

Texas A&M Veterinary Medical Diagnostic Laboratory Procedures



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PROCEDURE SUMMARY

This procedure establishes information resources security, privacy, and management guidelines for all Texas A&M Veterinary Medical Diagnostic Laboratory (TVMDL) positions.

Under the Information Resources Management Act, TAC 202, The Texas A&M University System (A&M System) Regulations and Texas A&M University (University) Rules/Procedures, information resources are strategic assets of the State of Texas that must be managed as valuable state resources. These procedures are established to achieve the following:

- ensure compliance with applicable statutes, regulations, and mandates regarding the management of information resources;
- establish prudent and acceptable practices regarding the use of information resources; and
- educate individuals who may use information resources with respect to their responsibilities associated with such use; and
- manage effort and priorities based on risk.

Click [here](#) to view **Definitions**.

PROCEDURES AND RESPONSIBILITIES

1.0 GENERAL

1.1 Terms of use:

Electronic files created, sent, received, or stored on information resources owned, leased, administered, or otherwise under the custody and control of the agency are the property of the agency.

1.2 Violation of these procedures may lead to loss of access privileges to agency information resources and or disciplinary actions.

2.0 RESPONSIBILITIES

2.1 The Chief Information Officer (CIO) of Texas A&M AgriLife (AgriLife) Information Technology (AIT) is responsible for the interpretation and administration of these procedures. The AIT CIO (or a designee, usually the AgriLife Chief Information Security Officer [CISO]) must:

- A. Develop and maintain written procedures necessary to ensure implementation of and compliance with these procedures.

- B. Provide appropriate support and guidance to assist employees to fulfill their responsibilities under these procedures.
- C. Develop, maintain, and perform an annual test of a disaster recovery plan for mission critical information technology (IT) resources so the effects of a disaster will be minimized.
- D. Ensure processes are in place to verify the responsibilities of the custodian and data owner are being performed.

2.2 Owners (or designee) within the organization must:

- A. Identify IT services/resources critical to the operation of the business and convey that information to the custodians.
- B. Approve access and formally assign custody of an information resource asset.
- C. Approve, justify, document and be accountable for exceptions to security controls. The owner shall coordinate exceptions of security controls with the AgriLife CISO.
- D. Determine an asset's value.
- E. Protect information resource assets commensurate with the value of the asset.
- F. Classify data being stored by the application or IT resource.
- G. Specify data control requirements and convey them to the users and custodians.
- H. Specify appropriate controls, based on risk assessment, to protect the state's information resources from unauthorized modification, deletion, or disclosure. Controls must extend to information resources outsourced by the state agency.
- I. Confirm that controls are in place to ensure the confidentiality, availability, and integrity of data.
- J. Ensure compliance with applicable controls.
- K. Allow only authorized users to access confidential data.
- L. Review access lists based on documented security risk management decisions.
- M. Ensure all information resource procedures of this document are implemented.

2.3 Custodians must:

- A. Ensure that all appropriate personnel are aware of and comply with these procedures.
- B. Create appropriate performance standards, control practices, and procedures designed to provide reasonable assurance that all employees observe these procedures.
- C. Implement the controls specified by the owner(s).
- D. Schedule risk and vulnerability assessments as warranted by the importance of the data processed.
- E. Provide technical, physical, and procedural safeguards for the information resources.
- F. Assist owners in evaluating the cost-effectiveness of controls and monitoring.
- G. Conduct reviews of physical security implementations and develop/update emergency procedures for physical security of IT resources at annual intervals.

- H. Ensure information resources are protected from environmental hazards. Designated employees must be trained to monitor environmental control procedures and equipment. Designated employees must also be trained in desired response in case of emergencies or equipment problems.
- I. Implement a written disaster recovery plan for information resources.
- J. Implement system identification and logon banners in accordance with state requirements.
- K. Implement the monitoring techniques and procedures for detecting, reporting, and investigating incidents. Incidents must be reported via the web form at <https://firstcallhelp.tamu.edu/knowledge-base/security-incident-reporting/>.
- L. Perform all operational procedures and documentation requirements for server computing platforms as described in the *AgriLife Server Management Program*.
- M. Follow network usages procedures detailed in the applicable AgriLife agency procedure, *AgriLife Research Network Procedures*.
- N. Follow account management procedures detailed in the applicable AgriLife Agency procedure, *Information Technology Account Management Procedures*.
- O. Perform annual risk assessments on all server systems.
- P. Ensure all departmental workstations are included in annual risk assessments.

2.4 Users (including staff, guests, consultants, or visitors) must:

- A. Follow requirements for physical security in section 3.1 of this document.
- B. Follow requirements for computer software use and installation, copyrights and license agreements documented in section 13 of this document.
- C. Follow requirements for internet and email use in section 5.1 and 5.2 of this document.
- D. Follow network use restrictions detailed in the applicable AgriLife Agency procedure, *AgriLife Agency Network Procedures*.
- E. Follow acceptable use regulations in section 5.3 of this document.
- F. Follow unacceptable use rules in section 5.4 of this document.
- G. Follow computer virus protection requirements in section 6.2 of this document.
- H. Follow portable computing guidelines in section 9.5 if applicable.

2.5. Designated ISO

Each institution of higher education head or his or her designated representative(s) shall designate an information security officer (ISO) to administer the agency information security program. The ISO reports to executive management. The AgriLife Chief Information Security Officer (CISO) fulfills the role of the AgriLife designated ISO.

