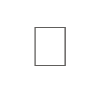
**Transcript**

February 20, 2025, 3:28PM

 **Harding, Ed H (KYTC)** started transcription

 **McCoy, Phillip M (KYTC)** 0:03  
I'm stunned. All right. Again, a thank you for being here today.  
We'll get started with the training.  
I'll let Rob Duckworth introduce you.  
We've become good friends. I think you're going to find the training interesting, especially the the device that you that sits in front of you.  
Obviously we have two DRES here being adre myself and being in the world of impairment, we know that impairment is is impairment, right. It's not a number.  
It's impairment we, we treat folks out here on the road.  
It's funny that we've got people online right now that I know. Rob and Brian are in Bowling Green, but get that number out of your head and this is going to help combat that.  
Especially when it comes to drug driving.  
We're going to go through this.  
You're going to see the categories or drugs that this detects.  
There are thresholds, but it's one more tool that will have out.  
Here is an advantage.  
The good thing about today is feel very privileged. You should like to brag on people.  
You're here because your LL selected you to be here because number one is you're a very professional agency and for lack of better term for squared away.  
And you got. You got everything together. So that's that's vital, if vitally important with this device. Because you got to understand there's a lot of time and money invested in this.  
So without any further ado.  
I'll turn it over to Rob.  
Alright.  
First of all.  
My apologies for arriving late in the weather transit as I was sharing with Rob.  
I was in Lansing, MI yesterday, which is very interesting because.  
Michigan is the one who islanded this for the whole country, 2018-2019, the state of Michigan did 2 pilots.  
Following a review process.  
Switch that review process. While not necessarily as important to the everyday users, I'm going to include some information that is usable and valuable for the leaders that are going to be doing this, and I appreciate that you are here.  
Being in person and training the people that are going to be the leaders in person with feel it, touch it, ask the questions is what makes your program successful.  
I work with Nevada.  
I work with Arizona, North Dakota, South Dakota, other different states.  
But Nevada and Arizona, big geographical areas they didn't do in person training.  
And they have a slower adoption process by the end users.  
Because they they don't get that feel.  
And I know coming from my law enforcement background and being a state coordinator in Indiana for the the Dre program and then running the Highway Safety Office, we've all been to trainings where you receive the necessary information to be able to do what you sat through the train.  
For right.  
That's that's the basis.  
That's the low level.  
But you've probably also been to a training where when you left, you were motivated of. I'm good. I'm gonna do it work. We're gonna do this.  
And that's the difference between in person training and video training when it comes to this atoxa piece.  
Law enforcement, we're skeptics, right?  
See the old Ronald Reagan saying of trust but verify.  
And that is exactly where this is. So one of the things that you all have done on that recommendation is you've got a bunch of collectors.  
And we're going to go through what this actually is, but the whole point is this. When it says, well, why couldn't we do this training online?  
It's because we've incorporated a psychomotor skill.  
For them to do so. That way they can see and feel how quickly and easily it is to get an oral fluid sank.  
Takes away some of that skepticism about it's going to take forever.  
Had one guy in Indiana when we were first rolling things out.  
I was talking.  
Oh, we did those before it grew off and it took forever.  
And he's doing the collection and you know this just then I go hey, you're done.  
While he was jibber, jabbering all along through it, he's done.  
So thank you for taking the time to come.  
Come be here in person.  
A little bit of a travel delay piece had to flex from yesterday to today.  
I didn't plan to be here that late.  
Ended up at a meet and greet dinner with the Michigan speaker trying to get their legislation turned back on.  
They were the pilot for everybody. Good to go and then?  
2020 happened.  
And everything that happened there happened. People that were on the pilot were retired.  
The people that were there were going to get it done, people.  
But their Dr. Es are working hard and we're going to work with them to get this put in there.  
So probably a DRES in the room.  
1-2 I don't can't see any the other group there not looking at the screen but a ride train.  
OK.  
This sits.  
Very, very well with people that go through a ride training.  
'Cause you you empower them with a a resource to corroborate the impairment that they're seeing to be from a chemical substance.  
Why do you administer a portable breath test?  
And the right answer is not to see what the number is, that's.  
See what the number?  
No, the basis of it.  
And if you look at the the latest curriculum revision from Nitza in the Sfst manuals, I can't I going on the record of saying this, that they did something really well.  
They really updated that piece on portable breath testing and have termed it as preliminary breath testing.  
And that is the same thing that you're doing with oral fluid as it's preliminary testing.  
In that case, you're you observed impairment.  
You've done field sobriety tests, and now you're corroborating your opinion of impairment to be from a chemical substance. And in that case it's alcohol.  
And in this case, it is drugs.  
Bonus Add for state of Kentucky is you all will be the first state to have the new firmware release on the sitoxas.  
Why does that matter?  
What's important doesn't change anything about the analytics of how it works, but what has been long asked for from the Dre community is a masking mode.  
Or a way to not see which drug categories are?  
Positive force.  
So you now have the ability to see which category is there positive for or you can put that into what we call Dre mode and it will show that the tests were completed for the six categories and at the top it says positive or negative.  
So for the Dr. Es that had concern about being predisposed as to what chemical testing had already occurred.  
That function is here now and it's ready to go.  
So I'll be able to update the instruments that you have, Robin, when you're the others come along.  
They will already be set and ready to go.  
Crap.  
So training objectives this is written.  
This is the PowerPoint that you all will have.  
You can add to and adjust as you guys come to a a core basic presentation to put together, but it's designed to be adapted really easy to a law enforcement Lesson plan.  
With objectives for training Q&A at the end is that way you can test.  
You know their the cognitive knowledge you've administered a psycho motor skill that they successfully completed.  
Following instruction, all of those things to be able to put that together to give post credit or law enforcement credit to put those things together. If you're an instructor.  
So very simple.  
Understand oral fluid testing principles and the proper operation of oral fluid testing instruments.  
Boxer mobile test system what it is, how it works?  
Do's and don'ts for care and maintenance and then demonstrate proper collection.  
Be in the collector.  
Very good.  
All right, so I I prefaced this piece as we were talking about it. When you give apartment, oh, you do the same thing with setoxa.  
It fits exactly in preliminary screening.  
After you've already performed your assessment for impairment objectively, without any biases to be brought in.  
You administer similar to apbt after FS TS and when its impairment is identified and we leave this part in here as reasonable.  
The most suspicion exists that the driver's paramed on drugs other than alcohol.  
So that way in the training manual, it's not at a point of probable cause 'cause. This curriculum is taught all across the country.  
Some people's legal processes invoke at the point of probable cause.  
To being detained versus a screening or a roadside stop investigation.  
That California in there we got the state of Washington in there.  
I'm not going up to the northeast.  
So why is it called the supoxa?  
It's not a test question, not anything else.  
Again, this is the onsite version and then I will show you the the shortened version.  
This is what we do for train the trainers.  
That way you can say I was trained.  
I was trained in a more extensive level than what we do the other pieces, so you've got the back pieces, but very simpler.  
It comes from Greek mythology of Satira was the goddess of spirit, safety and salvation.  
And then toxa, because this is an analyzer.  
It is going to analyze the test and display the results to you.  
You are not interpreting the results other than reading drug category and positive.  
So if you think about your own drug cups, you've seen those before. The dip strips and then control line positive line. How solid or defined is that line?  
Is it?  
Does this cup needs to be a whole line?  
Is this cup needs to be any portion of a line anywhere pieces?  
There's no interpretation for this.  
That's the importance of being an analyzer.  
The analyzer uses lateral flow technology.  
Sound fancy enough?  
Sounds fancy.  
Yes, it's really, really old.  
It'll sound good on the stand.  
It uses lateral flow technology.  
Lateral fluid technology we've been using since the 1970s.  
Many of you have already administered or taken.  
A lateral flow technology assessment.  
If you took a rapid COVID test, or you took a rapid flu test.  
Same technology.  
We are looking for a response to the known drug drug metabolites that are there.  
And if we see it, then we see a line.  
And then we're able to move forward.  
COVID tests.  
Anybody been sure or unsure whether it's positive or negative?  
Or were you absolutely certain you looked at it, that it was positive or negative?  
I think there's some that's like, you're not sure.  
Yeah.  
So the test instructions 'cause you all read those right?  
Kinda like putting things together on Christmas.  
The test instructions say that the test must be read at a specific time.  
Most of the time that's 5 minutes.  
It's negative.  
You leave it on the counter, you come back half an hour later and now there's a line.  
Because it doesn't stop developing and moving across that those pads.  
And now you're like, oh, I don't.  
It was a positive or negative, so for lateral flow technology to work.  
Has to be lateral.  
Does the tox analyzer will tell you whether you need to level it out or not?  
It'll take a tilt like this.  
It'll take a tilt like that, but it you can't put it in your pocket and run it so you'll get an on site screen and you'll be able to see that today, it says.  
Level.  
The other thing that is most important is timing.  
When do you read the test?  
There are visually read drug, oral fluid screening products out on the market.  
That's a read this test after mixing this solution and then putting it in this piece after 5 minutes for this and after 10 minutes for that.  
Who wants to be that distracted or involved during a traffic stop?  
Not me.  
And the other thing is temperature.  
So it's the old junior high science experiment.  
Salter sugar, warm water, cold water.  
Which one absorbs that cooker, home water or cold water?  
Or warm.  
Exactly. So temperature is important for lateral flow technology. It's flowing.  
At a time.  
And then to be read temperature will have an effect on that. To slow it down or speed it up.  
On how soluble that is.  
That's why the Setoxa has an internal here.  
So cold weather.  
No problem, they use it across Canada all day long. They've been using it for a long number of years.  
Eh, don't you know a Wisconsin a yeah.  
So that's the simple pieces of that.  
And again, you guys are getting the in depth pieces.  
This is shortened down to 30 minutes or less when you're training other users.  
Keeping it simple for that.  
I'm trying to onboard you with the inquiring minds.  
Wanna know history of and why type things?  
So what is oral fluid? This slide is in the training slide that we do for user training and I go through it and I say, you know, why do we not just call it spit?  
Why do we not call it saliva?  
Because oral fluid is a makeup of all of those things.  
Anything that is in your mouth when you take the sample.  
Saliva is clear, odorless and colorless when it's produced from your salivary glands, it's when it mixes with the other things in there that it actually creates odor.  
Or having not had teeth brushed in quite some time, odors, those type things.  
And then there's three main salivary glands where you collect oral fluid from.  
I usually tell them to remember this and that these are on the test and spelling counts.  
Everybody has a sphincter function.  
Say oh, I should really be paying attention as I'm going through this and then now you just need to know the placements in the mouth.  
So what I tell everybody at this point is just sitting there now.  
