

Contractor Instructions – CQR Access

Contractors should identify the personnel who will be entering data into the CQR system for contracts let in or after July 2002 with the Contractor Quality Control Specifications as early as possible and follow this process.

1. Prior to obtaining a Department contract, visit the following website and review the section "Gaining CQR access". The address is:
<http://www11.myflorida.com/statematerialsoffice/Administration/programs/gc2000.htm>
2. From that link click on the *FDOT Information Security Administration* link.
3. This will take you to the Department's Computer security website. From this page, click on the words in the first paragraph, "*access to the Department's computer resources*".
4. This will take you to the FDOT Information Security Administration Access Account Information site. From this site, click on the link titled "*Consultant Access Account Request*".
5. Complete steps 1 through 3.
6. In step 4, only two forms are needed for Contractor access. Since Contractors will not be accessing the FDOT mainframe through a LAN, the two forms required for LAN access do not have to be completed. The forms that will have to be completed are the Data Center System Access form and the Authorization to Use DOT Data Center Facilities for Consultants. Instructions for the information needed for the forms are attached below.
7. If you have a current FDOT contract, complete steps 5 through 7. Submit the form to the Department's Project Engineer. If you are Sub contractor or a supplier/producer, complete the form and forward to the Prime contractor for submission to the Project Engineer. The Prime Contractor is responsible for submitting forms for all the sub contractors and suppliers/ producers.
8. Once your company has a contract that includes Contractor Quality Control specifications, fill out the "Data Center System Access Request" form and submit it to the Project Engineer for that contract. The project engineer will have OIS update the user(s) expiration date(s) in the CQR system so they can continue to have access to the CQR for the duration of that specific contract.
9. If you do not have a current FDOT contract, you will have to wait until you have an awarded contract to complete steps 5 through 7. Once you have an executed contract, fill out the "Data Center System Access Request" form and submit it to the Project Engineer for the contract.

If you need assistance with this process, the Department has established CQR contacts in each of the District. The District CQR TAC members and their contact information is as follows:

District	Contact	Number
1	Jeff Cook	(863) 519-2647
2	Melinda Rainwater	(386) 758-3702
3	Tonya Myers	(850) 638-0250
4	Ahmad Rasaiepour	(954) 475-4102 EXT. 125
5	Ronda Daniell	(352) 732-1322
6	Brenda Horne	(305) 499-2384
7	Karla Furney	(813) 975-6282
8	Brad Biery	(954) 975-4855

"DATA CENTER SYSTEM ACCESS REQUEST"

Fill out the following fields on the "DATA CENTER SYSTEM ACCESS REQUEST" form (Form No. 325-060-40) only. Please fill out one per user. These instructions are for new users who do not currently have a userid.

In the top of the form:

1. Print User's Name
2. Phone Number (User's Phone Number)

In the Signature block:

1. Have the user sign the signature line and date the form on the date line.

In the USER ID portion of the form:

1. Fill in the bubble for REQUEST FOR NEW USER ID: "YES"
2. Provide User's supervisor name in the "Supervisor Name" field.
3. Provide your company name in the "Agency or Vendor, if non-DOT" field. Also include your company vendor number.
4. X the block for TSO only on the "USERID TO BE USED FOR" block

In the DB2 portion of the form:

1. Add **CQR** and **PCR** to the SYSTEM – LIST TABLE(S), VIEW(S) or PLAN(S) field.

"AUTHORIZATION TO USE DOT DATA CENTER FACILITIES FOR CONSULTANTS"

Fill out the following fields on the "AUTHORIZATION TO USE DOT DATA CENTER FACILITIES FOR CONSULTANTS" form (Form No. 325-060-41).

1. Print Company Name
2. Vendor Number
3. Project Number(s)
4. Authorized Services (Including Programs): Add CQR and PCR to this field
5. Date of Services:
 - A. Beginning: Project Time Began Date (or current date if you have a current DOT contract and want access for future contracts.)
 - B. Ending: Use the projected Project Completion Date plus a month or two. If you need assistance determining this date, contact the project engineer or your District CQR TAC member.
6. Locations where Services will be obtained: In this field, indicate where the data entry will be done. Examples could be the project field office, laboratory or plant.
7. Authorized company personnel: List the name(s) of the personnel identified on "DATA CENTER SYSTEM ACCESS REQUEST" form(s) 325-060-40.
8. Turn this form and all of the "DATA CENTER SYSTEM ACCESS REQUEST" form(s) to the project engineer. The project engineer will complete this form and forward both forms to the District Data Center for processing and approval.

