

DFA EXTERNAL AGENCY POLICY AND FORMS FOR ACCESS CONTROL

Section 1 ACCESS CONTROL SYSTEM (ACS) DESCRIPTION

Monitoring building access and the general security of buildings and facilities for the State of Mississippi are the responsibility of the Department of Finance and Administration (DFA), Office of Capitol Facilities - Capitol Police (CP). An electronic network has been established to provide access to and monitor various activities within the Capitol Complex, involving card readers, intrusion detection devices and video cameras, where applicable. The ACS system utilizes an access card and proximity readers which are installed at selected interior and exterior doors and spaces.

DFA's Office of Information Technology (OIT) is responsible for automated system and access card administration. DFA's Office of Capitol Facilities – Capitol Police is responsible for monitoring access in and around, to and from buildings in the Capitol Complex via output from video cameras and electronic card readers.

Section 2 DEFINITIONS

Access Card Type

- Contractor/Contract Worker
- Employee
- Intern
- Law Enforcement
- Legislator
- No Access – ID only

Access Control Contact

The person designated by the Executive Director of an agency to be responsible for requesting access for that agency's employees and for all communications between their agency and the ACS Administrator.

Access Control Group

A logical grouping of access card readers defined within the Access Control System (ACS), for example, 12th Floor Suite Doors includes the access card readers for all four doors leading from the elevator lobby.

Access Control System (ACS)

The system installed in certain buildings within the Capitol Complex for security monitoring and administration. The trade name for the system is Frontier Universe™.

ACS Administrator

The Director of the Office of Information Technology (OIT) or his designee serves as the ACS Administrator. All requests must be submitted on the form appropriate for the specific request and approved by the ACS Administrator, before any action will be taken to process the request.

Emergency Termination

This action causes an immediate revocation of a cardholder's access. This may be due to termination for disciplinary actions or similar reasons. This will result in complete denial of access to the facility for that cardholder.

Public Access

Public Access control points (entrances) that do not require cards for access during defined hours. For times other than posted Public Access hours, a card authorized for that group/door is required for access via that access control point.

Termination

This is the process of removing an individual's access from the system. Termination can be done on either an emergency or non-emergency basis.

Section 8 FORMS AND INSTRUCTIONS

Section 8.1 DFA ACCESS CONTROL SYSTEM CONTACT FORM

To facilitate the handling of security related matters and the maintenance of Access Card User profiles; each agency director must designate primary and secondary ACS contacts for their agency. A DFA Access Control System Contact Form (**DFA/ACS01**) is included for the agency director to complete and return to the ACS Administrator. The primary and secondary contact persons designated for an agency shall be responsible for all security requests for the agency. These contacts will be responsible for signing the agency approval section on the front of the Access Card User Profile form and being the point of contact should DFA have related questions.

There must be a DFA Access Control System Contact Form on file before any Access Control Groups are defined for an agency. The agency director must approve this form. Contacts identified on this form then have the same rights and responsibilities for all access control issues for that agency, as does the agency director. These forms can be found at <http://www.dfa.state.ms.us/dfaforms.html> under Access Control System Forms.

Complete Form DFA/ACS01 as follows:

Agency Section - all fields are required.

Agency Name	Agency name
Address	Agency address
City/State/Zip	City, state, and zip code of agency address
HANDMAIL	Circle Y if HANDMAIL address or N if not
Phone	Agency main telephone number
Agency Director Name	Name of agency Executive Director
Agency Director E-mail	Agency director Internet e-mail address
Signature	Signature of Agency Executive Director
Date	Date Signed
Access Card Number	Access card number of the Executive Director

Contact Section – all fields are required.