Tilt your head downward.  
And see if you feel a difference in saliva underneath your tongue towards your front lower jaw.  
Ever so slight it's not going to turn it into a flowing river.  
But that is a helpful piece that you have to impression on those other users of this is what will make it easy for you.  
When people are doing evidential fluid like the state of Ohio is now doing New York, Alabama and Michigan coming, they're not doing blood anymore, 'cause they can just do it all with oral fluid takes a lot longer to collect, up to 10 minutes of oral fluid to do.  
It, but that's part of their coaching pieces.  
Just have them look ever downward so much while they're doing it and it speeds it up.  
Is that what you've collected the proper amount of oral fluid?  
The other way I've described that gland in the front is for those of us that are from the 90s or so about when people used to gleek on people in high school.  
That that Glan underneath there is what they're flexing when they were pushing spit out of their mouth and onto whoever they were bullying or picking at the time.  
You are good.  
Look, I can.  
I do remember that I know exactly what you're talking about.  
I did this training in Arkansas and I started seeing examples of that across the room.  
Look, I'm trying.  
I know this is a cop training, but come on guys, stick with me.  
I used to be able to do that.  
They're also the ones that hollered out. The big, you know, how do you collect it and somebody from the back hop and you can fill out the rest of what it was.  
Yeah. No, that's not it.  
So window of detection.  
This is a a important enough slide not to remember the specificity for each drug category.  
But to understand generally.  
24 hours or less from use.  
A person is not going to scream positive in oral fluid.  
It dissipates from oral fluid burst, then it dissipates from blood, then it dissipates from urine.  
Very similar to what we understand between the differences between blood and fluid.  
Now world fluid comes first.  
Just pace from there first.  
So all of these things are dependent on that and the biggest one that comes into this is right here.  
How often are you taking it?  
How much are you taking when you take it?  
So one of the things that we support is they do cannabis use workshops.  
Because it's offensive, if we call them green lamps.  
Why would call it cannabis and not marijuana? Because it's medicine.  
We support cannabis use workshops that the Regional Safety Council does in in Baltimore.  
So they have medical consumers that come in and then they consume. They've done a baseline and then they have.  
We have officers that will go through a section of instruction specifically on cannabis and then evaluate them and then we screen them and then I take a quantisol.  
Most of those people say they haven't consumed for at least 18 to 24 hours. They screen positive.  
And I say, well, in that 24 hours, what all did you?  
What all did you consume not use?  
What all did you consume?  
Oh, you know, I I had. At least, you know, four or five hits, you know, off the pipe.  
And then I used the volcano before I went to bed.  
And then that was on the shatter that I had in there that.  
It'll melt it down all up because it I don't get all the smoke bad stuff when they're consuming six or eight times a day.  
They're saturated, right?  
But where this comes into as states push.  
Recreational or medicinal?  
I'm actually consulting with the Howard County firefighters in Baltimore and Maryland because they are adding medicinal cannabis to their use policy for their firefighters.  
So they will be able to consume in their off duty time and they're looking for a way to test them that they come in and their idea behind that is.  
If they're only consuming like they should be.  
And they consume 24 hours prior before they report to duty. They're going to screen negative and oral fluid.  
No problem, because we're only looking for the active metabolite for THC.  
We're not looking for the car boxes and hydroxys.  
So how fast does active drug THC dissipate from the body?  
Pretty fast.  
OK, we have a generalized answer pretty fast.  
Anybody wanna step it up on that?  
I'm not a.  
I'm not a chemist.  
I can't give you the nanograms, but it it eliminates pretty fast.  
So it's a, it's a really easy one to remember.  
90 and 90.  
90% of the active drug is metabolized in 90 minutes.  
That's why you see that huge spike and then they're metabolizing.  
You see them two hours before the stop before you get the draw.  
They're at 30 or 40, and when you get a draw two hours later, they're at 85 of active THC.  
So that all depends.  
All right, the Toxa mobile test system.  
This is a section of the video that I recommend everybody do after they've done training you all as well.  
Right, we need some codec update.  
Web version.  
So there is a registration. You go in, you do it, you watch the 12 minute Abbott video goes through everything they need to know.  
It's a great refresher after you spend time with them on the what where they do the refresh. That piece they take the 15 question quiz and they get an apdf certificate of training from Abbott kicked out to them in their e-mail.  
Doesn't take a lot and you have a certificate that say you can always bring in and say I completed training from Abbott on how to how to do this.  
So.  
Toxic test system.  
This is what it looks like.  
We got two in here 3/3.  
Very simple to use.  
The biggest thing to remind everybody of for those that are not from the 90s is this is not touch screen.  
No matter how hard you touchy, touchy, you get no work.  
You gotta use the rubber buttons.  
We're so used to touch screens for phones and everything else.  
You'll see people touching the screen for the next step as it has on board instructions.  
I'll do this next.  
Do this next so navigation buttons here for OK and then the five way navigator.  
Power supply plugs in the back.  
Printer plugs in the back.  
We'll talk about that when we get a little closer.  
Basic piece.  
So screening result types that you will see, this has been the standard since it was the aller DDS two in 2008.  
Oral fluid screening technology is not new.  
It is.  
It has been around.  
It's been used if you have a positive, this is what you see.  
Negative no highlight.  
Positive, highlighted and perfect.  
Pretty easy to distinguish.  
A roadside, a positive or negative.  
What else does this do for you when it says it's positive or negative?  
What does it alleviate for you?  
Guessing, guessing.  
Guessing.  
And also eliminates their ability to claim officer bias.  
Well, you read that test, didn't you, officer?  
You don't really like my client, do you, officer?  
I mean, we'll admit he was kind of a an A going through it.  
Do we really know whether it was positive or not?  
Or do you just say it was so you could put it in your report?  
All had those attorneys at different times, so it alleviates that opportunity for bias.  
So positive.  
We've had people that have been positive for all six at field Certs in Jacksonville.  
So that's not uncommon. If it's a negative below the cut off level that is set, then you'll see a negative. You may see sometimes an invalid if you see it, it is usually.  
For cocaine and the reason is cocaine is currently the last assay on the cartridge. So it gets the old fluid and buffer solution last.  
So it absorbs on everything else, first moving across the and it gets their last and sometimes based on absorbency pieces, it doesn't have enough to hit the control line after the test line.  
And that's why you get it invalid.  
Everything else is valid.  
If it says positive or negative, it's positive or negative and it doesn't invalidate anything else that you've looked at.  
So quality control.  
What is the standard? Or do you have a standard in Kentucky for accuracy checks on?  
Your breath screening device.  
It's evidential but screening.  
Pbt.  
You ask your question.  
I just want to make sure I didn't say FST. Yeah.  
I think it if you're credited, you have to have them checked once a year.  
Yeah, they got to be.  
They should be statutory standards.  
Jenny, if Jenny can pipe in, I'm sure. Jenny, if Jenny's on on here, Jenny would know from a legalities. From a standpoint, I'm not 100% sure. 'cause, we have stats.  
We have actually a case law where we can't testify to the number and then some jurisdictions will actually let you testify to alcohol presidents.  
But still.  
The kind of going is it's gotta be calibrated. Yeah, so.  
All the fortunate, just like we are in Indiana.  
It's not mandated in statute or administrative rules to be covered by an agency.  
In Illinois, it is.  
In Wisconsin, every one of them is permitted.  
They number and has to be gone through every year.  
You have to do an accuracy check with dry gas every 90 days or lockout.  
You can't run any more screens.  
Good.  
EAS kind of like that.  
It locks up after so many tests until it's downloaded.  
So.  
Tossa no shut offs.  
No cut offs for those things.  
You guys can grab these out of the top of the setoxet box there.  
It's usually in the top half that zipped together.  
Yep, there you go. Touchdown.  
These are the Q seat cartridges.  
They are reusable.  
But don't throw them away.  
The analyzer can be set to require aqc test every 24 hours. Every test once a week.  
All depends on what you all put together as a minimum standard.  
But that's practice recognition.  
There's no calibration for this atoxa like there is for the PBT.  
Because the setoxa is not the one that is having a reaction.  
To give you a measurement, you put breath into a PBT.  
It interacts with the fuel cell which creates electricity in an analog form and then is calculated digitally to the number that you see.  
Everything that happens on this toxa takes place on that cartridge, which is expiration dated, and it's QR coded.  
So when you put it in.  
Then you you can't put an old expired cartridge in.  
It'll it'll date it out and said this Partridge is out of date. You can't use it.  
So turn on those sitoxas and we're just going to run QC checks that way everybody can run through that, get a little.  
Hands on orientation piece to great Yammer.  
The on button is on the side.  
It's very light touch.  
So.  
If you bump it, it will. It will come on.  
OK.  
Get out. Get on now.  
If you all have questions in the cyber Rd. apiece here, or do you think these things need to be charged?  
Yeah, shout out.  
Do you have any battery on them? It's not turned on.  
If you are, if your cord reaches long enough, you can plug it in and it'll turn right on and keep charging.  
You see.  
Do you recommend keeping them on charge? I mean dates.  
Good question of going there right now.  
OK.  
So the initial charge on this setaxa to get you a full charge is about 8 hours.  
When you all plug these in.  
You'll see that it comes up with a red light on the top of it.  
That means it's charging when it gets to full charge. It's a green light and then you have a battery indicator on the screen just like your cell phone that says how much charge is in there.  
Go there.  
Should be on a full charge from green light to no life left depending on temperature and how much the heater has to be used.  
You can run 80 to 100 tests on a single charge.  
Pretty good.  
So it's not something that has to worry about being plugged in every week.  
It's not something that has to be worried about being plugged in.  
Got it.  
Put those pieces together.  
Let's get the red logo. There we go.  
Why yours is while you're charging those, go ahead and take the telephone cord looking thing that's connected to the printer.  
Plug that into the back of it.  
So toxic.  
One inch should already be connected to the printer and you have to totally go back to connect.  
Ion.  
When the printer is plugged into the setaxa and the setup is charging, you charge the printer.  
There's not a separate charging function for the printer.  
So plug them in to see the printer light on there.  
Right next to the power button.  
It's good to go full see it when you plug that in. That's how you charge both.  
So if we're on the screen and I have managed to charge this atox but.  
Enter by able to print it out at a later time. Anytime you want for up to 10,000 results.  
So from a data management standpoint, it is very, very similar to Taser.  
How did you turn it on?  
What time did you turn it off?  
What was the temperature when you turned it on?  
It records all that in the background. QC tests are both recorded as a test.  
So you could print out the QC test as passed for both of those.  
So got him turned on, plugged in.  
Just go ahead and grab QC cartridge.  
Either one of them, we're gonna do them both.  
Both the positive control and the negative control, they only load one way, just like a magazine into a pistol.  
Put it in there and shove it in.  
Folks Bowling Green, are you guys good?  
Asks for the next cartridge, put the next one in the QC cartridge.  
Search music cartridge current cartoon insertion.  
Yes, my name is John.  
You'll get a green check mark on the screen.  
You can take that one out and you're done.  
Alright, Yep.  
So both of our Bowling Green, you guys got Madison ability as well.  
You guys are good, alright?

