

December 1, 2025 - 6:00 PM  
Glenpool City Hall, City Council Chambers  
12205 S. Yukon Ave. 3rd Floor  
Glenpool, Oklahoma

**NOTE: Members of the public are invited to attend the in-person meeting, or join a live broadcast at this link:**

**Join Zoom Meeting**

<https://us02web.zoom.us/j/89753555435?pwd=QzdFVjA1b0IKa1ISUFIKbUNrUUxtdz09>

**Meeting ID: 897 5355 5435**

**Passcode: 974088**

**One tap mobile**

+13462487799, US (Houston)

+14086380968, US (San Jose)

**Dial by your location**

+1 253 215 8782 US (Tacoma)

+1 346 248 7799 US (Houston)

**Meeting ID: 897 5355 5435**

**Passcode: 974088**

**Find your local number: <https://us02web.zoom.us/j/89753555435?pwd=QzdFVjA1b0IKa1ISUFIKbUNrUUxtdz09>**

**The City Council welcomes comments from citizens of Glenpool who wish to address any item on the agenda.**

- **Speakers attending via ZOOM are required to complete the Request to Speak form located on our website: <https://www.glenpoolonline.com/DocumentCenter/View/2551/request-to-speak-at-open-meeting-forms-2025?bidId> = and email it to the City Clerk: [lasmith@cityofglenpool.com](mailto:lasmith@cityofglenpool.com) PRIOR TO 6:00 PM CALL TO ORDER.**

## AGENDA

- A) **Call to Order - Joyce G. Calvert, Mayor**
- B) **Roll Call, Declaration of a Quorum - Lesli Smith, City Clerk; Joyce G. Calvert, Mayor**
- C) **EMS Report**
  - 1) EMS Report - Brian Cook, Director of Operations, Mercy Regional EMS.
- D) **District Administrator Report-**
  - 1) District Administrator Report
- E) **Trustee Comments**
- F) **Public Comments**
- G) **Consideration and appropriate action relating to a request for approval of the Consent Agenda.**

(All matters listed under "Consent" are considered by the GEMS Board to be routine and will be enacted by one motion. Any Trustee may, however, remove an item from the Consent Agenda by request. (A motion to adopt the Consent Agenda is non-debatable.)

  - 1) To approve the minutes from the November 3,2025, meeting.

2) To approve the purchase orders receiving report and payment claims as of 11/17/2025 totaling \$27,075.34.

H) **Consideration and appropriate action relating to items removed from the Consent Agenda**

I) **Scheduled Business**

J) **Adjournment**

This notice and agenda was posted at Glenpool City Hall, 12205 S Yukon Ave., Oklahoma, on 11/26/2025 at 5:30 p.m.

Signed: LeaAnn Reed  
CAO

# Mercy Regional



Brian Cook  
Chief Operating Officer  
PO Box 2398  
Owasso, OK 74055  
Office: 918.609.5827  
Email: [bcook@mercy-regional.com](mailto:bcook@mercy-regional.com)

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To: Honorable Chair and GEMS Board Members

From: Brian Cook, Chief Operating Officer

Date: November 17, 2025

Ref: EMS Report October 28, 2025 – November 16, 2025

We logged 87 calls for service during this period while maintaining a 97% response time compliance.

53 patients were treated and transported.  
19 patients refused transport.  
9 cancelled prior to arrival.  
2 Mutual aid received.  
4 mutual aid given.

A handwritten signature in black ink that reads 'Brian Cook'.