ISO responsibilities include:

- A. Develop and recommend policies and establish procedures and practices, in cooperation with information owners and custodians, necessary to ensure the security of information resource assets against unauthorized or accidental modification, destruction, or disclosure.

- B. Document and maintain an up-to-date information security program. The information security program shall be approved by the institution of higher education head or designated representative(s).
- C. Monitor the effectiveness of defined controls for mission critical information.
- D. Report, at least annually, to the institution of higher education head or designated representative(s) the status and effectiveness of information resources security controls.
- E. Issue exceptions to information security requirements or controls in this chapter (with the approval of the institution of higher education head or designated representative). Any such exceptions shall be justified, documented, and communicated as part of the risk assessment process.
- F. Review of the institution of higher education's information security program for compliance with these standards. The review will be performed at least biennially, based on business risk management decisions, by individual(s) independent of the information security program and designated by the institution of higher education head or his or her designated representative(s).
- G. Incident Management

Security incidents shall be promptly reported to immediate supervisors and the AgriLife CISO. As warranted, the AgriLife CISO will report the condition to the A&M System CISO.

3.0 PHYSICAL SECURITY

It is agency policy to protect computer hardware, software, data, and documentation from misuse, theft, alteration, unauthorized access, and environmental hazards.

3.1 User Responsibilities:

- A. Protect information resources in proportion to the value (Risk).
- B. Physical access to all agency information resources (including workstations) classified as mission critical and/or that store confidential data must be documented and managed.
- C. Access to agency information resource facilities must only be granted to currently employed personnel, vendors, and other authorized personnel whose job responsibilities require access to the facility.
- D. Security access codes, access cards, and/or keys to agency information resource facilities must not be shared or loaned to others.
- E. Appropriate personnel responsible for the physical security of agency information resources must review access rights for the facility on a periodic basis and revoke access for individuals that no longer require such access.
- F. If any removable or portable media contains highly sensitive or confidential data, they must be stored in a secure locked location.
- G. Diskettes, CDs, tapes, or DVDs must be kept away from environmental hazards such as heat, direct sunlight, and magnetic fields.
- H. Mission critical computer equipment such as file servers or network servers (and if applicable, workstations) must be protected by an uninterruptible power supply (UPS). Other computer equipment should be protected by a UPS or a surge suppressor if at all possible. The UPS equipment should be monitored, and the batteries replaced at regular, prudent intervals.

- I. Environmental hazards to hardware such as food, smoke, liquids, high or low humidity, and extreme heat or cold must be avoided.
- J. Users must exercise care to safeguard the valuable electronic equipment assigned to them. Users who neglect this duty may be accountable for any loss or damage that may result.

4.0 COMPUTER RESOURCE SECURITY ACCESS PROCEDURES

- 4.1 Users are responsible for all computer transactions that are made with his/her user ID and password.
- 4.2 Users shall not disclose passwords to others. Passwords must be changed immediately if it is suspected that they may have become known to others. Passwords must not be recorded where they may be easily obtained.
- 4.3 Users must use passwords that will not be easily guessed by others.
- 4.4 Users must log out or activate a password protected screen saver when leaving a workstation for an extended period. AIT recommends that an inactivity period of no more than 20 minutes be used before a keyboard lock takes place.

5.0 GENERAL INTERNET AND EMAIL USE PROCEDURES

The internet is a very large, publicly accessible network that has millions of connected users and organizations worldwide. One popular feature of the internet is email. Access to the internet is provided to users for the benefit of the agency and its customers. Users can connect to a variety of educational information resources around the world.

The internet is also replete with risks and inappropriate material. To ensure that all users are responsible and productive and to protect agency interests, users will adhere to the guidelines when using the internet and email:

- 5.1 Users who access the internet for email must:
 - A. Ensure that all communications are for professional reasons and that they do not interfere with their productivity.
 - B. Be responsible for the content of all text, audio, or images that they place or send over the internet. All official external communications must have the employee's name and contact information included as a signature block. If the communications is personal in nature, the message must include a disclaimer statement indicating that the content of the message does not represent AgriLife programs.
 - C. Not transmit copyrighted materials without permission.
 - D. Run a virus scan on any file(s) received through the internet.
 - E. Not click on any email attachment that is sent from an unknown source.
 - F. Avoid transmission of private customer or employee information. If it is necessary to transmit private information, employees are required to take steps reasonably intended to ensure that information is delivered to the proper person who is authorized to receive such information for a legitimate use.
 - G. Understand that email is not a private or secure form of communication and may be viewed in accordance with paragraph 11.3.
- 5.2 Users accessing the internet are not permitted to copy, transfer, rename, add, or delete information or programs belonging to others unless given express permission to do so by the owner. Failure to observe

copyright or license agreements may result in disciplinary action by agency and/or legal action by the copyright owner.

5.3 Acceptable Use:

Users accessing the internet are representing the agency. Users are responsible for ensuring that the internet is used in an effective, ethical, and lawful manner. Examples of acceptable use are:

- A. Using web browsers to obtain educational information from commercial, governmental, and educational web sites.
- B. Accessing databases for information as needed to support official business.
- C. Using email for official business communication.
- D. Using web browsers to access agency databases and reporting systems.