 **Admin** 35:39  
Yeah.

 **McCoy, Phillip M (KYTC)** 35:41  
Was this insert was started?  
Oh, I'm calling the printer OK, not only.  
In here, everybody got green.  
Check marks OK.  
If you didn't do the QC the first time.  
Sitting with your partner, it is now your turn to run a set of QC checks.  
Kind of do it again.  
Doesn't matter whether you run the positive or the negative.  
First, the Intraprene knows the difference, and then it will.  
Oh, you'd put the other one in.  
Well, that's when you first rolled on.  
Yeah, if you don't remember which one you ran 1st and you put the same one back in, it will tell you not right.  
Give me the other one.  
As long as you run both.  
Thank you. You're good.  
\*\*\*\* me.  
And it's literally just going to useless.  
Hear that magical chime?  
He just said that's.  
All right, so button on the top left above the five way indicator.  
Give that one push and that will bring up the menu and then you'll see. Do you see results?  
Moving something.  
Click on view results.  
Say that again please.  
So the button on the top left of the sideways says menu.  
Give it a push, then it'll bring up a menu. First one, there should be view results.  
Give it a push and now you should see your QC test that you just did have been logged into the memory of the instrument.  
How many tests can you get out of these?  
They are completely reusable, like forever and ever.  
Unless you scratch the the test area so.  
We get calls from time to time for people that say I ran a QC test and I got a QC fail.  
My next question to them is.  
Are you or someone near you?  
AK-9 handler.  
90% of the time, that answer is yes.  
And they have dog hair everywhere, and a piece of dog hair has seated itself on that QC cartridge.  
And the sensitivity will pick up that, that dog hair is there and give them a QC fail, I said.  
Blow off your QC cartridges and run them again and I hear that magical chime. Good to go.  
For the 90s kids, it's like blowing on your Nintendo cartridge.  
Gotta clear the dust.  
So.  
If you get somebody panicked and they say, oh, I had aqc fail doesn't mean the intermediate come back in for service.  
None of those type things. Tell him to dump the cartridge and run him again.  
90 plus percent of the time that fixes it.  
The other 10% of the time that we see that happen.  
Is because they put this atoxa in the case in their trunk. They don't zip.  
It closed and it rattles around with every piece of gravel dust.  
That kicks through that trunk on a county gravel road, and it's got dust on the cartridge.  
'Cause they didn't zip the case shut.  
Can you touch this cartridge?  
Yep, like, just wipe it off with a rag or something.  
Wipe it off the rag. Wipe it off.  
Damp rag.  
All good all day.  
That shoulder.  
We have extras of those available.  
They're like 6 bucks apiece, so when I get dropped alongside of the road.  
Don't don't tell him to panic of. Oh, whatever. It's dark.  
You doing other things? It's not a big deal.  
Super easy to fix.  
Questions on QVC testing.  
Once each day of test.  
The only thing that is being checked when you do the QC testing is the optical reader in this setoxa.  
Not testing for its ability to perform an analysis.  
That all happens on the cartridge.  
Which is why there's not any need to calibrate once a year or ever so often you run your QC checks.  
It's just like running your tuning fork.  
Check on your sweet time devices.  
You turn it on.  
It does.  
What are you guys good?  
Self test internal standards check and then you use your training forks to verify accuracy.  
These are your two C cards, which we all do.  
You verify it's working operably correctly when you do your QC test.  
So I I find that helpful.  
When you're delivering instruction in a QC test to include that analogy, it makes it relative to that.  
Oh, just like turning on my speak timing device for the day.  
Turn it on.  
It does the self check. I do my two forning checks and good to go.  
That's all we need.  
I'm not stepping out to the folks that are remote. I told them where we can find some. Mike is in case we're going too fast.  
So what do the screen options when you're running aqc test?  
You all saw the insert cartridge.  
You saw the testing process, looks like everybody here saw the green check.  
Mark that says pass. If anybody who would have gotten a fail, you know it 'cause it's a big red X can't miss it.  
Watch it pull. All right, content of the test cartridge.  
They all have cartridges in socks that so in the other box that's next to this is oral fluid test kits.  
In the top of that box should be a fancy white piece of paper.  
Those are the instructions.  
If you want to read it and learn about The Who, what, when, where, why, for proper test operation, or if anybody later at a point is going to say, referencing manufacturer's instructions.  
That it is it.  
These guys and the Oly LS will have apdf copy of that.  
Because most of the time they take the kits out-of-the-box, throw the box away and everybody's like what paper?  
I never sell them.  
What paper?  
There were instructions in here.  
I never saw that.  
But it gives you the background on the card. The cut off levels any of those type things that are in there.  
So each one of you should grab one of those plastic bags. That way you have one.  
In that bag are two pieces. That's what we call a kit. You need both of those in order to be able to run a test.  
The big package is the Partridge or the cassette, and the other one is the skinny one that the collector likely passed out. When we're getting started.  
Like there's just as you were given one separately are available separately.  
Why we have all of these up here?  
What is one of the first signs of impairment when a person starts to drink alcohol and you start to see exhibited physical impairment?  
Mr. Samuel stumbling dexterity.  
Loss of dexterity. Poor manual dexterity.  
Good job.  
So when you open up this collector for them, it's a 90th kid thing too, and you push it up like a push pop.  
Everybody that millennial go what I go when we used to eat came out of toilet paper rolls.  
Oh yeah.  
Pushy pop, right?  
Push it up for them and they're going to grab this stem.  
And they drop it.  
Or they're just jacking around with us and they drop it.  
You get to go.  
Wait one moment. There you go.  
You don't have to use a whole kit just because they dropped the collector. That is one of the cost benefit.  
Pieces with the toxin is they dropped the collector.  
You got extras.  
You don't have to use that whole kit sitting in order to be able to finish running your test so that collector.  
And you got the collection device.  
Cut off levels for the drug panel.  
These are what the specific drug panels are.  
And the target compound.  
So specifically with cannabis, we are looking specifically for Delta 9 THC.  
I'm looking for 11 hydroxy, 11 carboxy.  
Not gonna see it on a positive test when we see a positive for cannabis, it is active THC.  
How many different variations are there out on the street right now for THC?  
The THC variants have almost got as many numbers as the kinds of hepatitis ABCDEFG cannabis got delta.  
9:00 you got delta.  
8:00 you got Delta 10. You got THC? Oh.  
If you get a positive bunch of toxin and you get a negative back from the lab for cannabis.  
Ask them if they're testing for Delta 8.  
If they are consuming D8 and they are at 50 nanograms or higher, you will see a positive onsetoxan.  
That is an important instructional point for you.  
For someone that gets a result back and like, oh, this thing's junk, it was positive and the lab was negative.  
Ask if they're testing for Delta 8. If they found no cannabis in that piece.  
We started outsourcing those pieces in Indiana and we had a 100% hit rate found D8 and every one of them. But our state lab wasn't at the ability to be able to test for Delta 8.  
They didn't have a developed method yet so.  
As we're instructors and we're developing confidence in the tool that we're giving them to improve their decision making.  
That's that's the pain.  
A question.  
How soon after ingestion are we likely to have somebody test positive? Like if they throw in, we pull them over?  
He grabs the half a dozen Xanax in his hand, swallows them.  
How soon do we expect to see Temazepam showing up in his oral fluid?  
If he cuffs any of them on his teeth, or crunched any of them while he's trying to swallow them, you'll see it immediately.  
After that.  
Depends on the drug piece.  
Temazepam is first past metabolism.  
So you're going to get it through the normal oral processes delayed?  
THC doesn't matter if it's edibles or not, you'll still see it.  
When you hear people talking about trying to develop a breathalyzer technology for THC, and they're saying we can't get there, we can't get there.  
They do not expel THC in the breath when it was consumed.  
By edibles.  
Because it didn't create a deposit in their lungs when they used it through inhalation.  
And there you're only getting residual.  
You're not getting a measure.  
There's not a 2100 to one blood to breath for cannabis like there is for alcohol.  
That's why that piece does not work and it's still trying and they're still moving through it. But oral fluid, good to go.  
If you're going to do live testing, which you all will do here.  
It's important to consider the.  
The people in the room who may have any unstated medications that they take.  
ADHD medications, amphetamine based. You're going to see a positive.  
So when the people try to say yeah, I'll do it and then everybody else sees them test positive for amphetamines or meth and they're like, oh.  
It's that sensitive.  
And in fact, the sensitive sensitivity to it is really, really good.  
So in 2020, when I became a professional, unlicensed school teacher at home, my daughter takes ADHD medication.  
She gets up in the morning, I say hey.  
Come here. I want you to take this test.  
Why would I do that?  
Good question. If anybody asks, other than your father, here you go.  
She does the collection, run the test.  
She's negative.  
I give her her medication in the morning, test her after lunch. She's positive.  
Test her at 10:00 that night before she goes to bed and she's negative.  
Just as it should be for a prescription based medication being taken as it should be.  
So you will see those positives different example than Xanax with temazepam, but same thing with the the amphetamine based pieces that you will see.  
Opiates is looking at the natural alkaloids of opium.  
So morphine, good to go. Heroin. Good to go.  
Which one did I not say?  
Because it is not a natural alkaloid, it's synthetic.  
We will have that on the panel as a 7th test before the end of the year.  
And it's just a software upgrade that you all can do with the instruments off of an SD card.  
And you'd be able to run fence.  
Not allowed to give any more specifics as to the win because it's kind of like in government. If we can give you a date and then we go well, we have to back that out. Well, we're going to have to back that out, but it's already been through.  
Development.  
And right now what they're doing is they are doing age testing.  
So Abbott keeps a set of attrition from every lot that's produced.  
They sit there in storage and they continue to run tests on those at.  
The interval 3 months, six months, nine months, whatever that cartridge life is to make sure it's still working properly. They run it against no negative oral fluid and then they spike oral fluid with the appropriate.  
Drug and make sure it's doing its piece.  
Part that the financial folks are really gonna like.  
Yes, those cartridge expiration dates are probably gonna move to closer 24 months.  
That's good.  
That should help the the shrinkage for rotating stock and those things to get that done.  
How to run a test?  
Do your Q Cs.  
Make sure they have no foreign substances in their mouth so.  
Have them spit out the gum before they spit it out at you later.  
Chewing tobacco, those type things, do your field sobriety tests. You're going to be good to go.  
Turn on the instrument. Follow the prompts.  
That's not the Bill Gates finish circle, but I don't think that's a network's finished. I've lost.  
So turn on your instruments.  
Tell me what the first prompt is that you see.  
Answer cartridge.