Brian Cook,  
Chief Operating Officer

Run Number	Response Area	Incident Created	ResponseTime	Destination	Column1
514921	Glenpool	10/28/2025 15:10	0:06:52	Patient Refusal	
515574	Glenpool	10/28/2025 22:26	0:04:45	St Francis Tulsa Hospital	
515912	Glenpool	10/29/2025 06:26	0:03:14	Calling Party	
516225	Glenpool	10/29/2025 10:38	0:04:09	St Francis Tulsa Hospital	
516592	Glenpool	10/29/2025 13:42	0:01:24	St Francis South Hospital	
517828	Glenpool	10/30/2025 09:25	0:03:49	Patient Refusal	
518253	Glenpool	10/30/2025 13:22	0:08:04	Hillcrest South Hospital	
518460	Glenpool	10/30/2025 14:55	0:05:18	St Francis South Hospital	
518752	Glenpool	10/30/2025 17:19	0:09:53	St Francis Tulsa Hospital	Mutual Aid Given
519194	Glenpool	10/30/2025 23:25	0:07:10	Patient Refusal	
519199	Glenpool	10/30/2025 23:30	0:02:49	Patient Refusal	
519516	Glenpool	10/31/2025 07:07	0:07:29	St Francis Glenpool	
520288	Glenpool	10/31/2025 14:27	0:06:45	Patient Refusal	
520328	Glenpool	10/31/2025 14:45	0:02:55	Patient Refusal	
520412	Glenpool	10/31/2025 15:48	0:06:43	St Francis South Hospital	
521409	Glenpool	11/1/2025 07:03	0:08:07	St Francis South Hospital	
521539	Glenpool	11/1/2025 09:53	0:01:29	Patient Refusal	
521610	Glenpool	11/1/2025 11:12	0:05:04	St Francis Glenpool	
521654	Glenpool	11/1/2025 11:58	0:16:50	St Francis Tulsa Hospital	
521789	Glenpool	11/1/2025 13:34	0:06:30	St Francis Glenpool	Mutual Aid Given
521980	Glenpool	11/1/2025 16:03	0:03:13	St John Tulsa Medical Center	
522003	Glenpool	11/1/2025 16:19	0:03:43	St Francis South Hospital	
522066	Glenpool	11/1/2025 17:04	0:10:11	St Francis Tulsa Hospital	Responded from Tulsa
522410	Glenpool	11/1/2025 22:24	0:07:42	False Call	
522636	Glenpool	11/2/2025 02:30	0:07:39	Patient Refusal	
523208	Glenpool	11/2/2025 14:28	0:07:25	St Francis Tulsa Hospital	
523467	Glenpool	11/2/2025 18:13	0:03:42	Unit on Scene Cancelled	
523470	Glenpool	11/2/2025 18:15	0:03:41	False Call	
523480	Glenpool	11/2/2025 18:16	0:04:14	St Francis Tulsa Hospital	
523813	Glenpool	11/3/2025 01:33	0:06:54	Unit on Scene Cancelled	
523822	Glenpool	11/3/2025 01:54	0:08:12	St Francis South Hospital	
524422	Glenpool	11/3/2025 12:06	0:05:57	Hillcrest South Hospital	
524594	Glenpool	11/3/2025 13:23	0:03:28	Patient Refusal	
525243	Glenpool	11/3/2025 17:54	0:04:02	St Francis Tulsa Hospital	

525612	Glenpool	11/3/2025 22:38	0:05:02	St Francis South Hospital	
525709	Glenpool	11/4/2025 00:07	0:04:47	St Francis Tulsa Hospital	
526054	Glenpool	11/4/2025 09:08	0:01:59	St Francis Tulsa Hospital	
527394	Glenpool	11/4/2025 21:03	0:04:13	Calling Party	
527527	Glenpool	11/4/2025 23:36	0:07:24	St Francis Tulsa Hospital	
527782	Glenpool	11/5/2025 07:00	0:05:35	St Francis South Hospital	
528940	Glenpool	11/5/2025 17:35	0:05:33	Patient Refusal	
529875	Glenpool	11/6/2025 10:19	0:02:54	St Francis Tulsa Hospital	
529921	Glenpool	11/6/2025 10:42	0:05:17	St Francis Glenpool	
529942	Glenpool	11/6/2025 11:00	0:05:13	St Francis Glenpool	
530781	Glenpool	11/6/2025 18:02	0:04:51	St Francis Tulsa Hospital	
530917	Glenpool	11/6/2025 19:44	0:06:16	Patient Refusal	
531002	Glenpool	11/6/2025 20:47	0:07:37	St Francis Tulsa Hospital	
531139	Glenpool	11/6/2025 22:57	0:01:04	St Francis Tulsa Hospital	
531145	Glenpool	11/6/2025 23:10	0:06:09	Hillcrest Medical Center	
532051	Glenpool	11/7/2025 13:31	0:04:45	St Francis Tulsa Hospital	
532055	Glenpool	11/7/2025 13:30	0:05:07	St John Tulsa Medical Center	
532299	Glenpool	11/7/2025 15:17	0:03:32	Unit on Scene Cancelled	
532714	Glenpool	11/7/2025 19:19	0:05:11	Unit on Scene Cancelled	
533980	Glenpool	11/8/2025 16:45		Sent Mutual Aid	
534026	Glenpool	11/8/2025 17:10		Sent Mutual Aid	
534301	Glenpool	11/8/2025 20:38	0:11:42	Patient Refusal	
535056	Glenpool	11/9/2025 12:48	0:05:45	Unit on Scene Cancelled	
535491	Glenpool	11/9/2025 18:57	0:06:48	Patient Refusal	
535925	Glenpool	11/10/2025 04:32	0:05:54	St Francis South Hospital	
535941	Glenpool	11/10/2025 04:49	0:06:17	St Francis Tulsa Hospital	
535973	Glenpool	11/10/2025 05:53	0:04:08	St Francis Tulsa Hospital	
536166	Glenpool	11/10/2025 09:27	0:13:11	St Francis Tulsa Hospital	Staged
536181	Glenpool	11/10/2025 09:50	0:07:44	St Francis Tulsa Hospital	
536239	Glenpool	11/10/2025 10:17		Sent Mutual Aid	
537257	Glenpool	11/10/2025 19:29	0:02:58	St John Tulsa Medical Center	
537338	Glenpool	11/10/2025 20:40	0:05:51	Patient Refusal	
537342	Glenpool	11/10/2025 20:45	0:03:35	Hillcrest South Hospital	
537522	Glenpool	11/10/2025 23:56	0:06:49	Hillcrest South Hospital	
538889	Glenpool	11/11/2025 17:58	0:05:44	St Francis Tulsa Hospital	

