

MANAGEMENT CONTROL EVALUATION CERTIFICATION STATEMENT For use of this form, see AR 11-2; the proponent agency is ASA (FM&C).		1. REGULATION NUMBER
		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). d. Describe the plan of action to correct deficiencies (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certification statement and any supporting documentation will be retained on file subject to audit/inspection until superseded by a subsequent management control evaluation.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		

7. REMARKS (*Continued*)