 **Admin** 52:44  
Beginning.

 **McCoy, Phillip M (KYTC)** 53:02  
Problematic.  
Mr. Burton promptly waiting for cartridge insertion.  
OK.  
Go ahead and take the cartridge out.  
Britain's got Tal.  
Cartridge in just like you did. A few seat cartridges and tell me what you see next.  
Should be upgraded.  
Oh, I didn't know you were back there.  
I'm texting with him upstairs, trying to figure something.  
It doesn't matter.  
Thank you.  
I said.  
I thought she rub stick.  
Y but I'm gonna go look.  
Well, this is what I sent you.  
That was.  
That was.  
This is the page that.  
Actually sent me that we worked on.  
Right, what?  
What do you see on the screen now this year?  
Unpacked election device collect.  
Ion.  
One of you open up the collector.  
And present that to the other person, just like you would be doing on the road. You're going to open it and you're going to tell them to grab that collector.  
They're going to tell them that I won't want you to do it. Rubbing in your mouth, across your teeth, inside of your gums, kind of while you're looking downward will help you.  
So go ahead and and do that.  
And we're gonna keep going.  
You gotta move.  
Keep moving it around underneath your tongue like where you put a thermometer back your mouth, like where your dentist tells you to brush your teeth.  
Think I do every time like they tell you to top and bottom.  
And then we're gonna look for the collector to turn blue right above that black gasket like the picture on the screen is blue. OK.  
And I blow you on.  
Sure that blue.  
All right, so we got the first one done.  
If you're looking, it's not done.  
This is why this is very important for that physical activity. When you train people to have them do a collector, don't run a full test, that's fine, but having them do that collector. So there now are not doing on side of the road what you all are going.  
To be, you know, right?  
And then you're able to see that blue.  
Bowling Green. Did you all get yours to turn blue there? All right, so.  
Yeah, and that'll continue.

 **Admin** 56:26  
What did one did?

 **McCoy, Phillip M (KYTC)** 56:29  
They'll continue to absorb if you don't have blue, keep scrubbing the dubbing.  
Brush your teeth with it.  
Once you have a collector that is blue.  
For all of you in cyber land, it's just the.  
Be physically there.  
She's to inspect your collector that has blue.  
Must have blue.  
You do not have blue.  
Do not run the test.  
If you've got blue, go ahead and put that collector in the setoxa.  
Is it blue?  
Yep, got it, I guess.  
I think.  
Thank you.  
Yes.  
And we'll now see a countdown clock.

 **Admin** 57:33  
I'm interested in seeing.

 **McCoy, Phillip M (KYTC)** 57:35  
As it's running that five minute test time, remember we said important pieces were time, temperature and lateral.

 **Admin** 57:36  
What the do I have a reservation?  
For the most part.

 **McCoy, Phillip M (KYTC)** 57:43  
Now pick up that setoxa and just give it a tilt.

 **Admin** 57:46  
I mean, I'm sure I will, but I don't know.

 **McCoy, Phillip M (KYTC)** 57:49  
Give you an error.  
Doesn't have to be perfectly level, so if you got it sitting on a hood of a car, that error doesn't mean they have to start over, do they?

 **Admin** 57:55  
Right, right.

 **McCoy, Phillip M (KYTC)** 57:59  
Nope, just get it back level.  
Yep, just get it back level.  
There you go.  
And once you've seen what that looks like, bring it back level and let the test run and we'll look at it here in a minute.  
Just relax, yeah.  
Alright, so when you when you open that cartridge packet you should see somewhere in there or dropped on the ground a silk a gel packet.  
That is a moisture indicator.  
Yellow is good, dark is bad.  
If you open that up and it's dark, it means somewhere there's been a micropuncture on that foil packaging, and that cartridge has been exposed to moisture.  
You should use another cartridge.  
I've never seen anybody open to the room.  
And most of the time when I've seen it, it's because somebody thought they were gonna use it.  
And then decided not to.  
And they had opened it at the top of the preparation, just that little bit.  
To open that up.  
Put the cartridge in.  
It runs the analyzer and touch it. Unpack the collection device.  
When you're doing this on the street.  
When they take the collector out of their mouth is you should not have to be looking for blue.  
It should be that obvious.  
So when you're asking yourself the question of is it enough?  
That's how much we want to have on the collector.  
I'm hearing like a it like with Paul's and you hear a click inside the. Is that normal?  
Yep. Yeah, I think so.  
We are going to run another test and have the other person do it.  
So go ahead and open up another collection kit.  
Open up the cartridge. Once you get it out of there.

 **Admin** 1:00:14  
That's good, thank.

 **McCoy, Phillip M (KYTC)** 1:00:15  
And then look at the back of the cart.  
I said that you have everything at home.  
You look at the back of it, you see that clear vile plastic bottle on the back of it shaking around.  
It's fluid in there.  
They're putting a methadone clinic in it.  
That's called buffer solution and when you first put your collector into there, that's what breaks that seal.  
Make sure that cartridge can never be used again and then it's mixing with that buffer solution and that clicking you hear is it breaking the puncture on the cartridge to now flow that.  
Here, under the test strips.  
Yeah, it is.  
This is why we recommend that you only put a couple in the in the cases.  
Because do everybody follow instructions like you're supposed to, and every policy procedure manual, all the time.  
It's not underoath.  
You can tell the truth.  
We're calling this.  
We're calling this a roadside.  
Treat it like a laptop.  
This is kind of like a what we call a roadside Pvt. for drugs, but it's a lot more.  
It ain't just. No, it take off it.  
That bumper solution is frozen.  
Kind of frozen, like a coat or water bottle that you left in there overnight.  
It's not fully frozen.  
And you're not going to have the proper mixture that's there.  
It's not frozen. You had blue.  
This is really easy to do.  
Turn on, put the cartridge in.  
Collect it on it and you get results on the screen.  
We talked about positive, negative or imbalance.

 **Admin** 1:02:09  
SMS.

 **McCoy, Phillip M (KYTC)** 1:02:10  
Will it ever give you a result before 5 minutes or?

 **Admin** 1:02:10  
Yours hold up.

 **McCoy, Phillip M (KYTC)** 1:02:14  
Does it always take people?  
Always 5 minutes always takes the full Yep.  
You know that on yours?  
5 seconds, yeah.  
And you start to hear that chime yet from around the room.  
Thank you.  
Good. Thanks.  
Good job, John.  
Let me count this as your monthly growth screen here.  
Earlier I was going to do.  
You said cold medicine.  
You want it?

 **Admin** 1:02:49  
So I've been involved.

 **McCoy, Phillip M (KYTC)** 1:02:49  
I took some cold medicine.  
That's good example.  
We we have.  
How much protein?  
We don't think it's controlled. When I say, I don't think it's going to go high, but it keeps diabetic.  
You see what I'm saying?  
So it's a good show.

 **Admin** 1:03:09  
That's why.

 **McCoy, Phillip M (KYTC)** 1:03:09  
Why wouldn't you show e-mail?

 **Admin** 1:03:11  
I'm glad you're here. I'm talking about real quick with that. Easy.

 **McCoy, Phillip M (KYTC)** 1:03:14  
Too much in that time process.

 **Admin** 1:03:17  
I don't know.

 **McCoy, Phillip M (KYTC)** 1:03:22  
PH.

 **Admin** 1:03:23  
I gotta go.

 **McCoy, Phillip M (KYTC)** 1:03:23  
P figures this out. When I had people in their when they run these.  
Just to see what it would do.  
It's kind of like gasoline.  
Has hit with gasoline diesel engine.

 **Admin** 1:03:39  
Right.

 **McCoy, Phillip M (KYTC)** 1:03:40  
Cluster election.  
Is it the?  
Let's see the difference.  
Oh yes, run in that and we'll run another one.

 **Admin** 1:03:56  
Start.

 **McCoy, Phillip M (KYTC)** 1:03:56  
Glory, Glory, glory, and you all got it for working class people. We need to do something that needs to be blue.