5.4 Unacceptable Use:

Users must not access the internet for purposes that are illegal, unethical, harmful to the agency or nonproductive. Examples of unacceptable use are:

- A. Using an email system other than the approved agency-email system operated by AgriLife IT for agency business.
- B. Sending or forwarding chain email (i.e., messages containing instructions to forward the message to others).
- C. Using agency resources for personal use, except to the extent allowed as incidental personal use as defined in A&M System policies and regulations.
- D. Using agency resources to promote, or give the appearance of promoting, a personal business; e.g., providing a hypertext link to a family member's business.
- E. Transmitting any content that is offensive, harassing, or fraudulent (e.g., pornographic, sexually harassing, or 'get rich quick' materials).
- F. Using peer-to-peer or file sharing applications except where a justified business case has been submitted (and approved) by the employee's supervisor and the AgriLife CISO.
- G. Using or accessing any email system unless that system utilizes virus scanning for email.
- H. Using internet chat or instant message for transferring without utilization of the agency-approved and updated anti-virus software and updated device security patches.
- I. Utilization of any cloud-based software as a service (SAAS) that transmits agency business data that is not TX-RAMP certified.

5.5. Publicly Available Generative AI Tools Acceptable Use:

Information input or shared with publicly available Generative AI tools (e.g. ChatGPT) is not private and could expose proprietary, regulated, or confidential information to unauthorized parties.

AgriLife data classified as confidential or sensitive must NOT be input into or shared with publicly available Generative AI tools.

Confidential or sensitive data must only be entered into Generative AI tools that have been assessed and approved for such use by the AgriLife Information Technology Information Security Office.

6.0 COMPUTER VIRUS PROTECTION & WORKSTATION SECURITY/INTEGRITY

- 6.1 Computer viruses, trojans, worms, spyware, and other such malicious applications (malware) are programs designed to make unauthorized access or changes to programs and data and, therefore, can cause destruction or disclosure of agency resources. While technically not the same, the term “virus” will be used below to refer to this general class of destructive software.

It is important to know that:

- A. Computer viruses are much easier to prevent than to remediate.
- B. Defenses against computer viruses include protection against unauthorized access to computer systems, using only trusted sources for data and programs, and maintaining virus-scanning software.
- C. A computer account with limited permissions (such as one not classified as an administrator) can reduce the likelihood of a computer virus infection being successful.

6.2 Users shall:

- A. Use the agency-approved enterprise anti-virus software on all agency computer systems.
- B. Ensure all installed workstation software is updated to address security vulnerabilities (also known as patched) at regular intervals (at least monthly) but not to exceed 120 days unless authorized by the office of the Chief Information Officer.
- C. Not load any removable media (such as USB thumb drives/memory sticks) of unknown origin (i.e., gifts from conferences, vendors, marketing postal mail).
- D. Immediately disconnect workstations from any network to which they may be connected, run available up-to-date virus scanning software, and notify appropriate computer support personnel if it is suspected that their workstations have been infected by viruses.
- E. Any agency computer resources used as a training system or for temporary use by a non-employee should be properly secured or reimaged upon return to avoid any security issues potentially created by the temporary user.
- F. Any unused local accounts on computer workstations must be removed when no longer required.
- G. Storage devices shall be scanned for malicious code before the media is accessed.
- H. Software safeguarding information resources against malicious code shall not be disabled or bypassed.
- I. The settings for software that protects information resources against malicious code shall not be altered in a manner that will reduce the effectiveness of the software.
- J. The automatic update frequency of software that safeguards against malicious code shall not be altered to reduce the frequency of updates.

7.0 BACKUP AND RECOVERY

All electronic information considered to meet Risk thresholds must be copied onto backup storage media on a regular basis (i.e., backed up) for disaster recovery and business continuity purposes. This section outlines the minimum requirements for the creation and retention of backups. Special backup needs identified through risk analysis which exceed these requirements should be accommodated on an individual basis.

- 7.1 Users are individually responsible for providing adequate primary backups to ensure the recovery of institutional data and systems in the event of failure or loss. These backup provisions allow agency business processes to be resumed in a reasonable amount of time with minimal loss of data.
- 7.2 General Guidelines:
- A. Backups of institutional data must be retained such that critical operational data is fully recoverable. This may be achieved using a combination of image copies, incremental backups, differential backups, transaction logs, or other techniques.
 - B. The frequency of backups is determined by the volatility of the data; the retention time for backup copies is determined by the criticality of the data. At a minimum, backups must be retained for 14 days.
 - C. Backups that have confidential or sensitive data must be encrypted.
 - D. At a minimum, one up-to-date fully immutable and recoverable backup copy version of all mission critical data and any required restoration software must be stored in a secure, off-site location. Off-site location means any location which is not likely to be subject to the same catastrophic event (fire, flood, tornado, etc.) as the primary site.
 - E. Mission critical information stored and used on workstations may be located in a folder configured for periodic synchronization on an agency-approved cloud service that provides versioning functionality (e.g., Microsoft OneDrive for Business).
 - F. Derived data (i.e., data calculated from a raw data source) must be backed up only if restoring it is more efficient than recreating it from the original source.
 - G. Backup documentation must include identification of mission critical data, applications, documentation, and support items necessary to perform essential tasks during a recovery process.
 - H. Documentation of the restoration process must include procedures for the recovery from single-system or application failures or loss as well as a total center or department disaster scenario.
 - I. Backup and recovery documentation must be reviewed annually and updated periodically to account for new technology, business changes, and migration of applications to alternative platforms.
 - J. Recovery procedures must be tested on a periodic basis, but no less than annually. Tests results must be used to update applicable disaster recovery documentation.
 - K. Backups in any form should be properly inventoried and readily identifiable.

8.0 DATA CLASSIFICATION/PROTECTION

In accordance with the definitions applied to confidential and sensitive data in the Definitions section of this document, security controls must be implemented to protect data appropriate to data value or risk (of use by another party).

