

Appendix E

Management Control Evaluation Checklist for the Materiel Maintenance Program

E-1. Function. The function of this checklist is to provide guidelines for assessing key management controls of personal property maintenance activities within the USACE.

E-2. Purpose. The purpose of this checklist is to assist USACE management with evaluating and helping their Districts/ Activities/ Projects to comply with and adhere to the key management controls listed below. The checklist is not intended to cover all controls, but merely serve as a guide that points toward proper equipment maintenance and management procedures.

E-3. Instructions. Answers must be based on the actual testing of key management controls (i.e., document analysis, direct observation, sampling, simulation, and [or] others). Answers that indicate deficiencies must be explained and the corrective action indicated in the supporting documentation. These management controls must be evaluated at least once every five years and then certified on DA Form 11-2-R (Management Control Evaluation Certification Statement [see AR 11-2]). Note: All negative answers to test questions indicate a weakness

Assessable Division/District/Activity/Laboratory: The Chief of the Logistics Office that provides support to the USACE Districts/Projects will designate the specific manager responsible for using this checklist. The responsible principal and mandatory schedule for using this checklist will be reviewed and approved by the Division/Activity/Laboratory/District Commander.

E-4. Management Control Evaluation Questions.

E-4-A. Maintenance Plan

EVENT CYCLE 1: Determine if all applicable Maintenance plans are on hand and current.

Risk: Consistency in accomplishment of assigned missions will be in jeopardy if a comprehensive maintenance plan is not developed and followed.

Control Objective: To ensure that an effective maintenance plan is written, kept current, and is always on hand and followed.

Control technique: Review and analyze maintenance plans for adequacy.

TEST QUESTION:

1. Does the activity have a maintenance plan on hand?

Response: YES_ NO _ N/A

Remarks:

2. Is the maintenance plan current?

Response: YES_ NO_ N/A

Remarks:

3. Are all personnel familiar with the contents of the maintenance plan?

Response: YES_ NO_ N/A Remarks:

4. Are there established procedures for reviewing and updating the maintenance plan?

Response: YES_ NO_ N/A

Remarks:

EVENT CYCLE 2: Determine if all applicable maintenance policies and procedures are in place for efficiency and proper use of resources.

RISK: Consistency in accomplishment of mission will be degraded if questionable activity policies and procedures are not develop and practiced.

CONTROL OBJECTIVE: To ensure that office and activity standing operating procedures are effective.

CONTROL TECHNIQUE: Review and analyze office and activity maintenance policy and Procedures for adequacy and provide

periodic inspections for the review of records by supervisory personnel.

TEST QUESTION:

1. Has the appropriate Division Chief appointed Maintenance Managers and Coordinators?

Response: YES _ NO _ NA

Remarks:

2. Is an appointed and qualified Maintenance Officer performing the equipment maintenance management

Response: YES_ NO_ NA

Remarks:

3. Does the Maintenance Officer report directly to the Chief of Logistics?

Response: YES _ NO _ NA

Remarks:

4. Are the Maintenance Officer's functions clearly stated in the local mission statement?

Response: YES _ NO _ NA

Remarks:

5. Does the Maintenance Manager maintain a consolidated list of equipment he/she is responsible

Response: YES_ NO_ _NA

Remarks:

6. Is the equipment listed accounted for on the current Property Book?

Response: YES _ NO _ NA

Remarks:

7. Has comprehensive equipment training and a licensing program been established, maintained and executed in accordance with AR 600-55 and EM 385-1-1?

Response: YES_ NO_ NA

Remarks:

EVENT CYCLE 3: Determine if the maintenance management Business Process guidelines are being followed IAW ER 750-1-1.

RISK: Scheduled maintenance and services may not be performed or documented properly.

CONTROL OBJECTIVE: To ensure all maintenance for personal property is scheduled (manual or automated) and performed to prevent degradation of equipment and mission accomplishment.

CONTROL TECHNIQUE: Review and analyze the maintenance operation business process to find out if equipment maintenance and services are

TEST QUESTION:

1. Are maintenance services scheduled in accordance with the manufacture recommendations?

Response: YES _ NO _ NA
Remarks:

2. Are services annotated and scheduled at least one month or one service in advance?

3. Are scheduled services preformed on time or within the prescribed variance?

Response: YES _ NO _ NA
Remarks:

4. Is there a scheduled Maintenance Form (manual or automated) kept on all applicable equipment?

Response: YES _ NO_ NA
Remarks:

5. Are deferred maintenance actions corrected during scheduled services?

Response: YES _ NO _ NA
Remarks:

6. Are Inter-service support agreements current and on hand for required activities?

Response: YES _ NO _ NA

Remarks:

7. Has equipment under warranty been identified and maintained in accordance with the warranty

Response: YES_ NO _ NA

Remarks:

8. Does the activity participate in the oil analysis program for selected equipment and equipment listed in Table 4-2 thur 4-7 of DA PAM 738-750 and EP

Response: YES_ NO _ NA

Remarks:

9. Does the activity participate in the Test Measurement and Diagnostic Program (TMDE) for special tools and test equipment?