Primary Contact	Circle ADD or CHANGE
Name	Printed name of primary contact
Title	Title of primary contact
E-mail	Internet e-mail address of primary contact
Phone	Phone number of primary contact
Access Card Number	Access card number of primary contact
Signature	Signature of primary contact
Date	Date signed
Secondary Contact	Circle ADD or CHANGE
Name	Printed name of secondary contact
Title	Title of secondary contact
E-mail	Internet e-mail address of secondary contact
Phone	Phone number of secondary contact
Access Card Number	Access card number of secondary contact
Signature	Signature of secondary contact
Date	Date signed

**DEPARTMENT OF FINANCE AND ADMINISTRATION
ACCESS CONTROL SYSTEM CONTACT FORM (DFA/ACS01)**

Agency Name:		Agency Director Name:	
Address:		Agency Director E-Mail:	
City/State/Zip:		Signature:	
HANDMAIL: Y/N	Phone:	Date:	Access card number:

Primary Contact - Add/Change		Secondary Contact - Add/Change	
Name:		Name:	
Title:		Title:	
E-Mail:		E-Mail:	
Phone:	Access card number:	Phone:	Access card number:
Signature:		Signature:	
Date:		Date:	

By your signature you agree that you, as primary or secondary contact, are responsible for the following:

- All security requests signed by you for your agency
- Being the point of contact for your agency for access control issues
- Timely notification to the ACS Administrator of all employee separations from employment
- Immediate notification to DFA Capitol Police of all lost or stolen access cards
- Returning access cards for separated employees

DFA Use Only
Date Received:
By:

Mail to:
DFA Office of Information Technology
ACS ADMINISTRATOR
501 North West Street
Suite 1201B Woolfolk Building
Jackson, MS 39201 HANDMAIL

Fax to:
ACS ADMINISTRATOR
(601) 359-3690

Section 8.2 DFA ACCESS CARD USER PROFILE FORM

The **Access Card User Profile Form (DFA/ACS02)** is used to maintain and control an individual's access. This form contains all the information regarding the user's access to various buildings and facilities, specific floors within specific buildings and facilities, specific doors and stairwells within specific buildings and facilities, and the time of day access is allowed. Access beyond the basic profile can be requested as a special consideration for a specific access card.

The access card number is the control key for access. Misuse of the access card by an assigned user can result in criminal prosecution, dismissal, or other disciplinary action.

All requests regarding access card administration must be submitted on a properly completed form and approved by the ACS Administrator before any action will be taken to process the request. All requests are subject to at least two levels of review. If the requested level of access is not approved, the requesting party will be notified and the denial can be appealed to the Executive Director of DFA. DFA will periodically review all active profiles to validate the access given.

This form is two sided with specific information about the action requested, the name and access card number of the user, access to be granted/removed, and agency approval signature. The back page of the request is for the ACS Administrator's approval and the approval of the appropriately designated first and second level reviewer. The Comments/Correspondence section is for DFA use only.

The following procedures for completing this form identify the various sections of the form starting in the upper left hand corner and moving from left to right then down the page. A keyword or phrase has been identified for reference to the form. Each blank on the form will also be identified as REQUIRED or OPTIONAL, depending on the need for the information.

<p>Maintenance Action</p>	<p>Required</p>	<p>Check the appropriate action(s) to be performed.</p> <ul style="list-style-type: none"> • The Update Profile and Terminate Access Card and Emergency Termination of Access Maintenance Actions require that an access card number be entered in the appropriate block. • Replacement Access Card requires a reason for replacement and will be subject to a 48-hour waiting period. • Terminate Access Card requires that the access card be attached to the form and the effective date of the deletion noted. • Emergency Termination of Access requires the effective date of the deletion. This form will remain in an incomplete status until the access card is surrendered and/or the circumstances documented (required in case of non surrender of access card). Emergency Termination of Access is to be used only in the case of emergency terminations due to disciplinary actions or similar reasons.
<p>Name</p>	<p>Required</p>	<p>The name of the access card holder for whom the profile will be created.</p>