Whereas the data owner is most familiar with the type and value of data being stored, the owner is ultimately responsible for determining how it must be protected. Regardless of where the data is stored, confidential and also (in some cases) sensitive data must be protected using encryption procedures. It is suggested that the data owner contact and consult with the data custodian (or the senior IT staff for the department) for assistance in implementing data protection as needed.

- 8.1 Data on all agency systems must be classified as one of the following: Controlled Unclassified Information (CUI), Unclassified Controlled Technical Information (UCTI), confidential, sensitive, or public. The “mission critical” attribute must also be applied to data sets if loss of availability would cause an essential

mission of the agency to not be continued, a significant financial loss to be incurred, institutional embarrassment, an inability to comply with federal regulations or legal obligation, and/or a possible closure of the agency.

8.2 Access to confidential or sensitive data must not be permitted with a user ID (or logon ID) alone.

8.3 Confidential or sensitive data must include the following risk mitigation measures:

- A. Access to confidential or sensitive data must only be permitted via an agency-approved multifactor authentication (MFA) solution (e.g., Duo).
- B. Confidential or Sensitive data must be encrypted while at rest, in process, or in motion. Encryption must be implemented with the following measures:
 - Support a minimum of AES 256 bit encryption.
 - Do not use proprietary encryption algorithms.
 - Include the recovery of encryption keys in disaster recovery planning.
 - To prevent unauthorized exposure, when hardware is decommissioned and surplus, data sanitization (of hard-drives and media) must be performed in accordance with the Media Protection (MP) control category of the Department of Information Resources (DIR) Security Controls Standards Catalog as required by Texas Administrative Code (TAC) 202.76.
 - Encrypting data transmission or using an encrypted tunnel using adequate and approved VPN or SSL methods when confidential or sensitive data is transmitted to or from an off-site location.
 - Encrypting confidential or sensitive data when transmitted via email (including web email programs).
 - Encrypting confidential or sensitive data that is stored on removable media (including thumb drives) or backups.
 - Encrypting confidential or sensitive data when being transmitted via instant message programs.
 - Encryption of confidential or sensitive data when accessed remotely from a shared network.
 - Use secure internet transfer protocols (https or secure-FTP) when transferring confidential or sensitive information over the internet.

8.4 Scanning for social security numbers (SSNs) is to be performed for data in motion. When SSN data is detected, it is to be removed or appropriate risk mitigation measures applied (for assistance in this function, please contact the AgriLife CISO Office at security@ag.tamu.edu).

9.0 MANAGEMENT CONTROLS

9.1 Change Management

- A. General – Change management procedure describes the requirements for managing changes in a rational and predictable manner so that staff and clients can plan accordingly. Changes require serious forethought, careful monitoring, and follow-up evaluation to reduce negative impact to the user community and to increase the value of information resources.

B. Controls and Responsibilities

1. Significant changes to agency information resources such as computing hardware, networks, and applications are subject to the change management procedure.

Changes should be assessed for potential risks.

2. A change management log must be maintained for changes made to mission critical resources. The log must contain, but is not limited to:
 - date of change;
 - nature of the change;
 - indication of success or failure; and
 - identity of the individual that implemented the change.
3. In addition to the change log, other documentation that must be provided includes:
 - Updates to relevant operational documentation.
 - Relevant documentation associated with the review/approval process including but not limited to:
 - Review of change-related details including code review by the individual(s) responsible for approving the change or their designees.
 - Review of logs for previous change implementations.
 - Formal, documented approval or rejection of the change implementation.
 - Analysis and corrective/preventative actions (also known as lessons learned) for changes that experienced any of the following:
 - deviated unexpectedly from the plan;
 - resulted in an unplanned disruption of service (including service outages that extended longer than expected);
 - corruption of data; or
 - disclosure of confidential information.
5. The agency director delegates responsibility to all unit heads or their equivalent to ensure that agency change management procedures are implemented in their respective divisions.

9.2 Incident Management

- A. General – This section describes the requirements for dealing with information security incidents. Information security incidents include, but are not restricted to:
 - changes to system hardware, firmware, or data without the agency's effective consent;
 - malicious code detection;

- unauthorized use of computer accounts and computer systems;
- theft of computer equipment or theft of information;
- accidental or planned disruption or denial of service; or
- complaints of improper use of information resources as outlined in the security monitoring procedures, the intrusion detection procedures, the internet/intranet procedures, and the acceptable use procedures.

B. Controls and Responsibilities

1. Whenever a security incident is suspected, the appropriate incident management procedures must be followed. Incidents involving AgriLife IT services, must be reported at <https://firstcallhelp.tamu.edu/knowledge-base/security-incident-reporting/>.
2. The CISO is responsible for notifying the agency director and initiating the appropriate action including restoration as defined in the incident management procedures.
3. The CISO is responsible for initiating, completing, and documenting the incident investigation.
4. The CISO must report the security incidents that may involve criminal activity under Texas Penal Code Chapters 33 (Computer Crimes) or 33A (Telecommunications Crimes) to the AgriLife Vice Chancellor.
5. If fraud or theft is suspected as part of security incident detection, the person detecting the incident must follow A&M System Regulation 10.02.01, *Fraud Prevention*.
6. The CISO is responsible for reporting the incidents to Department of Information Resources as outlined in Texas Administrative Code 202.