Response: YES _ NO _ NA

Remarks:

10. Is re-refined oil being used in accordance with Executive Order 12873 dated 20 Oct 93 and the Resource Conservation and Recovery Act?

Response: YES _ NO _ NA

Remarks:

11. Are retread tires used to the maximum extent possible as required by Public Law 99-272 and applicable OSHA regulations?

Response: YES _ NO_ NA

Remarks:

12. Is the economic reparability of unserviceable personal property determined before actions are taken to restore the property to a serviceable condition?

Response: YES _ NO _ NA

Remarks:

13. Are "History Jackets" files maintained for equipment on-hand, assigned or attached?

Response: YES _ NO _ NA

Remarks:

14. Has Controlled Exchange Authority been approved in writing when criteria in ER 750-1-1 have been met?

Response: YES _ NO _ NA

Remarks:

15. Are controls adequate enough to ensure that maintenance can be completed on equipment prior to mission requirements? (I.e., major services during peak work season)

Response: YES_ NO_ NA

Remarks:

16. Is there a quality assurance program in effect for "completed or in-process maintenance?" (Including contracted and GSA services)? YES_NO_ NA_ Remarks:

E-4-B. Watercraft-Oriented Maintenance Policies.

EVENT CYCLE 4: Determine if watercraft equipment is systematically scheduled for services and cycle maintenance.

RISK: Consistency in comprehensive maintenance for floating equipment, boats/vessels may be performed and over looked by maintenance managers/supervisor

CONTROL OBJECTIVE: To ensure that authorized maintenance is performed, and official maintenance forms are used (manual or automated) for documentation in accordance with ER/EP 750-1-1.

CONTROL TECHNIQUE: Review and analyze maintenance policy and procedures for adequacy and provide periodic inspection for review of records by supervisory personnel.

TEST QUESTION:

1. Does the vessel master maintain required maintenance records for watercraft?

Response: YES_ NO_ NA

Remarks:

2. Does required watercraft undergo On-Condition Cycle maintenance in accordance with the intervals established in Table 4-1 in ER 750-1-1?

Response: YES_ NO_ NA

Remarks:

E-4-C. Equipment Management.

1. Are usage reports maintained on personal property that is listed in Table 1-4, in EP 750-1-1?

Response: YES _ NO _ NA

Remarks:

2. Is documentation on file for personal properties that are usually exempt from meeting minimum usage tracking standards?

Response: YES _ NO _ NA

Remarks:

3. Is DA Form 2401 (Control Record for Equipment), ENG Form 3662, or an automated form filled out and maintained by the activity IAW current guidance? (EP

Response: YES _ NO _ NA

Remarks:

4. Is the Equipment Record Folder complete and properly maintained when equipment is used?

Response: YES _ NO _ NA

Remarks:

5. Does equipment on extended utilization (dispatch) cycle have a valid requirement for the extension?

Response: YES NO _ NA

Remarks:

6. Does the utilization (dispatch) cycle terminate when the equipment becomes none operational?

Response: YES _ NO _ NA

Remarks:

7. Is equipment continually operated when services are overdue?

E-4-D. Maintenance

EVENT CYCLE 5: Determine if the Maintenance Officer has established a maintenance program to include operators who follow the maintenance business process.

RISK: Consistency in a maintenance program business process is not developed nor followed.

CONTROL OBJECTIVE: To ensure that deficiencies and work requests for maintenance is documented, and processed through the maintenance

CONTROL TECHNIQUE: Inspect, review, analyzes and interview equipment operators and maintenance personnel to determine if proper equipment maintenance is being

TEST QUESTION:

1. Is Equipment Maintenance Checks and Services performed prior to use?

Response: YES _ NO _ NA

Remarks

2. Does the operator report equipment shortcomings and deficiencies to the Maintenance Coordinator that cannot be corrected immediately?

