

**Management Control Evaluation Checklist  
Installations - Housing Management (Support Documentation)**

<b>REGULATION NUMBER:</b>	<b>AR 210-50</b>
<b>DATE OF REGULATION:</b>	<b>1 Oct 97</b>

**PAGE 1 OF 3 PAGES**

**Assessable Unit : (Mailing address and phone number)**

**Function.** The function covered by this checklist is the management of support documentation.

**Purpose.** The purpose of this checklist is to assist Housing Managers in evaluating the key management controls outlined below. It is not intended to cover all controls.

**Instructions.** Answers must be based on the actual testing of key management controls (for example, document analysis, direct observation, sampling, simulation, other). Answers that indicate deficiencies must be explained and corrective action indicated in supporting documentation. These key management controls must be formally evaluated at least once every five years. Certification that this evaluation has been conducted must be accomplished on the enclosed DA Form 11-2-R (Management Control Evaluation Certification Statement).

**Supersession.** This checklist replaces the checklist for " Housing/Housing Requirements Justification" previously published in DA Circular 11-91-4.

**Comments.** Help to make this a better tool for evaluating management controls. Submit comments to: ATTN DAIM-FDH, ASSISTANT CHIEF OF STAFF INSTALLATION MANAGEMENT, 600 ARMY PENTAGON, WASHINGTON, DC 20310-0600.

**Evaluation conducted by: (Name, Grade, Title, Office Branch, Telephone Number)**

**Date of Evaluation**

**Evaluation Results: (Document the evaluation results on DA Form 11-2-R, in item 7)**