9.3 Intrusion Detection

A. General – Intrusion detection plays an important role in implementing and enforcing an organizational security policy. As information systems grow in complexity, effective security systems must evolve. With the proliferation of the number of vulnerability points introduced by the use of distributed systems, some type of assurance is needed that the systems and network are secure. Intrusion detection systems can provide part of that assurance. Intrusion detection provides two important functions in protecting information resources:

1. **Feedback** – information as to the effectiveness of other components of the security system. If a robust and effective intrusion detection system is in place, the lack of detected intrusions is an indication that other defenses are working.
2. **Trigger** – a mechanism that determines when to activate planned responses to an intrusion incident.

B. Controls and Responsibilities.

1. Operating system, user accounting, and application software audit logging processes must be enabled on all host and server systems where resources permit.
2. Alarm and alert functions and audit logging of any firewalls and other network perimeter access control systems must be enabled.
3. Audit logs from the perimeter access control systems must be monitored and reviewed periodically by the system administrator.

4. System integrity checks of the firewalls and other network perimeter access control systems must be performed on a routine basis.
5. Audit logs for servers and hosts on the internal, protected network must be reviewed on a routine basis.
6. All suspected and/or confirmed instances of successful and/or attempted intrusions must be immediately reported according to the incident management procedures.

9.4 Network Configuration

- A. General – TVMDL network infrastructure is provided by the University. It is important that the infrastructure, which includes cabling and the associated active equipment, continues to develop with sufficient flexibility to meet demands while at the same time remaining capable of exploiting anticipated developments in high-speed networking technology to allow enhanced user services. The purpose of TVMDL network configuration procedures is to establish the process for the expansion and use of the network infrastructure.
- B. Controls and Responsibilities.
 1. The University owns and is responsible for TVMDL network infrastructure and will continue to manage further developments and enhancements.
 2. All network-connected equipment must be configured to a specification approved by the University, as appropriate.
 3. Users must not extend or retransmit network services in any way. This means user must not install a router, switch, hub, or wireless access point to the network without the University's approval.
 4. Users must not install network hardware or software that provides network services without the University's approval.
 5. Users must not alter network hardware in any way.

9.5 Portable Computing

- A. General – Portable computing devices (laptop computers, phones, removable storage devices) are becoming increasingly powerful and affordable. Their small size and functionality are making these devices ever more desirable to replace traditional desktop devices. However, the portability offered by these devices may increase the security exposure. The purpose of portable computing security procedures is to establish the process for the use of mobile computing devices and their connection to the network.
- B. Controls and Responsibilities.
 1. Portable computing devices must be protected from unauthorized access by passwords or other means where possible.
 2. All sensitive (including confidential) data stored on portable computing devices (including USB thumb drives) must be encrypted using agency-approved encryption techniques.
 3. Data must not be transmitted via wireless to or from a portable computing device unless agency-approved wireless transmission protocols along with agency-approved encryption techniques are utilized.
 4. Non-agency computer systems that require network connectivity must conform to network connectivity standards.

5. Unattended portable computing devices must be kept physically secure.
6. Where appropriate, keep portable computing devices patched/updated, and install anti-virus software and a personal firewall.

9.6 Security Monitoring

- A. General – Security monitoring is a method used to confirm that the security practices and controls in place are being adhered to and are effective. Monitoring consists of activities such as the review of: user account logs, application logs, data backup recovery logs, firewall logs, automated intrusion detection system logs, etc. The purpose of the security monitoring procedure is to ensure that information resource security controls are in place, are effective, and are not being bypassed. One of the benefits of security monitoring is the early identification of wrongdoing or new security vulnerabilities. The security monitoring procedure applies to all individuals who are responsible for the installation of new information resources, the operations of existing information resources, and individuals charged with information resources security.
- B. Controls and Responsibilities
 1. Where possible, automated tools must provide real time alerts or notification of detected wrongdoing and vulnerability exploitation. Where possible, a security baseline must be developed and the tools must report exceptions. These tools must be deployed to monitor:
 - electronic mail traffic;
 - network traffic, protocols, and device inventory; and
 - operating system security parameters.
 2. Where possible, the following files must be checked at a risk-determined frequency for indications of wrongdoing and vulnerability exploitation:
 - automated intrusion detection system logs;
 - firewall logs;
 - user account logs;
 - network scanning logs;
 - system error logs;
 - application logs; and
 - data backup and recovery logs.
 3. Where possible, the following checks must be performed at least annually by assigned individuals:
 - password strength;
 - unauthorized web servers;
 - unauthorized file sharing; and
 - operating system and software license.
 4. Any significant security issues discovered and all signs of wrongdoing must be reported according to incident management procedure.

9.7 Platform Hardening

- A. General – Servers are relied upon to deliver data in a secure, reliable fashion. There must be assurance that data integrity, confidentiality and availability are maintained. One of the required steps to attain this assurance is to ensure that the servers are installed and maintained in a manner that prevents unauthorized access, unauthorized use, and disruptions in service. The purpose of server hardening procedures is to describe the requirements for installing a new server in a secure fashion and maintaining the integrity of server and application software.
- B. Controls and Responsibilities
 - 1. System administrators must only install the operating system after they have verified the source is legitimate. Practices to ensure the source is legitimate include the following:
 - Inspect Certificates of Authenticity
 - Downloading the source code from one location and a checksum from an alternate location.
 - 2. System administrators must apply vendor supplied patches.
 - 3. System administrators must remove unnecessary software, system services, and drivers as deemed appropriate per the functionality and overall operating requirements of the system.
 - 4. System administrators must set security parameters, file protections, and enable audit logging.
 - 5. System administrators must disable or change the password of default accounts.
 - 6. System administrators must implement system identification and logon banners that include the following statements:
 - unauthorized use is prohibited;
 - usage may be subject to security testing and monitoring;
 - misuse is subject to criminal prosecution; and
 - no expectation of privacy except as otherwise provided by applicable privacy laws.
 - 7. System Administrators should review and follow all guidelines noted in the *AgriLife Server Management Program* related to “New Server Implementation Check List.”