539617	Glenpool	11/12/2025 08:38	0:02:35 St Francis Tulsa Hospital
539790	Glenpool	11/12/2025 10:23	0:04:47 St Francis Tulsa Hospital
540387	Glenpool	11/12/2025 15:17	0:04:10 St Francis Tulsa Hospital
540994	Glenpool	11/12/2025 22:33	0:06:15 St John Tulsa Medical Center
541264	Glenpool	11/13/2025 06:16	0:06:19 St John Tulsa Medical Center
541426	Glenpool	11/13/2025 09:02	0:02:03 Patient Refusal
541928	Glenpool	11/13/2025 13:27	0:02:54 St Francis Tulsa Hospital
542501	Glenpool	11/13/2025 18:13	0:04:32 St Francis Tulsa Hospital
543844	Glenpool	11/14/2025 13:49	0:04:52 Hillcrest South Hospital
543897	Glenpool	11/14/2025 14:11	Sent Mutual Aid
544134	Glenpool	11/14/2025 15:30	0:06:34 Hillcrest South Hospital
544724	Glenpool	11/14/2025 20:38	0:06:00 Patient Refusal
545264	Glenpool	11/15/2025 07:29	0:18:07 Patient Refusal
545813	Glenpool	11/15/2025 14:39	0:02:46 St Francis Tulsa Hospital
547749	Glenpool	11/16/2025 12:27	0:04:01 St Francis Tulsa Hospital
548514	Glenpool	11/16/2025 17:56	0:00:07 Patient Refusal
548611	Glenpool	11/16/2025 19:17	0:05:33 Patient Refusal
549288	Glenpool	11/17/2025 07:58	0:06:52 St Francis Tulsa Hospital

PO BOX 1089  
 GLENPOOL, OK 74033-1089  
 (918) 322-9015



To Oklahoma & You.™

Dir 1 251 7

9847X0C.004 BNCF:0008650



24-Hour  
 Automated  
 Account Information

1-877-602-2262

2 \*0008650  
 GLENPOOL AREA EMERGENCY MEDICAL  
 SERVICE DISTRICT  
 12205 S YUKON AVE  
 GLENPOOL OK 74033-6635

PAGE 1

ACCOUNT NUMBER [REDACTED]
STATEMENT DATE 10/31/25

*The*

**“LET’S MAKE  
IT HAPPEN”**

*Loan Sale\**

**BancFirst**  
*Loyal*

To Oklahoma & You.™

\*Loans offered with approved credit. For secured consumer purpose loans only, excluding real estate, mobile home, or CD secured loans. For new loans or refinance of non-BancFirst loans.