Agency	Required	The name of the agency in which the user is employed or is authorized to access. This will be printed on the access card.
Email Address	Optional	Email address of the access card holder
Telephone	Optional	Telephone number of the access card holder
Division	Optional	If the tenant agency is further sub-divided beyond the office level, this is the name of the division where the user is employed in the tenant agency.
Building(s)	Required	The name of the buildings that the employee or vendor/contractor is authorized to access under the control of the system.
Access card Type	Optional	Must be a type defined under Section 2 DEFINITIONS – Access Card Type
Access card Number	Optional	<ul style="list-style-type: none"> The access card number will be filled in by DFA staff for Add New Access Card Maintenance actions.
Add, Delete	Required	Required if a Maintenance Action of Add New Access card or Update Profile is requested. Code an A or D in this box for each access control group listed to define what is to be done <i>with</i> that group as it relates to the existing profile.
Access Control Groups	Required	<p>Access control groups are the basis for defining access.</p> <ul style="list-style-type: none"> These groups are defined using form DFA/ACS03. Agency contacts may only list groups approved for their agency's use. Individual exceptions should be listed and rationale documented as a Special Consideration and attached to the form.
Reason for Replacement	Required	Reason for Replacement Access Card must be specified here, for example: Lost, damaged, etc. Card holder must sign if lost, damaged or stolen.
Cardholder Signature	Required	Signature of the access cardholder.
Date	Required	Date request submitted.
Authorized Contact Name	Required	Actions not approved by one of these contacts will be returned to the agency's primary contact. Please print the contact name in this block.
Authorized Contact Signature	Required	Signature of the contact submitting the request.
Date	Required	Date request submitted.

**Department of Finance and Administration
Access Card User Profile Form (DFA/ACS02)**

Maintenance Action (Check Appropriate Action(s)) NEW ACCESS CARD UPDATE PROFILE REPLACE ACCESS CARD TERMINATE ACCESS CARD ____/____/____ EMERGENCY TERMINATION OF ACCESS ____/____/____	Name:	Agency:
	Email Address:	Telephone:
	Division:	Building(s):
	Access Card Type:	Access Card Number:

List the access control groups for this user.

ADD or DELETE	ACCESS CONTROL GROUP	ADD or DELETE	ACCESS CONTROL GROUP

Reason for Replacement:

Agency Approvals

CARD HOLDER SIGNATURE:	DATE:
AUTHORIZED CONTACT NAME (Please Print):	
AUTHORIZED CONTACT SIGNATURE:	DATE:
PROCESSED BY (DFA USE ONLY):	DATE:

***** Call 359-3695 to schedule an appointment*****

Section 8.3 STATEMENT OF APPROPRIATE AND ACCEPTABLE USE

With the issuance of each new and replacement access card, the access card holder must complete form DFA/ACS04 to acknowledge their understanding of their responsibility regarding use of the system and the impact of failure to use the privileges granted by the access card appropriately.

All fields are required before the cardholder can be issued the access card.

Name (print)	Cardholder's name
Agency Name (print)	Agency name
Access Card Number	Access card number from back of issued card
Cardholder's Signature	Signature represents that cardholder understands the use and operation of the access card and his responsibilities regarding it.
Date	Date signed; this should be the access card issuance date.

**Department of Finance and Administration
Statement of Appropriate, Acceptable Use of the Access Card (DFA/ACS04)**

Name (Print):	Agency Name (Print):	Access Card Number:
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General Instructions

The Department of Finance and Administration (DFA) is the issuing and monitoring agency for the access card (badge). This card has an electronic chip that can be read by card readers at various points of entry throughout the Capitol Complex. To use the card for access to restricted State facilities:

- Hold the card directly in front of the reader.
- If your card is authorized for access at that point of entry, the red light on the reader will change to green.
- Once the light changes to green, pull the door open.

Notes:

- Do not hold open a door unlocked by a card reader. This causes an alarm in the Capitol Police Command Center.
- Do not bend the access card, this will damage the electronic chip.

Appropriate Use Policy

Please read the following statement carefully. Use of this card implies consent to abide by these statements. A signed copy of this form will be on file with the Department of Finance and Administration.

- I understand I am the only person authorized to enter a designated State facility with this card.
- I understand this card is for my use only and may not be used by any other individual.
- I understand this access card is state property and should be used for access to designated state facilities.
- I understand this access card is to be used only for official state purposes.
- I understand if this card is used improperly, lost, or damaged, I may be subject to replacement charges and/or deactivation of the card.
- I understand if this card is used improperly, I may be subject to disciplinary action or criminal prosecution.
- I agree if I leave my present position, I will surrender this access card to my immediate supervisor.
- **I agree if this card is lost or stolen, I will immediately contact the DFA Capitol Police at (601) 359-3125.**

Cardholder's Signature

Date