9.8 Systems Development and Acquisition

- A. General – The purpose of the system development procedure is to describe the requirements for developing and/or implementing new application software. This procedure is based on the System and Service Acquisition (SA) control category as outlined in the Texas Department of Information Resources (DIR) Security Control Standards Catalog as required by Texas Administrative Code (TAC) 202.76.
- B. Controls and Responsibilities
 - 1. AIT is responsible for developing, maintaining, and participating in a System Development Life Cycle (SDLC) plan for system development projects. All software developed in-house which runs on production systems must be developed according to the SDLC plan. At a minimum, this plan must address the areas of preliminary analysis or feasibility study; risk identification and mitigation; systems analysis; general design; detail

design; development; quality assurance and acceptance testing; implementation; and post implementation maintenance and review. This methodology ensures that the software will be adequately documented and tested before it is used for critical information.

2. All production systems must have designated owners and custodians for the critical information they process. Custodians must perform annual risk assessments of production systems to determine whether the controls employed are adequate.
3. All production systems must have an access control system to restrict who can access the system, as well as restrict the privileges available to these users. A designated access control administrator, who is not a regular user of the system in question, must be assigned for all production systems.
4. Where resources permit, there must be a separation between the production, development, and test environments. This ensures that security is rigorously maintained for the production system, while the designated software developers accessing the development and test environments can maximize productivity with fewer security restrictions. Where these distinctions have been established, development and test staff must not be permitted to have access to production systems.

9.9 Vendor Access

- A. General – Vendors play an important role in the support of hardware and software management, and operations for customers. Vendors can remotely view, copy and modify data and audit logs, correct software and operating systems problems, monitor and fine tune system performance, monitor hardware performance and errors, modify environmental systems, and reset alarm thresholds. Setting limits and controls on what can be seen, copied, modified, and controlled by vendors will eliminate or reduce the risk of loss of revenue, liability, loss of trust, and embarrassment to the agency. The purpose of vendor access procedures is to establish the process for vendor access to agency information resources and support services (A/C, UPS, PDU, fire suppression, etc.), vendor responsibilities, and protection of information. The vendor access procedure applies to all individuals who are responsible for the installation of new information resources assets, and the operations and maintenance of existing information resources and who do or may allow vendor access for maintenance, monitoring and troubleshooting purposes.
- B. Controls and Responsibilities
 1. Vendors must comply with all applicable A&M System policies, practice standards and agreements, including, but not limited to:
 - i. safety;
 - ii. privacy;
 - iii. security;
 - iv. auditing;
 - v. software licensing;
 - vi. acceptable use; and
 - vii. non-disclosure.
 2. To assure compliance with section A above, information resource owners, or designees, entering into a contract for services with a vendor must obtain or create documentation

indicating that the vendor will have access to mission critical information and must have contracts that specify:

- i. information the vendor must have access to;
 - ii. how information is to be protected by the vendor;
 - iii. acceptable methods for the return, destruction or disposal of information in the vendor's possession at the end of the contract;
 - iv. the identified vendor must only use information and information resources for the purpose of the business agreement;
 - v. vendors must comply with terms of applicable non-disclosure agreements; and
 - vi. any other information acquired by the vendor in the course of the contract cannot be used for the vendor's own purposes or divulged to others.
3. Must provide an information resources point of contact for the vendor. The point of contact will work with the vendor to make certain the vendor is in compliance with these policies.
 4. Each vendor must provide a list of all employees working on the contract. The list must be updated and provided within 24 hours of staff changes.
 5. Vendor personnel must report all security incidents directly to the designated information resources point of contact.
 6. If vendor management is involved in security incident management, the responsibilities and details must be specified in the contract.
 7. Regular work hours and duties must be defined in the contract. Work outside of defined parameters must be approved in writing by appropriate management personnel.

10.0 TRAINING AND ACKNOWLEDGMENT

New employees will receive training on information security measures and requirements and be required to acknowledge receipt and acceptance of the provisions of this procedure, by signing AgriLife Form AG-415, *Employee Acknowledgment*. All employees are expected to review and acknowledge the provisions of this procedure annually, and will do so through classes offered in TrainTraq, the online training site for the A&M System. Non-employee users of information resources will be issued a copy of these information security guidelines and required to sign an acknowledgment form prior to being granted access.

11.0 ADMINISTRATOR/SPECIAL ACCESS

Technical support staff, security administrators, system administrators and others may have special access account privilege requirements compared to typical users. Administrator accounts and other special access accounts have extended privileges in comparison with typical users. Thus, the granting, controlling and monitoring of these accounts is important to an overall security program. The purpose of the administrator/special access management procedure is to establish the process for the creation, use, monitoring, control, and removal of accounts with special access privileges.

- 11.1 Employees should request Computer Administrative Permission Request screen within the AgriLife People management system to request administrative access to specific computing resources.
- 11.2 Electronic files, including email, created, sent, received, or stored on information resources owned, leased, administered, or otherwise under the custody and control of agency are not private and may be accessed by supervisors, administrative heads, authorized administrative personnel, and AIT employees during the course of their duties or when authorized by the owner or custodian at any time without knowledge of the user. Electronic file content may be accessed by appropriate personnel in accordance

with the provisions and safeguards provided in the Texas Administrative Code 202, Information Resource Standards. Information, including email files, may also be subject to disclosure under the Texas Public Information Act and/or during the discovery phase of a lawsuit.