 **Admin** 1:04:01  
I said.

 **McCoy, Phillip M (KYTC)** 1:04:07  
I am.  
That's why I use that coaching craze of scamming.  
They take it out of their mouth.  
S.  
A lot.

 **Admin** 1:04:17  
We were just fighting out of bargains.

 **McCoy, Phillip M (KYTC)** 1:04:20  
In your mouth, or do you just like? So when you were doing the collection, she said.

 **Admin** 1:04:22  
What time is it in Brazil?

 **McCoy, Phillip M (KYTC)** 1:04:24  
Before I were you looking down while you were doing the collections?  
Yeah, but it was like, not a lot.  
Shows you not a lot of. Did that help?

 **Admin** 1:04:33  
Maybe I can.

 **McCoy, Phillip M (KYTC)** 1:04:34  
I was just wondering if you could pull the green.

 **Admin** 1:04:36  
That's it.

 **McCoy, Phillip M (KYTC)** 1:04:36  
You guys good to? That's what I think. I'll go with that. What did you?

 **Admin** 1:04:38  
Yes.  
We're good.

 **McCoy, Phillip M (KYTC)** 1:04:42  
That's what you're doing when you're flexing.

 **Admin** 1:04:44  
OK. Yeah.

 **McCoy, Phillip M (KYTC)** 1:04:45  
Chin down.  
You're not sorry. We often refer Bowling Green, and I should say Madison, keep the only way she'll open up.

 **Admin** 1:04:50  
Two basic cases.

 **McCoy, Phillip M (KYTC)** 1:04:53  
Chin down.  
This stays this stays orange all the time.  
You know, think of that.  
Can I keep advance so when you do the training. Hey, this is what you're talking about. And then make that collection.  
So. So really that's one of the most.  
I set out my cards here.  
We'll get you. I'll get you.  
So.  
What do you guys do? Training.  
You know, if you train for a group, you want to call me ready.  
Somewhere else, OK.  
I got so many collectors.  
Probably what I should.  
Have shipped these have an expiration date.  
What are communicators for?  
Why this would probably.  
'Cause we purchased 2OK.  
What did you do?  
I'm learning this and I know I didn't see what you did.

 **Admin** 1:05:58  
What's up?

 **McCoy, Phillip M (KYTC)** 1:05:58  
What's on screen?  
Oh, you already have an education. If you're a repaired right now.  
Look right, I'm sure that the collector is blue.  
Yeah, that's the thing about Elliot.  
How well do you know that?  
You all start getting to see what you can write in and write training experience.

 **Admin** 1:06:40  
Big shift, right?  
Hold on.

 **McCoy, Phillip M (KYTC)** 1:06:42  
He had already had a couple of the other ones that I had resulting two of these Major League ones, so we did that.  
Did he want?  
Do you want them to do 2?  
Yeah, I think so.  
Ron, did you want Sky blue? But it needs to be more like a Navy blue.  
Rob, did you want each one of them to do one for this matter?  
Yeah, yeah, I got a question.  
They pointed out that the these that you handed out to us to begin with expire in 10 days and the ones in the box expired ran like August, November or whatever. Any show me should they prioritize?  
Use the earliest ones first, obviously, and try to do that because the box doesn't all expire at the same time.  
The ones that we ordered and she pulled here on this saturation piece.  
Were specifically ordered to do training with, not to be the extra in the box.  
So after these are the boxes fire different times too? Yep.  
You want to grab.  
Anything trying to retain these for any like evidence, no person like PvP straws and you're done.  
Think of it like a knit kit where just on the ground, a field test kit for.  
You got the result. Getting rid of it 'cause you have a screen positive and impairment.  
What are you gonna do next?  
Blood draw.  
You're gonna get blood to confirm it.  
What do you do with cocaine once it's screened positive in the field? Gonna send it to the lab and they're gonna.  
Verify that you don't peep the little nick, the roadside kid for the couple of months, just very similar to.  
The cassette here when it's done.  
Then you're done.  
I'm sure that those guys here know that that's the other person that's running a test right now.  
So if you didn't run the 1st test, then switch and run the next test.  
I'm sure it's a cold night, isn't it?  
Morning, I said.  
Let me do.  
It I'm just not going to ask.  
Yeah, I will want to.  
I mean another thing this like thermal paper, will it fade after a while?  
Yep.  
Keep it together.  
You can go back.  
It'll say 10,000 tests and print it again if you need it.  
I guess it retains, but if you have people who are really, really stringent on the original copy.  
So which?  
What about attaching those to the plantation or something like that?  
Two tests.  
Most of them are attaching them to the citation or they're attaching them to their probable cause affidavit for a search warrant.  
Jenny, did you hear that?  
Say it again.

 **Jenny True Reed (PAC)** 1:09:41  
Yes, that was an excellent question.

 **McCoy, Phillip M (KYTC)** 1:09:45  
OK.  
So what is your suggestion for our our our our post?

 **Jenny True Reed (PAC)** 1:09:45  
Yes.  
So absolutely print those out and attach them, but also write the result on the citation.

 **McCoy, Phillip M (KYTC)** 1:09:58  
OK.

 **Jenny True Reed (PAC)** 1:10:00  
It I don't know how this is going to go, especially in a pilot project, if judges will let this in or not.  
Especially if it's treated similar to apbt result, but the documentation needs to be there because somebody could argue down the line that it could be exculpatory.  
Depending on blood test and other things, so we absolutely need that documentation.

 **McCoy, Phillip M (KYTC)** 1:10:26  
Thank you, Jenny. Thank you.

 **Jenny True Reed (PAC)** 1:10:27  
Thank you.

 **McCoy, Phillip M (KYTC)** 1:10:29  
So we're pleased.  
It's good guidance.  
Yeah, there's no doubt.  
This is the only word y'all.  
I understand that citation.  
I understand.  
They're so short staff.  
Ed.  
You don't gotta read them.  
It's just gives you more comfort, but it's in the Irish you're making and that's that's what's the problem was not waking me up.  
It's a major.  
Passage to do so.  
Argue with exactly that is a great question. Great question.  
Not specifically this on duty supercomputers, despite the fact that it's insufficiently.  
Handled.  
It is like barking at a woman.  
Well, we already got blood tests.  
Any evidence at all other than what I see and I know.  
Some kind of diabetic thing.  
I don't mean to say that's the point here. Lose control.  
Yeah, I get it.  
I'll tell you so you know, it's just, it's just too in your pose.  
He knows the way the devices.  
Gosh, I guess they're not the same.  
It's not the same.  
Computers didn't feel like they could use them all.  
Skype did, she says.  
Hi, you guys do good work. And so it's not, it's not just I was just looking to see like you know.  
Carelessness, he says.  
Right.  
I'm just curious about evidentiary stuff like it's 1141 now, but the time on this test strip is 12/27, so we're not the clock's wrong.  
It could be.  
Is this a setting that they can fix?  
All is all just a simple OK.  
When you change how big is that great?  
It says it's 1246 was probably when the be sure, because if your traffic stops there something.  
Question will be questioned.  
Test things and all that.  
Drew what he said.  
I'm talking about the Juris and Covington Covington.  
Short staff.  
So they're not getting used a lot. And I said, well, hope you're at least getting them brought out on fatal.  
And I said no, the supervisor won't call adre on a fatal time, even when it's an entire.  
Ly New York State, I said.  
Well, then, there's no point in sending you this Dre school if you don't use it.  
Which point?  
I mean, I understand.  
But when I was there, I was like you said, the reason is what if the blood test shows one thing in the Dre says something?  
Else, we have a disagreement. We make things worse.  
So they just don't use the Dre.  
Drop it off.  
I've been called for one to the one specific period.  
What if the blood exactly? I could say this. The Dre makes a call for Kansas.  
I mean the Gerry.  
Mandon would get up on there and don't stand and tell you. No, that doesn't mean you have to make sure.  
And Doctor Davis, I'm just saying that's the best trouble they're having.  
Yes, speak.  
How are how are you?  
You know people that you work with.  
Probably not.  
So I told you you were at 55.  
So you know, trying to make an argument for intoxication.  
Blood reflection? Negative.  
So yeah. OK. Thank you.  
OK, you can do it. All that it didn't matter. She was.  
Yeah, this is just with your taste.  
Yes, you got any empty \*\*\*\*\*\*\* piece of reasonable personality.  
You could say, but they have this little strong. The sound is just like chilling and it's open and I saw.  
That's craziness.  
They do what they do.  
Oh, we want to make sure he's sure.  
Sure, everybody has that day the same day one of our officers got shot at Madisonville.  
Bowling Green. You still good?  
I was at the hospital with my supervisor comes over and he's like, hey, I need you to go and toss up the coins.  
Addisonville Bowling Green, y'all still good.

 **Admin** 1:15:34  
Yes.

 **McCoy, Phillip M (KYTC)** 1:15:36  
Yes. Did they say yes?

 **Admin** 1:15:37  
Didn't hear it.

 **McCoy, Phillip M (KYTC)** 1:15:39  
Closer to the events happen.

 **Admin** 1:15:39  
Yet.

 **McCoy, Phillip M (KYTC)** 1:15:44  
I got out there and when I first got out there, we were on medical treatment.  
Nope, Nope. We're gonna go ahead and take our fine.  
You good?  
I can't take somebody to shoot my problem. You're clear.  
Yeah. And she actually did.  
He can drive home.  
He's guilty, but you.  
Know. Believe me, he's good, unstable or something. Yeah.  
That's what you all got.  
Your test finished.  
Did you see a questionnaire to fill out at the end?  
Yes, yes, the standard option is for that to be on when it comes out, when we go through analyzer settings, you can turn that off.  
You can put this information in because it is retained and the age piece will print on the the paper, but getting any other information out out right now is a challenge.  
So what we've done in Minnesota, when we rolled out 80 instruments up there before everybody left, we went in and turned the survey off and part of the reason why we turned it off is it's one less thing not to be worrying about.  
You already know how old they are. Question.  
Yep. Would you have or?