**ACCOUNT ANALYSIS**

Beginning Balance	10/01/25	277,009.97
Deposits / Misc Credits	1	305.38
Withdrawals / Misc Debits	7	34,193.28
<b>** Ending Balance</b>	<b>10/31/25</b>	<b>243,122.07 **</b>
*****		
Service Charge		.00
Enclosures		7

DEPOSITS								
Date	Deposits	Withdrawals	Activity Description					
10/15	305.38		TULSA COUNTY/REMIT					
CHECKS								
* indicates skip in check numbers								
Date	Check No.	Amount	Date	Check No.	Amount	Date	Check No.	Amount
10/17	2276	15,000.00	10/16	2279	208.33	10/15	2282*	252.79
10/09	2277	17,002.04	10/14	2280	30.50	10/15	2283	1,491.29
10/14	2278	208.33						
DAILY BALANCE SUMMARY								
Date	Balance		Date	Balance		Date	Balance	
10/09	260,007.93		10/15	258,330.40		10/17	243,122.07	
10/14	259,769.10		10/16	258,122.07				

8001-00000

Statement Date: 10/31/25

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DO NOT ACCEPT UNLESS THIS CHECK IS PRINTED WITH A COLOR BACKGROUND CONTAINING A VOID PANTOGRAPH MICROPRINTING FACE AND BACK, UV FEEDERS AND A WATERMARK ON THE REVERSE SIDE.

**GLENPOOL AREA EMERGENCY** 01/93 **BancFirst** 002276  
**MEDICAL SERVICE DISTRICT**  
 12205 S. YUKON AVE. PH. 918-322-5409  
 GLENPOOL, OK 74033-6635  
 Glenpool, Oklahoma  
 39-3631030

PAY --- FIFTEEN THOUSAND & 00/100 DOLLARS --- DATE 10/07/2025 CHECK AMOUNT \$\*\*\*\*\*15,000.00

TO THE ORDER OF  
 \*\* CENTURION HEALTH SYSTEMS, DBA MERCY REGIONAL \*\*  
 MERCY REGIONAL OKLAHOMA  
 9106 N GARNETT RD  
 OWASSO, OK 74055

BY: *John Raman*  
 BY: *Lesli Smith*  
 AUTHORIZED SIGNATURES

⑆00 2276⑆ ⑆103003632⑆

Number: 2276 Date: 10/17/2025 Amount: \$15000.00

DO NOT ACCEPT UNLESS THIS CHECK IS PRINTED WITH A COLOR BACKGROUND CONTAINING A VOID PANTOGRAPH MICROPRINTING FACE AND BACK, UV FEEDERS AND A WATERMARK ON THE REVERSE SIDE.

**GLENPOOL AREA EMERGENCY** 01/93 **BancFirst** 002277  
**MEDICAL SERVICE DISTRICT**  
 12205 S. YUKON AVE. PH. 918-322-5409  
 GLENPOOL, OK 74033-6635  
 Glenpool, Oklahoma  
 39-3631030

PAY --- SEVENTEEN THOUSAND TWO & 04/100 DOLLARS --- DATE 10/07/2025 CHECK AMOUNT \$\*\*\*\*\*17,002.04

TO THE ORDER OF  
 \*\* CITY OF GLENPOOL - GEMS \*\*  
 12205 S YUKON AVE.  
 GLENPOOL, OK 74033

BY: *John Raman*  
 BY: *Lesli Smith*  
 AUTHORIZED SIGNATURES

⑆00 2277⑆ ⑆103003632⑆

Number: 2277 Date: 10/9/2025 Amount: \$17002.04

DO NOT ACCEPT UNLESS THIS CHECK IS PRINTED WITH A COLOR BACKGROUND CONTAINING A VOID PANTOGRAPH MICROPRINTING FACE AND BACK, UV FEEDERS AND A WATERMARK ON THE REVERSE SIDE.

**GLENPOOL AREA EMERGENCY** 01/93 **BancFirst** 002278  
**MEDICAL SERVICE DISTRICT**  
 12205 S. YUKON AVE. PH. 918-322-5409  
 GLENPOOL, OK 74033-6635  
 Glenpool, Oklahoma  
 39-3631030

PAY --- TWO HUNDRED EIGHT & 33/100 DOLLARS --- DATE 10/07/2025 CHECK AMOUNT \$\*\*\*\*\*208.33

TO THE ORDER OF  
 \*\* JOSHUA M. BRANNON \*\*  
 12205 S YUKON AVE.  
 GLENPOOL, OK 74033

BY: *John Raman*  
 BY: *Lesli Smith*  
 AUTHORIZED SIGNATURES

⑆00 2278⑆ ⑆103003632⑆

Number: 2278 Date: 10/14/2025 Amount: \$208.33

DO NOT ACCEPT UNLESS THIS CHECK IS PRINTED WITH A COLOR BACKGROUND CONTAINING A VOID PANTOGRAPH MICROPRINTING FACE AND BACK, UV FEEDERS AND A WATERMARK ON THE REVERSE SIDE.