11.3 Administrators with special access privileges may routinely access data to investigate events related to performance and/or security of information resources. System administrators must, however, maintain the confidentiality of user data to the extent possible and not divulge user data except to authorized agency officials (such as described in section 11.4 below).

11.4 Use of special access privileges to conduct investigations related to user data must be directed by:

- A. Appropriate agency management personnel (e.g., department/unit head, director, etc.).
- B. A&M System officials conducting investigations (e.g., A&M System Internal Audit, Office of General Council, Designated Officer conducting inquiry investigating possible misconduct in research or scholarship, investigating authority in a sexual harassment investigation, or investigation of student rules violations).

Prior to conducting such investigations, the individual with administrator/special access will consult with the AgriLife Information Technology CIO .

12.0 PRIVACY

Privacy policies are mechanisms used to establish the responsibilities and limits for system administrators and users in providing privacy in the agency and University information resources. The agency has the right to examine information on information resources which are under the control or custody of the agency or University. The general right to privacy is extended to the electronic environment to the extent possible. However, there should be no expectation of privacy beyond that which is expressly provided by applicable privacy laws. Privacy is limited by the Texas Public Information Act, administrative review, computer system administration, and audits.

12.1 Privacy of information must be provided to users of the agency or University information resources consistent with obligations of Texas and Federal law and/or secure operation information resources.

12.2 In the normal course of their duties, system administrators may examine user activities, files, electronic mail, and printer listings to gather sufficient information to diagnose and correct problems with system software or hardware.

- A. In order to protect against hardware and software failures, backups of all data stored on agency or University information resources may be made. A&M System administrators have the right to examine the contents of these backups to gather sufficient information to diagnose and correct problems with system software or hardware. It is the user's responsibility to find out retention policies for any data of concern.
- B. The agency director or designee may designate certain individuals or functional areas that may monitor user activities and/or examine data solely to determine if unauthorized access to a system or data is occurring or has occurred. If files are examined, the file owner will be informed as soon as practical, subject to delay in the case of an ongoing investigation.
- C. Files owned by individual users are to be considered as private (to the degree noted in this procedure), whether or not they are accessible by other users. The ability to read a file does not imply consent or authorization to read that file. Under no circumstances may a user alter a file that does not belong to him or her without prior consent of the file's owner. The ability to alter a file does not imply consent to alter that file.
- D. Some individually owned files are by definition open access. Examples include web files and databases made available through a system-wide facility, and files made available on an anonymous FTP server. Any authorized user that can access these files may assume consent has been given.

- 12.3 If access to information is desired without the consent and/or knowledge of the file owner, or if inappropriate use of agency information resources is suspected, files may be reviewed without the consent and/or knowledge of the file owner or file user as identified in section 11.3 of this document.
- 12.4 If criminal activity is suspected, the University Police Department (UPD) or other appropriate law enforcement agency must be notified. All further access to information on the agency or University information resources must be in accordance with directives from law enforcement agencies.
- 12.5 Information resource owners or custodians will provide access to information requested by auditors in the performance of their jobs. Notification to file owners will be as directed by the auditors.
- 12.6 Other than exceptions in sections 11.2, 11.3, 12.2, 12.3, 12.4 and 12.5, access to information by someone other than the file owner requires the owner's explicit, advance consent.
- 12.7 Unless otherwise provided for, individuals whose relationship with the agency or University is terminated (e.g., student graduates; employee takes new job; visitors depart) are considered to cede ownership to the information resource custodian. Custodians must determine what information is to be retained and delete all other.
- 12.8 The agency and the A&M System collect and process many different types of information from third parties. Much of this information is confidential and must be protected in accordance with all applicable laws and regulations (e.g., Gramm-Leach-Bliley Act, Texas Administrative Code 202).
- 12.9 Individuals who have special access to information because of their position have the absolute responsibility to not take advantage of that access. If information is inadvertently gained (e.g., seeing a copy of a test or homework) that could provide personal benefit, the individual has the responsibility to notify both the owner of the data and the organizational unit head.
- 12.10 Any agency or A&M System web sites available to the general public must contain a privacy statement.
- 12.11 Users of AgriLife or University information resources must immediately contact the AgriLife CISO or CIO of AIT to report any compromise of security which could lead to divulging confidential information including, but not limited to, posting social security numbers to the internet.

13.0 COMPUTER SOFTWARE USE AND INSTALLATION, COPYRIGHTS AND LICENSE AGREEMENTS

- 13.1 Users of agency information resources will comply with all laws regarding intellectual property. Further, installation and operation of certain non-business software, even if freeware or properly licensed, can result in poor performance of legitimate business software.
- 13.2 The agency is legally bound to comply with the Federal Copyright Act (Title 17 of the U.S. Code: <http://www4.law.cornell.edu/uscode/17/>), and all proprietary software license agreements. Noncompliance can expose the agency and the responsible user(s) to civil and/or criminal penalties.
- 13.3 This directive applies to all software that is owned by, licensed to, or developed using agency resources by employees or non-employee users of agency information resources.
- 13.4 Users shall:
 - A. Install on agency computers only software which is licensed to or owned by the agency and the license covers installation on the employee's specific computer.
 - B. Copy software only if authorized by the specific license agreement governing that software.
 - C. Install on agency computers only software which has a business or computer maintenance purpose.
 - D. Maintain documentation, original media, or other forms of evidence necessary to demonstrate that software installed on agency computers is properly licensed for the specific machines on

which it is installed. For example, documentation or media could be stored in a binder, pocket file folder, zip lock bag, or other such storage device, and kept in the immediate vicinity of the computer. IT support personnel reserve the right to remove any unlicensed software from any computer system. If such action is taken, the support person will notify the employee and respective supervisor.