Response: YES _ NO _ NA

Remarks

3. Are operators/users knowledgeable on maintenance and operating characteristics of their assigned

Response: YES _ NO _ NA

Remarks

4. Are controls in place to ensure that work order request numbers are recorded/tracked when received?

Response: YES_ NO_ NA
Remarks:

5. Have work orders been prepared in accordance with the maintenance plan?

Response: YES _ NO_ NA
Remarks:

6 Are controls adequate to ensure that sufficient repair parts are on hand, or on order for each official work request?

Response: YES_ NO _ NA
Remarks:

7. Are controls adequate to ensure that appropriate tools and test equipment are on hand?

Response: YES_ NO_ NA
Remarks:

8. Are procedures in place to ensure that the standard man-hour rates for the task to be performed are used for determining labor costs?

Response: YES_ NO_ NA
Remarks:

9. Are both direct and indirect labor costs included in the total for labor?

Response: YES_ NO__NA
Remarks:

10. Are procedures in place to ensure that all parts, labor and materials are capture and charged to the appropriate work order?

Response: YES_ NO__NA
Remarks:

11. Are quality control procedures in place to ensure that all repairs are properly completed and deferred work promptly annotated?

Response: YES_ NO _ NA

Remarks:

12. Are procedures in place to ensure that repair parts consumption data are reported to the appropriate Maintenance Coordinator?

Response: YES_ NO_ NA

Remarks:

13. Are required publications on-hand or on order within the activity?

Response: YES _ NO _ NA

Remarks:

14. Are repair parts located in a single area readily accessible to maintenance personnel and properly secured? (AR 190-13)

Response: YES _ NO _ NA

Remarks:

15. Is repair part history reviewed periodically for identification of equipment maintenance trends and the adjustment of stocked quantities? (DA PAM 710-2-1, AR 7102)

Response: YES _ NO _ NA

Remarks:

16. Is an Equipment Repair Cost Record (Manual or Automated) maintained on each specific item of equipment for its life or until the equipment is disposed of, or transferred? (EP 750-1-1)

Response: YES _ NO _ NA

Remarks:

17. Are historical records maintained for each item of equipment?

Response: YES _ NO _ NA

Remarks:

18. Does the Maintenance Officer conduct annual written reviews IAW EP 750-1-1, and follow up to ensure proper corrective action is taken? (EP 750-1-1)

E-4-E. Safety

EVENT CYCLE 6: Determine if safety requirements for personnel property are enforced.

RISK: Consistency in comprehensive maintenance plan is not developed and unchecked safety violations will cause injury to personnel or damage property.

CONTROL OBJECTIVE: To ensure that management identifies safety violations, direct corrective action and record results.

CONTROL TECHNIQUE: Review and analyze safety and health programs, documents, signs, and communicate the result to employees.

TEST QUESTION:

1. Are all low and high-pressure air compressors inspected and tested both mechanically and hydrostatically IAW TB 430151 and EM 385-1-1 as required?

Response: YES _ NO _ NA
Remarks:

2. Are air compressors marked and the results of all inspections recorded IAW EP 750-1-1 and TB

Response: YES _ NO _ NA
Remarks:

3. Is battery handling, storage and charging accomplished IAW EM 385-1-1?

Response: YES_ NO _ NA
Remarks:

4. Have the requirements for safety inspections and testing of lifting devices been performed, to include, marking lifting devices, documenting the results, and scheduling the next periodic inspection? (TB 43-0142, ER 385-1-1)

Response: YES _ NO _ NA
Remarks:

5. Is hazardous material/waste stored and disposed of IAW applicable regulations? (AR 200-1, AR 420-27)

Response: YES _ NO _ NA
Remarks:

6. Are compressed gas cylinders marked and stored IAW applicable regulations and guidelines? (AR 700-68 and EM 385-1-1)

Response: YES _ NO _ NA
Remarks:

7. Are equipment operators retested or retrained periodically for proficiency on special equipment IAW AR 600-55, EM 385-1-1, TB 600-1/TB 600

Response: YES _ NO _ NA
Remarks:

8. Is personnel protection equipment being issued and utilized? I.e., safety shoes, hard hats, safety glasses, respirators, etc, (ER 750-1-1, EM 385-1-1)

Response: YES_ NO_ NA
Remarks:

I attest that the above listed internal controls provide reasonable assurance that USACE maintenance program and equipment are adequately safeguarded. I am satisfied that if the above controls are fully operational, the internal controls for maintenance of personal property throughout USACE are adequate.

Assistant Chief of Staff for Logistics, HQUSACE

I have reviewed the maintenance controls of personal property within my organization and have supplemented the prescribed internal control checklist as listed below. The controls prescribed in this checklist, as amended, are in place and operational for my organization (except for the

weaknesses described in the attached plan, which includes schedules for correcting the weaknesses).

Operating Manager (Signature)