**GLENPOOL AREA EMERGENCY** 01/93 **BancFirst** 002279  
**MEDICAL SERVICE DISTRICT**  
 12205 S. YUKON AVE. PH. 918-322-5409  
 GLENPOOL, OK 74033-6635  
 Glenpool, Oklahoma  
 39-3631030

PAY --- TWO HUNDRED EIGHT & 33/100 DOLLARS --- DATE 10/07/2025 CHECK AMOUNT \$\*\*\*\*\*208.33

TO THE ORDER OF  
 \*\* LESLI SMITH \*\*

BY: *John Raman*  
 BY: *Lesli Smith*  
 AUTHORIZED SIGNATURES

⑆00 2279⑆ ⑆103003632⑆

Number: 2279 Date: 10/16/2025 Amount: \$208.33

DO NOT ACCEPT UNLESS THIS CHECK IS PRINTED WITH A COLOR BACKGROUND CONTAINING A VOID PANTOGRAPH MICROPRINTING FACE AND BACK, UV FEEDERS AND A WATERMARK ON THE REVERSE SIDE.

**GLENPOOL AREA EMERGENCY** 01/93 **BancFirst** 002280  
**MEDICAL SERVICE DISTRICT**  
 12205 S. YUKON AVE. PH. 918-322-5409  
 GLENPOOL, OK 74033-6635  
 Glenpool, Oklahoma  
 39-3631030

PAY --- THIRTY & 50/100 DOLLARS --- DATE 10/07/2025 CHECK AMOUNT \$\*\*\*\*\*30.50

TO THE ORDER OF  
 \*\* ROSENSTEIN, FIST & RINGOLD, INC. \*\*  
 SUITE 700  
 525 SOUTH MAIN STREET  
 TULSA, OK 74103-4508

BY: *John Raman*  
 BY: *Lesli Smith*  
 AUTHORIZED SIGNATURES

⑆00 2280⑆ ⑆103003632⑆

Number: 2280 Date: 10/14/2025 Amount: \$30.50

DO NOT ACCEPT UNLESS THIS CHECK IS PRINTED WITH A COLOR BACKGROUND CONTAINING A VOID PANTOGRAPH MICROPRINTING FACE AND BACK, UV FEEDERS AND A WATERMARK ON THE REVERSE SIDE.

**GLENPOOL AREA EMERGENCY** 01/93 **BancFirst** 002282  
**MEDICAL SERVICE DISTRICT**  
 12205 S. YUKON AVE. PH. 918-322-5409  
 GLENPOOL, OK 74033-6635  
 Glenpool, Oklahoma  
 39-3631030

PAY --- TWO HUNDRED FIFTY TWO & 75/100 DOLLARS --- DATE 10/07/2025 CHECK AMOUNT \$\*\*\*\*\*252.79

TO THE ORDER OF  
 \*\* TULSA BEACON \*\*  
 SUITE 180  
 6705 E 81ST STREET  
 TULSA, OK 74133

BY: *John Raman*  
 BY: *Lesli Smith*  
 AUTHORIZED SIGNATURES

⑆00 2282⑆ ⑆103003632⑆

Number: 2282 Date: 10/15/2025 Amount: \$252.79

DO NOT ACCEPT UNLESS THIS CHECK IS PRINTED WITH A COLOR BACKGROUND CONTAINING A VOID PANTOGRAPH MICROPRINTING FACE AND BACK, UV FEEDERS AND A WATERMARK ON THE REVERSE SIDE.