14.0 INFORMATION RESOURCES PROJECT MANAGEMENT

- 14.1 Information technology projects must utilize project management practices in accordance with Texas Administrative code [Ch. 216, Subch. C, Project Management Practices for Institutions of Higher Education](#) and <https://firstcallhelp.tamu.edu/knowledge-base/project-management-guidelines/>.
- 14.2 Projects that meet the state's definition of a major information technology project will be reported to the state in accordance with Texas Administrative code [Ch. 216, Subch. C, Project Management Practices for Institutions of Higher Education](#).

15.0 PROHIBITED TECHNOLOGIES

The Texas Department of Information Resources (DIR) maintains a list of prohibited technologies on the DIR [Covered Applications and Prohibited Technologies](#) website.

Agency employees and contractors must not install or operate prohibited software on agency-owned computing devices and/or connect prohibited hardware to an agency-owned network.

The AgriLife Information Technology department periodically scans (via automated enterprise compliance management toolsets) agency-owned computing devices and networks. Unless a current exception for the specific prohibited technology is on file with the AgriLife CISO office and the AgriLife Director of Ethics and Compliance, any detected prohibited software on agency-owned devices will be immediately removed and/or any prohibited hardware detected will be immediately disconnected from the network.

Exceptions to allow prohibited technologies on agency-owned computing devices and/or connected to agency owned networks are treated as high residual risk decisions as defined in 1 Tex.

Admin. Code § 202.75(4)(B) and must be approved by the AgriLife CISO, AgriLife CIO, AgriLife Director of Ethics & Compliance, and ultimately the Agency Director. The exception must be reported to DIR using established agency procedures for processing exceptions. This authority may not be delegated.

Exceptions to covered applications are limited to the following categories:

- Law enforcement and public safety investigations
- Developing or implementing information security measures

Exceptions to other prohibited technology are limited to the following categories:

- Law enforcement and public safety investigations
- Other investigations and adjudications required by law, regulation or policy
- Enforcement of system-owned intellectual property rights
- Research in which Prohibited Technology is critical to the project and an approved technology control plan is in place to protect campus research security, data and networks

Agency employees and contractors must not install or operate prohibited technology on any personal device utilized to conduct agency or state business.

16. IDENTIFICATION OF SENSITIVE LOCATIONS

The agency must identify, catalog, and label locations designated as “sensitive locations” where sensitive information may be discussed. The AgriLife CIO or designee(s) will work with other Department Heads to ensure the catalog is complete and accurate. The catalog will be reviewed on a periodic basis.

Information owners must identify the information under their control that requires protection from unauthorized disclosure. Such information may only be discussed within a designated sensitive location. Information owners are responsible for informing their Department Heads of their information sensitive in nature which should not be discussed outside of a sensitive location.

Agency employees, contractors, and visitors must not enter a sensitive location with prohibited technology (including personal devices with installed prohibited software or applications), including any electronic meeting labeled as a sensitive location, when discussions involving sensitive information take place.

RELATED STATUTES, POLICIES, OR REQUIREMENTS

[1 Texas Administrative Code Ch. 202, *Information Security Standards*](#)

[1 Texas Administrative Code Ch. 206, *State Web Sites*](#)

[1 Texas Administrative Code Ch. 213, *Electronic and Information Resources*](#)

[A&M System Policy 29.01, *Information Resources*](#)

[A&M System Regulation 10.02.01, *Fraud Prevention*](#)

[A&M System Regulation 29.01.03, *Information Security*](#)

[Copyright Law of the United States](#)

[A&M System Regulation 29.01.02, *Use of Licensed Software*](#)

[AgriLife Form AG-415, *Employee Acknowledgment*](#)

DEFINITIONS

Owner of an information resource: A person responsible for a business function and for determining controls and access to information resources supporting that business function. For example, the owner is typically the unit head, director, or their designee.

Custodian of an information resource: A person responsible for implementing owner-defined controls and access to an information resource. Custodians may include state employees, vendors, and any third party acting as an agent of, or otherwise on behalf of, the state entity. For example, the custodian is typically an IT manager or resource.

User of an information resource: An individual or automated application authorized to access an information resource in accordance with the owner-defined controls and access rules.

Confidential data: Data that is excluded from disclosure under requirements from federal or state law. This can include, but is not limited to: personnel records, health records, financial records, address information, student education records, credit card, social security, or drivers' license numbers.

Sensitive data: Sensitive data may be subject to disclosure or release under the Texas Public Information Act; however, the agency has decided that the data must have the same or equivalent level of protection as confidential data. Examples

of sensitive data include: operational information, personnel records, information security procedures, and internal communication.

Mission critical: Data, which if access to was unavailable, an essential mission of the University, the agency, or department would not be able to be continued, and/or would cause a significant financial loss to be incurred, would cause institutional embarrassment to take place, would cause an inability to comply with federal regulations or legal obligation, or could cause a possible closure of the agency or University department.

Portable computing device: Any device other than a desktop computer that can store data, access the internet or AgriLife networks, email systems or applications. Examples include notebook computers, internet enabled phones, net book computers, and portable memory devices such as USB drives and memory sticks.

CONTACT OFFICE

Questions concerning this procedure should be referred to AgriLife Information Technology at 979-985-5737 or firstcall@ag.tamu.edu.

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