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION
DATA CENTER SYSTEM ACCESS REQUEST

PRINT USER'S NAME John Doe
 PHONE (123) 456-7890

PREVIOUS OR
 CURRENT USER ID _____

I have read and understand the provisions of Chapter 815, F.S. ("Computer Related Crimes Act"), FDOT Policy Statements 000-325-001 ("Computer Security") and 000-325-006 ("Electronic Mail"), the Information Resource Security Standards & Guidelines (Administrative Code 44-4), and Chapter 119, F.S. ("Public Records Law"). I understand that E-Mail communications conducted on the Department's computer system are or may be subject to Chapter 119, F.S. I certify that I have completed the NEWUSR Course. I understand that if I do not use my userid during any one (1) year period, it will be deleted. I understand that my userid and password are my responsibility and **MUST NOT** be shared. I understand that my password is for security purposes and does not give rise to any expectation of privacy.

John Doe 07/01/02
 Signature Date

U S E R I D	REQUEST FOR NEW USER ID: <input checked="" type="radio"/> YES <input type="radio"/> NO
	SUPERVISOR NAME: <u>Jane Smith</u>
	COST CENTER NAME: _____
	AGENCY OR VENDOR, if non-DOT: <u>XYZ Company, Inc. (VF123456789001)</u>
	CHARGE TO COST CENTER: _____
	USERID TO BE USED FOR: <input checked="" type="checkbox"/> TSO <input type="checkbox"/> CICS <input type="checkbox"/> DB2 - <i>DB2 section below must be completed for update</i> <input type="checkbox"/> IMS - <i>IMS section below must be completed for update</i>

D B 2	SYSTEM - LIST TABLE(S), VIEW(S) OR PLAN(S) <u>CQR PCR</u>	Circle access authorization(s) Select, Insert, Update, Delete or Execute
	SYSTEM OWNER APPROVAL _____	USERID _____ DATE _____

I M S	Please check TO BE COMPLETED FOR UPDATE PRIVILEGES ONLY
	<input type="radio"/> ADD PASSWORD AND/OR TERMINAL NAME MUST BE SPECIFIED ON PAGE 2 OF THIS FORM.
	<input type="radio"/> DELETE
	IMS TRANSACTIONS _____, _____, _____, _____, _____
	SYSTEM OWNER APPROVAL _____ USERID _____ DATE _____

R A C F	Please grant (circle one) READ, UPDATE, CONTROL, ALTER to the following resource(s) _____ _____
	Please grant the RACF authority needed to do the following _____ _____
	SYSTEM OWNER APPROVAL _____ USERID _____ DATE _____

A P P R O V A L	Unit/CC Mgr. Printed Name _____
	Security Coordinator _____ Date _____
	Unit/Cost Center Manager _____ Date _____

FOR OFFICE USE ONLY	
NEWUSR Course verified (optional) _____	CICS/OV _____
User ID _____	
Account Number _____	
Default Group _____	
Added to system by _____	Date _____

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION
**AUTHORIZATION TO USE DOT DATA CENTER FACILITIES
FOR CONSULTANTS**

FORM 325-060-41
INFORMATION SYSTEMS
OGC - 06/96

CONTRACTOR

COMPANY: XYZ Company, Inc.

VENDOR NUMBER: VF123456789001

PROJECT NUMBER(S): 123456-1-52-01

AUTHORIZED SERVICES (Including Programs): CQR, PCR

DATES OF SERVICE: BEGINNING: 07/01/02 ENDING: Proj. Comp. Date + 1 or 2 Months

LOCATIONS WHERE SERVICES WILL BE OBTAINED: - Examples - Project Field Office,

Asphalt Plant, Laboratory

AUTHORIZED COMPANY PERSONNEL: John Doe
(A copy of Form 325-060-40 must be completed for each person listed)

I hereby certify that the above listed Authorized Personnel will use the DOT Data Center only for the above described services and Project Number(s). Also, they have read and understood the provisions of Chapter 815 F.S., The "Computer-Related Crimes" Act, the DOT Computer Security Policy, and the Information Resources Security Standards and Guidelines.

NAME: Jane Smith DATE: 07/01/02

SIGNATURE: Jane Smith TITLE: QC Manager

The above Company has a contract with the Department to use the services of the DOT Data Center.

DOT PROJ. MGR./PROFESSIONAL SERVICE OFFICE NAME: EDGEWATER CONST, DATE: _____

TITLE: Proj. Eng. ADDRESS: 123 MAIN ST.

EDGEWATER, FL.

SIGNATURE: Dale Evans PHONE: (123) 098-7654

REMARKS: _____

FDOT