statement and any supporting documentation will be retained on file subject to audit/inspection until superseded by a subsequent management control evaluation.		
a. ASSESSABLE UNIT MANAGER		
(1) TYPED NAME AND TITLE		b. DATE CERTIFIED
(2) SIGNATURE		