 **Admin** 1:17:03  
Great.

 **McCoy, Phillip M (KYTC)** 1:17:08  
Could refer me to somebody that might have sample policies for how they should be using the field as far as departments go.  
Yep.

 **Admin** 1:17:18  
So basically.

 **McCoy, Phillip M (KYTC)** 1:17:19  
You understand what I'm thinking about as we move out? Do we have something going on?

 **Admin** 1:17:22  
Browser.  
Replay.

 **McCoy, Phillip M (KYTC)** 1:17:27  
I don't know what's the answer.  
There's a really, really lengthy one for Michigan State Police from their pilot, but majority of what everyone is doing now because they're inserting a line under their policy for preliminary breath test screening and says.  
4 preliminary oral fluid screening for drugs as per manufacturer instructions.  
That's, that's where I would be.  
I wouldn't get real fancy.  
Manual has to use of a PBT, I'm sure I'm sure.  
Well, we just asked you.  
You're a credit agency. It's in.  
Guarantee it is and it doesn't have to be.  
I exactly like that.  
Don't get real fancy with this.  
Remember, it's not evidentiary. It's just you're using it.  
Use it to the manufacturer, because The thing is you don't wanna be called upon.  
Staying right there into the technical inner workings of this, did Jenny not say this is evident?  
There we go.  
Yeah, yes, yes.  
But you just said it's not an evidentiary test, but it produces. No, no, no, it's again.

 **Jenny True Reed (PAC)** 1:18:34  
It's not one of the statutory evidentiary tests, like blood breath and urine, like the intoxilizer's evidentiary, but the Pvt. is just a preliminary like one of the standardized field sobriety test.

 **McCoy, Phillip M (KYTC)** 1:18:37  
Yeah.  
It's that's.  
That's.  
To preliminary.  
OK.  
Thank you.

 **Jenny True Reed (PAC)** 1:18:52  
You're welcome.

 **McCoy, Phillip M (KYTC)** 1:18:53  
Yeah. Yeah, we're talking about statutorily evidentiary tests are lined out the statute.  
This is a preliminary test. If you don't want to, though, even like APVT if T had a print out, it's got a number, but if it actually produced a piece of paper, you wouldn't want to just crumble that up.  
Throw it away.  
You would be including it, right?  
Just because the exculpatory.  
So this is because this is a little higher tech.  
That's why you're doing that.  
And you may put something in.  
Policy in this we've considered a patchwork failed sobriety test, although there are thresholds, I mean you either you either pass it or you fail it.  
It's either positive or negative, right?  
I mean in in the simplest of terms.  
Most of you have seen.  
I've already done some printing great.  
The biggest piece to give people that instruction is if you put your finger on that.

 **Admin** 1:19:43  
OK.  
Well, I hope you don't like. I can go through 110 more. Yeah, I'm back.

 **McCoy, Phillip M (KYTC)** 1:19:49  
You feel just below it.  
You'll feel that indentation.

 **Admin** 1:19:50  
Yeah, that's fine.

 **McCoy, Phillip M (KYTC)** 1:19:54  
You all have done it when you turned it on, but a lot of people will push high on that button like right underneath the light, and it won't.  
It doesn't.  
Come on.  
So push that lower portion of the button turns on.  
No BD.  
And how do we charge the printer?  
Plug it into the stocks or charged stocks and get them both.

 **Admin** 1:20:16  
It's different now.  
That's every day versus this is this.

 **McCoy, Phillip M (KYTC)** 1:20:19  
Removal of the test cartridge. We've already covered this whole them out together, talked about that ochre solution that's in there.

 **Admin** 1:20:24  
Or swap it out for a second.

 **McCoy, Phillip M (KYTC)** 1:20:27  
It's not all the way absorbed all the time.  
We don't want to drop any fluid down into the the instrument, so pull them out and dispose of them.  
Then I have to do that.  
Did you already pull that out?  
Yes, Sir. So final instructions. Just as a we went through all that with everybody.  
You got a a quick bullet point for them of you explain the process.  
Yes, do the project for the collector.  
They do the collection, encourage them to continually move, collecting the swab around and inside the mouse.  
How many of you had challenges getting enough oral fluid? If you just let it sit in their mouth like a lollipop?  
Anyone.  
I know we had that up here.  
So continuously moving, chin down. You're gonna get this 90% of the time in less than 30 seconds. As most of you experienced.  
Very easy to get collected. We talked about imbalance at the beginning and I we include this slide here at the end.  
Just because.  
Because it gives you the top bullet point of the current group of everybody. That always is the.  
Well, why?  
Well, why?  
Well, you said an inval doesn't matter. Well, why?  
And it gives them the quick examples right here that says insufficient oral fluid.  
So it's blue, but not completely blue.  
It should be majority blue.  
Can you take the collector from them?  
You should not be going, is it blue?  
It should be that bright sky blue like you see on the Abbott box.  
A really good reference to people for what is the blue look like as they're looking for is light blue like this and you should see it, no doubt.  
Instrument storage shored with manufacturer's instructions. If it's lost stolen, let somebody know.  
Don't store them in extremely hot or extremely cold temperatures.  
They don't want them frozen.  
We don't want them cooked melted, that kind of thing.  
Follow your same storage guidelines as PB TS and you're good to go.  
Talked about the buffer solution optimum temperature.  
The analyzer has a thermometer in it, and if it needs to heat up to run the test then it'll do that.  
Practical exercise. If you choose to do it now, or you choose to do it as you're going along.  
You, as the instructor, read your audience.  
If you need to do that election piece for them early as we're going through how to run a test to maintain that student's attention?  
Throughout them to be lost in social media land while you're going through things and do the collect. This can just be your confirmation piece.  
You're done, they said.  
Toxic collector makes a sexual successful test on satoxa the participant slide sample with the satoxic collector. The and part of that is not on that slide.  
Because when you're going to be doing a train, the trainer, if you were going to go train somebody and you had not already ran a full test.  
Would you be comfortable or you be more comfortable now that you've done it?  
More comfortable now that you've done it. You can coach them of the, put the collector in when they want to know how to put the cartridges in. Have them run QC tests.  
Doesn't hurt anything.  
The cartridges, the cartridge, and then they can feel that comfort piece of putting it in there and you're good.  
Problem solving when in doubt, before you call it.  
Restart your computer.  
When it out, restart QC fails. We talked about that dust or air. If the printer will not print, turn it off.  
Disconnect and reconnect the printer cable to make sure it's seated well, both on the printer and in other sitoxa telephone cord.  
Make sure that they're seated well. Turn them back on, and then if you have problems, contact your agency coordinator, which will be your le LS, and then we'll get you sooner.  
Some help for whatever challenges are.  
Do's and don'ts. Observations from the field.  
From Indiana's deployment, Minnesota's deployment Nevada, Arizona, Connecticut, New York, Tennessee. This is the learning piece that everybody else put together of what would you tell somebody else to starting a program?  
What would you tell someone else who's rolling this out?  
The first one was.  
Set a protocol to charge weekly.  
Because the printer will run out of battery faster than there's a toxin.  
So that would if you charge them both weekly, then you're not going to be getting a call from somebody that's going to print.  
From the battery being low.  
If you were by yourself on the road.  
And you knew this thing ran on batteries and it didn't print.  
What may be one of your go to problem solving? Thoughts.  
Change batteries, right?  
It will work on AA batteries.  
The next person who goes to charge it is gonna blow it up.  
They're gonna fry the printer.  
Printer batteries are bright green.  
They're not even close.  
The AA batteries.  
They're a little thicker than AA batteries because they'll store more energy than a regular trip way battery.  
So.  
It will run, but if you do a weekly charging process, you save yourself a lot of trouble.  
Firmly press the printer button down to turn it on right at the bottom of the button.  
There, that saves a lot of things.  
Solid green light indicates it's fully charged.  
A.  
Flashing or no green light indicates that the printer needs to be charged.  
Not.  
I get calls from people that says the printer won't print.  
And I say, is the green light flashing?  
Yeah, it's printing. No.  
That means that it doesn't have enough battery power to print, which is why you're not getting that print out.  
We talked about the reusable batteries.  
Don't pull on the collector once you put it into the cartridge, pull them out together. If you get an error doing a download which you are not doing.  
I want test on the instrument.  
You tell the instrument to download and there's no tests on it.  
It it's like, what do you want?  
I have nothing to give you and it gives them an error. So all set all right. Review pieces real quick.  
The instrument should be used in the same manner as apvt, specifically after SFS TS or a ride test are administered.

