

**Management Control Evaluation Checklist  
Army Substance Abuse Program (ASAP)**

<b>REGULATION NUMBER:</b>	<b>AR 600-85</b>
<b>DATE OF REGULATION:</b>	<b>1 Oct 01</b>

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

**Function.** The function covered by this checklist is the administration of the Army Substance Abuse Program (ASAP).

**Purpose.** The purpose of this checklist is to assist unit managers and Alcohol and Drug Control Officers (ADCOs) in evaluating the ASAP as outlined below.

**Instructions.** Answers must be based on the actual testing of key management control (e.g., document analysis, direct observation, sampling, simulation, other). Answers which indicate deficiencies must be explained and corrective action indicated in supporting documentation. These management controls must be 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).

**Suppression.** This checklist replaces the checklist for the Alcohol/Drug Program previously published in DA Circular 11-89-1.

**Comments.** Submit comments to: Director, ACSAP, 4501 Ford Avenue, Suite 320, Alexandria, VA 22302-1460.

**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)**

















