




PORT OF GUAM
ATURIDATI PUETTON GUAHAN
Jose D. Leon Guerrero Commercial Port
1026 Cabras Highway, Suite 201, Piti, Guam 96925
Telephone: 671-477-5931/35 Facsimile: 671-477-2689/4445
Website: www.portguam.com



Eddie Baza Calvo
Governor of Guam
Ray Tenorio
Lieutenant Governor

POLICY MEMORANDUM NO: 2016-GM01

TO: All TOS Users Shipping Agents/Truckers OTHERS	SUBJECT: Policy Community Access Portal (Navis N4-TOS)
EFFECTIVE DATE: November 01, 2016	REVISION DATE:
APPROVED BY:  JOANNE M. BROWN, General Manager	

INTRODUCTION:

The Port Authority of Guam maintains data which are essential to perform vessel operation, administrative activities and business. These data are to be managed, protected, secured and control by Information Technology division at the Port.

PURPOSE:

This COMMUNITY ACCESS PORTAL (CAP) policy, secures and protects data stored on and accessible and utilized by the end-users in support of the mission of the Port. The purpose of this policy is to ensure:

- Port's data integrity and accuracy is consistently maintained;
- Authorized individuals are assured of timely and reliable access to necessary data, and
- Unauthorized individuals are denied access to computer resources or other means to retrieve, modify or transfer data.

This policy also addresses the issue of the rights and responsibilities of authorized persons in the handling, security, and protection of Port data. The objective of this policy is to ensure secure data while minimizing impediments to its access.

PROHIBITED USE:

- Attempt to hack, defeat or circumvent any security measures implemented for the CAP.
- Use the systems for intended unauthorized access. This will cover any/all abuses as determined by management & IT.
- To intentionally alter, misappropriate, dismantle, disfigure, disable, or destroy any computing information and/or services owned by the Port.
- Use the data to invade the privacy rights or gain advantage of anyone or any company.

RESPONSIBILITIES:

- All users must not share user names and passwords, nor should such information be written down or recorded on unencrypted electronic files or documents.
- All users must secure their username or account, password and system access from unauthorized use.
- All data users at the Port must be cognizant of the level of access they have been provided, and their responsibility to maintain the inherent privacy and integrity of data. Effective data security is not possible without the cooperation of users who understand the reasons for data security and comply with established security measures and respect others territory.
- Seek to endeavor to minimize unnecessary network traffic that may interfere with the ability of other users to make effective use of the CAP resources.

VIOLATIONS:

- Violations will be reviewed on a case-by-case basis.
- If it is determined that a user has violated one or more of the above guidelines, appropriate disciplinary action will be taken by the division head/supervisory levels and ends ultimately at the General Manager.
- Depending on the severity of the abuse, the General Manager may forfeit the user's CAP access.

ACCESS GUIDELINES & REQUIREMENTS:

- Submit the request form with detailed information & must be signed & dated.
- Attached a copy of the driver's license on the request form.
- Requesting Trucking companies must have the agent signature to be able to access the agent CAP records.
- It's the requesting company's responsibility to inform PAG-IT if the access is over.

ACKNOWLEDGEMENT RECEIPT

I, _____, hereby acknowledge that I have read the Authority's Policy on Community Access Portal (Navis N4 – TOS).

If I have any questions, I understand I should talk with my supervisor or representatives of the Information Technology Division.

I further understand that this document will be part of my personnel jacket.

Employee's Name	Signature
Division/Section	Date

Witnessed by:

Supervisor's Name/Signature	Date
-----------------------------	------

cc: Personnel Jacket

PORT AUTHORITY OF GUAM
Information Technology
CAP Access Request Form

Date: _____

Please select services from the following:

CAP Access for Agent: ()

AGENT NAME: _____

CAP Access for Truckers: ()

TRUCKING COMPANY NAME: _____

CAP Truckers-Agent Approval Signatures:

AMBYTH: _____

CTSI: _____

INCHCAPE: _____

ISLA MARITIME: _____

LOTUS: _____

MSA: _____

MATSON: _____

NORTON LILLY: _____

OCEAN CARE: _____

SEABRIDGE: _____

Requester information:

Name: _____

Position: _____

Address: _____

City, State, Zip: _____

Home/Cell telephone #: _____

Email Address: _____

Desired Username: _____

Desired Password: _____

Description of Request: _____

Received By: _____

Date/Time: _____

Date Completed: _____

***Copy of driver's license ID must be attached to this request**