 **Admin** 1:27:56  
Yeah.

 **McCoy, Phillip M (KYTC)** 1:27:57  
True, true.  
The silica gel pack in the cartridge should be green or yellow yellow.  
So.  
Yep, how often should quality control test cartridges be completed?  
Never comes for service on Sundays. Once a day when it's going to be used, or only on night shift 'cause we don't do. Du is on daish.  
What's the purpose of running the negative and positive control cartridges?  
To be a pain in the buttuit to ensure that it can properly interpret positive negative results, make sure it'll turn on or it will test for cocaine only.  
The just making sure you can tell us the difference.  
How is the printer battery charged?  
Plug it in. Cell batteries cause the as didn't work.  
Triple-A batteries or with a cell phone charger.  
I plug it in.  
Plug it in.  
The review questions are not made to be tricky to be hard for them to figure it out.  
It's to push in those key points, which is what we wanna do with every Lesson plan to make sure they got the key concepts.  
How should they wanna fluid sample be collected?  
The officer will swab their own mouth.  
The officer will collect the swab.  
The subject should actively swab around their mouth to include under the tongue or with a warrant. After the blood draws already done.  
See, see, see.  
How should the cartridge be removed from the instrument?  
Yank on the collector with evidence gloves as to not contaminate the evidence.  
Are we keeping these for evidence?  
Pair of pliers.  
Or grab the cartridge firmly at the ridges.  
Pull it out together.  
Pull it out together.  
The collector should be inserted into the cartridge after the cartridge has been inserted in the instrument.  
True, true, true.  
#1 Field challenge right there.  
They're gonna have that cartridge, and they're gonna have that collector, and they're gonna put them together so they can run their test, and then they put it into this toxin, it says.  
No bueno. This cartridge appears to already be used because that foil seal has been punctured.  
Cartridge knows that.  
So it says you can't run this test.  
The maximum number of times I have seen on a print out from that with that error is 8.  
They tried it eight times before they called somebody for help.  
Now, wait a minute.  
Let me let me calculate that with cost.  
Give me a number.  
A little north of 200 bucks, 200 dollars, $200.  
I rest my case.  
Collectors 4 bucks.  
No big deal, no big deal.  
If they open the cartridge, you got to use it.  
Don't stick it back in there and then you're going to use it later. 'cause if that silica gel pack is not seen, doesn't fall out, and then it's been exposed, then it's not according to manufacturer's instructions.  
And you have a problem.  
What drugs does the instrument test for?  
Amphetamine, methamphetamine, cocaine, opiates, THC or benzos.  
All the above.  
The instrument will collect data for thousands of tests we downloaded at another time.  
Yes, you can print out the results later.  
However they want.  
How is impairment determined?  
The instrument will notify you that someone is impaired.  
By a blood draw.  
By a breath test.  
By administering Stanleyville sobriety test.  
A ride test and utilizing all three phases of detection.  
See.  
Yeah. So for you, all that our sfst instructors, that's the subtle reminder of all three phases are important.  
It's not just pre arrest screening put all together. You've determined impairment and now you are doing a screening to corroborate that impairment to be from a chemical presence, totality of all the circumstances.  
Full plate.  
Don't just want the saliva. Give me it all.  
So my contact information. Tim Brewer, who's the Midwest manager.  
This is what we put together to go through for Minnesota.  
Any questions on that?  
Again, we're going to have the PowerPoint for presentation for about the test, not this PowerPoint, but the, but the short version and the you want the quiz questions.  
You can get me that one though. Rob, can you?  
We'll get. We'll get this to all of you all, and then you'll have the what I call the.  
The users PowerPoint and then obviously the questions you can insert those in. It's no different than copying that that that page of that PowerPoint and put it in whatever you want.  
You should be able to probably, I mean just using the device.  
Let's say you get a half a dozen people to train 3045 minutes.  
You should be able to train some folks, so it doesn't really take that long.  
I mean, we've been here.  
We got to start a little late.  
This took us a little over hour and a half.  
So how many people do you guys think you'll do in Covington?  
I was just going to ask if I'm reading this correctly.  
Somebody has to run the test on themselves to be able to use the device.  
No, no. OK.  
Just making sure 'cause we have a lot of people who do that.  
Yeah, we we can do roll call trainings and we can get everybody probably 70% of the department up to speed on it. You think that'd be needed.  
That's a conversation for later, yeah.  
Hey, little squad deck. If I can reach two people or 10 people in a room, it's nine slots.  
Nine slides for user.  
So that's it.  
And I would.  
I know 'cause, I'm just.  
I'm I know where John's coming from, but what I would do. I'm sorry, officer fields. Are you good?  
But I do like those those questions.  
I think those are good because it really brings out things that the user will need to know, especially when it comes to treating their device correctly. And I know that's north of $200.00, but I know how.  
I know how cops are.  
They'll break an anvil.  
All right, Bob.  
So we want to make sure out in the field because these devices although they're.  
They're they're very expensive.  
We don't wanna see someone keep doing the same thing time after time because I know $4.00 is not expensive, but that does add up after a time, especially on the collect. So real quick. Bill, can you hear me?  
Bill who, right?

 **Bell, Bill J (KYTC)** 1:34:56  
Yes.

 **McCoy, Phillip M (KYTC)** 1:34:59  
Director Highway safety wanted a chance to address everyone real quick. So Bill, go ahead.

 **Bell, Bill J (KYTC)** 1:35:05  
Thanks, rob. And I want to thank everybody for being on this training and volunteering or being maybe volunteered that you're you're doing this.  
I don't know, but also thanks Rob Duckworth for being there in person and administering this training.  
This is something that we've been talking about for years, and with the legalization of medical cannabis.  
This, this it. It was past time.  
I mean it was.  
It was definitely we were on the clock so.  
But as you all know, marijuana has been in Kentucky for many years, and it's more prevalent now.  
You can be behind somebody on the highway and it's either they just ran over a skunk or they're smoking pot in the car.  
Right now.  
And half the time, I don't see a skunk anywhere.  
So, alright, that was that was a joke.  
Y'all can feel free to laugh, but.

 **McCoy, Phillip M (KYTC)** 1:36:17  
That's funny.  
Good job, bill.

 **Bell, Bill J (KYTC)** 1:36:21  
Rob, that sounded forced, by the way.

 **McCoy, Phillip M (KYTC)** 1:36:21  
I'm curious.

 **Bell, Bill J (KYTC)** 1:36:24  
That sounded forced, but anyway.  
You guys are the tip of the spear here on this program in Kentucky, it's been successful in other states.  
Tennessee is jumping in the deep water on this and I think they bought.  
Several 100 units.  
And and So what we want to do is is do the what Rob Duckworth calls phase one.  
What we tell the legislature, this is a pilot.  
So once we get the results, we'll talk to them. If we had to change the statute basically we would, it would be a simple clean up change. And so right now we have preliminary breath test in statute. We would take out the word breath. There might be a.  
Couple other little.  
Changes, but this is a preliminary test.  
Just like a PBT so, but it's it's a a preliminary oral fluid test basically.  
And so it's volunteer.  
So you're out there. You know, somebody may not want to do it.  
And and so that's. That's one thing that if if we're asked by the legislature that's that's one of the things we're gonna say.  
Plus, it's not evidentiary. As you all talked about.  
So once again, I appreciate you all being here.  
Being involved in this pilot.  
And thanks to Intoximeters and GHSA for providing this grant for us and we're very appreciative. Thank you.

 **McCoy, Phillip M (KYTC)** 1:38:06  
Thanks bill.  
Jenny, I see you've got your hand raised.

 **Jenny True Reed (PAC)** 1:38:10  
Oh, it was a question I texted you.  
About I would like to share this PowerPoint with the prosecutors.  
I see Jill is on here, which is wonderful.  
But the other counties your prosecutors need to know before you start using these.  
What all it entails so they know how to deal with it in court.

 **McCoy, Phillip M (KYTC)** 1:38:31  
Computers know this is out there.

 **Jenny True Reed (PAC)** 1:38:33  
So I was just checking to see if I could share this PowerPoint with the county attorneys in the in Pike County, Kenton County.

 **McCoy, Phillip M (KYTC)** 1:38:34  
Your prosecutor.  
No.

 **Jenny True Reed (PAC)** 1:38:45  
You know, Christian County always messes me up, but yeah, Madisonville.

 **McCoy, Phillip M (KYTC)** 1:38:51  
I I absolutely agree with that.  
Circulate it.  
Give it to them, but I will go one step further and challenge everyone of you.  
Take it in and show them.  
Don't let them be the first time they remember this when they're reviewing APC affidavit.

 **Jenny True Reed (PAC)** 1:39:05  
Yes.

 **McCoy, Phillip M (KYTC)** 1:39:08  
Because they do.  
They need to go through the training.

 **Jenny True Reed (PAC)** 1:39:12  
Well, I was going to ask Rob Duckworth, and I need to check with PAC, but to see if maybe he would be willing to do a similar type of presentation at our Prosecutor's conference this summer and August.

 **McCoy, Phillip M (KYTC)** 1:39:13  
They don't.  
Only if you make Rob asked me. Really, really nice.

 **Jenny True Reed (PAC)** 1:39:34  
OK.

 **McCoy, Phillip M (KYTC)** 1:39:36  
I think we can handle that.

 **Jenny True Reed (PAC)** 1:39:37  
I could do that.

 **McCoy, Phillip M (KYTC)** 1:39:38  
Hi I'm getting a room this time.  
Don't think you can drive 4 hours on the day of the present.

 **Bell, Bill J (KYTC)** 1:39:46  
And buy him dinner too.

 **Jenny True Reed (PAC)** 1:39:48  
We will do that we can.

 **McCoy, Phillip M (KYTC)** 1:39:48  
Yeah, I think I can handle that. No.

 **Jenny True Reed (PAC)** 1:39:49  
We pay for rooms and meals and all of those things for our speakers, so.

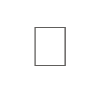
 **McCoy, Phillip M (KYTC)** 1:39:55  
No, we are glad to do it.  
All that's needed is for Rob to say please and we'll get it done.  
Glad to do it because then that allows those folks to be educators, to prosecutors in other states that they see at other conferences in different pieces and era. National District Attorney's Association Aaron Inman and those folks we also.

 **Jenny True Reed (PAC)** 1:40:12  
Huh.  
Yes.

 **McCoy, Phillip M (KYTC)** 1:40:20  
I might add, Alan.

 **Jenny True Reed (PAC)** 1:40:20  
Thank you.

 **McCoy, Phillip M (KYTC)** 1:40:22  
Alan Stokes from Madisonville ask a good question.  
So obviously Madisonville is online bowling Green's online type pool.  
Covington and Frankfort. You are the first five agencies through the Highway Safety Office that we have given these devices to.  
Now there is two other agencies in Kentucky, if I'm not mistaken.  
Brandenburg PD as well as.  
Middle Middletown PD.  
But now those agencies, those two agencies, bought those devices themselves.  
So you are the first five agencies like Bill was saying, you know, other states are going all in. And I I foresee this really coming out big within the next several months.  
So when he says you're at the tip of the spear, you we have 5 devices.  
Five, you are the very tippy tippy top.  
Of the spear. So.  
You know, I think that's I'm gonna put a request in just for Covington.  
Let me know when y'all use this. The first two or three times this I'm curious as to see you know what the results are and how it goes. Just whoever's got it to get with you or Greg and have him shoot me an e-mail just kind of.  
Curious as to how the first two or three you know applications go and if you guys, other agencies could do the same with your lels just to kind of?  
Let us have a little feedback on it.  
Well, this is where I'm coming in on this.  
So this you are the first five agencies to do this.  
We are using this data so I need to collect this data.  
This is huge as far as this money that we're using for these devices, phsa.  
So I'm reporting out to them based on what you guys are doing in the field.  
We're putting this together to correlate just like a PBT, but use your Dre.  
You get a positive hit.  
Call your Dre in we wanna know what the Dre finds.  
Because what it's gonna do is it's gonna make your case a heck of a lot stronger when the Dre finds the exact same thing that you found on the so toxic device and then you called for blood and the blood result comes back the same. Or with the.  
Metabolites of what the Dre calls.  
So that puts three different aspects of what we're doing together on these cases now. And it's also gonna give us the numbers of.  
What we're seeing out there as far as whether it's Poly tox?  
How much your cannabis is involved in all the other drugs?  
Because like Rob said, it may hit on a couple different things.  
Your Dre may go in and not call the exact things that are on the panel, but your blood work comes back and it has a little bit of everything in it.  
So that's what we need to know.  
That's the stuff we're trying to tie together.  
That's the stuff we're trying to make the legislators realize because it hits on one drug. There may have been two other drugs on board, but they're not psychoactive at the time.  
And then they become psychoactive when the Dre.  
Or their or the psychoactive part of that drug is gone and you see something else.  
So those are the things that we need to know.  
So when you're collecting this data using this device, make sure that each device when you do it, gives you a test number. When you submit that blood work on a positive yet, put that test number with that blood work, so that when it goes, we can be we.  
Be able to trace this based off of what you're using, OK?  
So do I need to walk that back and have instead of them letting me know something? Do they? However, you you can let your lease know based I would keep your lease in the loop on this, OK?  
Send them a.  
Send them a report.  
E-mail them a report. They can send it to me.  
That'll be an easy way to do it.  
That way you can kind of go through them, keep them in the loop on how much you're actually using this. If you have any questions, they can always direct them to me or rob and we can, you know, something Charles conference.  
May, may.  
Yeah, here's how we'll know how you're using it.  
You're asking for stuff. If you're not asking me to bring you more. If you're not asking for more of these, and the good thing is we all have the ability to call Rob for these and have them shipped directly to you. So Bob doesn't have to drive all.  
The way to Pikeville, we have to drop ship right to Pikeville.  
Same with Covington.  
And it's not hard. We do the, you know, Kenny, I figure you could keep a spreadsheet.  
And you just keep spreadsheet and go from there, right?  
It doesn't have to be if you want your your your grant your project manager for for that specific agency to do it, it may be better.  
It's how you wanna work it out.  
It's it's, it's not not a hard science.  
So the device will print out.  
Let's just say 1000 results.  
Well, it doesn't have the ability to kick out, run a complete report.  
Or is it just individual?  
Pronounced right now the software is for you to be able to do individual results.  
In the firmware update that is coming.  
Probably closer to that July, August period, you'll be able to download results to the micro SD card that goes into the side of that.  
What I have?  
Asked Abbott as they're finishing up that piece, is we already know that there's a micro USB?  
The connector on there with a cord so we know that there's two way communication on that cord.  
Because if you were to plug it into a computer to do maintenance or update what I have asked them is to make that compatible.  
That if you plug in Ausb drive on a cable and plug that in through a micro USB and you can download to that USB and not mess with the the SD cards coming forward.  
Bluetooth technology is coming.  
In future iterations here.  
And then there's a there's a dream to be able to have an app that you can download the instrument with and upload to the cloud, and you start getting it. Engineers and everybody involved in that. And then you start talking about stuff that I can't spell. And then.  
We all slow down.  
But yeah, simple way to get that data off there to do those things. And while I have the floor, Sir, if I may, you may.  
I just want to reemphasize.  
What bill?  
Bell said.  
It could not be any more important.  
To any other state in the country.  
Than what you are going to do from here forward.  
Kentucky received grand dollars from the Governor's Hwy. Safety Association to do this.  
When they get back good data that it's tests are being ran, it's useful. It's being adopted. You enable the next state to apply for a grant for that.  
If we're not getting that usage, we're not pushing those pieces back to them when the next state goes to ask for those dollars, they're going to be like, Oh yeah, let's look at, you know, some other newer innovative piece potentially.  
So you are the very the tip point of the spear. The part of the knife that you don't want to break off the tip at all, ever. That's you.  
Will you all do moving forward is going to help the next state be able to save lives?  
What are you talking about?  
I want to ask a couple of quick questions about record keeping. You just mentioned keeping a spreadsheet.  
Is it? I mean, there's really no. It's it's. There's no, the way Covington may do it may be different than Frank. That's what I'm saying.  
But they need to develop.  
Yeah. So they need to develop some sort of spreadsheet ability.  
So the conferences in May. Yeah, keep in contact with your le LS for where those pieces are going.  
And then I will be at Yale's conference in May, and then I will hook it up to the computer.  
That has the software.  
Do the download.  
Put that into a full spreadsheet by serial number, so you'll you can do it so that way it's not on you all.  
You don't need but, so they don't need your stuff.  
'Cause you're using stuff, right?  
And give them feedback.  
I still 'cause I'm. I'm very but yeah, I mean like keeping a spreadsheet yourself.  
I mean, you have one device, you got one device, but who's more than Covington? You got one device that you're taking back there, but who's somebody needs to be designated?  
Like, if you're going to take all of these.  
Devices that have serial numbers and stuff. Somebody's got to keep that, and I and Greg's not going to want to do that.  
So one of you 2 probably might be, but I don't think you have to keep the serial numbers on the on the collectors and all that.  
That's just the device itself and what it just we know.  
We already know what the serial number of the device.  
Yeah, we got that.  
You know who's got a print out still?  
Yeah, we'll get you. Print out what's on the.  
Fair number of Fair enough.  
So if you gotta.  
So if you use it one one day and then you have a different officer use it next day. Yeah, you just kinda wanna keep a log of who's using it and how many times they may have used it on their shift.  
Nothing, nothing too extravagant because, like you said, we'll be able to download all that information.  
But just keeping up with more usage there because that'll help us just by saying, hey, Covington had it and this month they used it 32 times and.  
They had 18 positives and we sent off blood work for 18.  
18 cases.  
So where do you think I'm gonna see boots on the ground?  
Where do you think the most?  
Sensible repository would be to put results for this.  
Let me see if you can think outside the box for a minute.  
I know where I'd like to see for retrieval purposes for data collection.  
I mean, we have the ability to submit things to our records division.  
We I mean we can scan things into what? What is our alarms which is our record.  
You got your own RMS.  
That's good. But I'm saying holistic statewide.  
What does everybody use statewide for Porsche?  
So the next phase of this will be with the state police. We've already been in contact with.  
I know that Bill and I've talked to leadership at KSB.  
So right now that the future would to have you see if you have a drop down box now for SFS TS, right?  
Well, the Highway safety office.  
Jenny, you can thank Jenny for all that. That's that was all Highway safety office. Got that done through KY OPS. What I'd like to see is another drop down that will have your results that'll have the option to results from sotoxa.  
So it'll be a holistic area to keep that data and we can have that at at our at one touch finger, right, that's the future.  
And I think it may be closer than you think because we talked to.  
Major Walker and he acted like once. They got their devices that that's where they wanted to use to keep their data.  
So it'll be available to everybody, but in the meantime, spreadsheet and physics question.  
Will not the science guy.  
How much force does it take to get an additional item put on the officer standardized crash report to be collected?  
Quite a bit a ton.  
A lot.  
And then put another ton behind it.  
Once this program is rolled for a year, the next iteration of the crash report in Indiana now has a spot on that crash report for preliminary drug, just like Pvt. Yeah.  
It it'll come, it will.  
It'll get a little easier, so don't think you know. I know how it is. Not trying to put more work on you, 'cause.  
I hate that, you know, come up with a new thing and it's great, but how much work does it cause? Food's on the ground.  
But for right now, it's that's the best we can do.  
I would just keep a simple spreadsheet as best you can.  
And in the coming may, rob can download the data and we'll have a more accurate it doesn't have to be anything elaborate, just kind of keeping up with usage and stuff like that. And like Rob said.  
We really these tools are to make life easier. Hopefully as far as making that call, saying, hey, it's it's not a you did the breath test.  
It's not alcohol.  
Something's going on.  
You do this test, you get your positive hit.  
From there, it's all let's draw blood.  
Let's call it DREN and just kind of correlate everything.  
There Troy mentioned something while we were standing over here for the people there sitting for the instruments. We need to do 2 things.  
We need to go into the menu and turn the questionnaire off and verify proper date and time 'cause. These were all QC checked in St.  
Louis. So they're on central time and we need to make sure that that's correct.  
Forgot about that.  
That's why there the times different chat. Important point if.  
You're going back West?  
Make sure that you set the date and time so it's already good for you, Alan.  
Bowling Green.  
Yeah, that's part of the Bluetooth piece we want. Yeah. So menu button.  
Sorry, changed analyzer settings.  
Overachiever. If you've got one that says questionnaire, click on that one, switch it to no.  
Done. I'll kick you back out to the menu that you can go to date and time.  
And you can set that.  
Those of us that are prior recovering law enforcement administrators.  
Your mind goes into that piece of, well, how do we make sure that nobody else who changed it and none of that luck?  
It's coming.  
So that that fall release of firmware will allow supervisor to function.  
These are old QC pieces.  
That's what it is.  
Our date, it said.  
I appreciate you all going past noon.  
I apologize again for getting here a little later than I wanted to with the the child challenges.  
But let me know. Thanks John.  
Glad you came.  
I'm working on.  
Can we utilize this for things outside of you?  
Oh, I just.  
Yeah, I just so we're good with like, last night we had a wave where the experience.  
Thank you guys.  
You guys want me to plug you?  
Know what I mean?  
Right. So like the Aristo, right?  
You can use Dre for not traffic, but that's not what I mean.  
Cool.  
I had a quick show about the paper. When we get the printer paper.  
Where do we get this paper?  
Like the agencies from.

 **Harding, Ed H (KYTC)** stopped transcription