**GLENPOOL AREA EMERGENCY** 01/93 **BancFirst** 002283  
**MEDICAL SERVICE DISTRICT**  
 12205 S. YUKON AVE. PH. 918-322-5409  
 GLENPOOL, OK 74033-6635  
 Glenpool, Oklahoma  
 39-3631030

PAY --- ONE THOUSAND FOUR HUNDRED NINETY ONE & 29/100 DOLLARS --- CHECK AMOUNT \$\*\*\*\*\*1,491.29

TO THE ORDER OF  
 \*\* TULSA COUNTY ASSESSOR \*\*  
 JOHN A. WRIGHT, AAS  
 218 W. 6TH ST., 5TH FLOOR  
 TULSA, OK 74119

BY: *John Raman*  
 BY: *Lesli Smith*  
 AUTHORIZED SIGNATURES

⑆00 2283⑆ ⑆103003632⑆

Number: 2283 Date: 10/15/2025 Amount: \$1491.29

4021-00000



PERIOD: 10/01/2025 - 10/31/2025

ACCOUNT: 31-1001 GEMS CASH IN BANK

RECONCILIATION SUMMARY

BEGINNING STATEMENT BALANCE:	277,009.97	GL ACCOUNT BALANCE:	239,244.37
DEPOSITS:	+ 305.38	OUTSTANDING DEPOSITS:	- 0.00
WITHDRAWALS:	+ 34,193.28CR	OUTSTANDING CHECKS:	- 3,877.70CR
ADJUSTMENTS:	+ <u>0.00</u>	ADJUSTMENTS:	+ <u>0.00</u>
ENDING STATEMENT BALANCE:	243,122.07	ADJUSTED GL ACCOUNT BALANCE:	243,122.07

STATEMENT BALANCE: 243,122.07  
 BANK DIFFERENCE: 0.00  
 G/L DIFFERENCE: 0.00

CLEARED DEPOSITS:

10/15/2025	Sept GEMS TAX DEP FROM TC	<u>305.38</u>
TOTAL CLEARED DEPOSITS:		305.38
		=====

CLEARED CHECKS:

10/07/2025	002276	CENTURION HEALTH SYSTEMS, DBA M	15,000.00CR
10/07/2025	002277	CITY OF GLENPOOL - GEMS	17,002.04CR
10/07/2025	002278	JOSHUA M. BRANNON	208.33CR
10/07/2025	002279	LESLI SMITH	208.33CR
10/07/2025	002280	ROSENSTEIN, FIST & RINGOLD, INC	30.50CR
10/07/2025	002282	TULSA BEACON	252.79CR
10/07/2025	002283	TULSA COUNTY ASSESSOR	<u>1,491.29CR</u>
TOTAL CLEARED CHECKS:			34,193.28CR
			=====

CLEARED OTHER:

No Items.

31 -GEMS

ACCOUNT #	ACCOUNT DESCRIPTION	BALANCE	
<b>ASSETS</b>			
=====			
31-1001	GEMS CASH IN BANK	239,244.37	
31-1302	PREPAID PAYROLL TAXES	0.00	
31-1303	TAXES RECEIVABLE	0.00	
31-1353	EQUIPMENT	71,085.14	
31-1354	ACCUM DEPREC - EQUIPMENT	( 42,651.08)	
			<u>267,678.43</u>
TOTAL ASSETS			267,678.43
			=====
<b>LIABILITIES</b>			
=====			
31-2001	ACCOUNTS PAYABLE	0.00	
31-2101	FICA LIABILITY	0.00	
31-2102	MED TAX LIABILITY	0.00	
31-2103	FEDERAL W/H PAYABLE	0.00	
31-2104	STATE W/H PAYABLE	0.00	
31-2130	OPEB LIABILITY	0.00	
31-2131	DEFERRED INFLOWS	0.00	
	TOTAL LIABILITIES		<u>0.00</u>
<b>EQUITY</b>			
=====			
31-3001	FUND BALANCE	383,003.17	
	TOTAL BEGINNING EQUITY	383,003.17	
TOTAL REVENUE		3,492.20	
TOTAL EXPENSES		<u>118,816.94</u>	
TOTAL REVENUE OVER/ (UNDER) EXPENSES		( 115,324.74)	
TOTAL EQUITY & REV. OVER/ (UNDER) EXP.			<u>267,678.43</u>
TOTAL LIABILITIES, EQUITY & REV.OVER/ (UNDER) EXP.			267,678.43
			=====

CITY OF GLENPOOL  
 PRIOR YEAR ENCUMBRANCE FINANCIAL (UNAUDITED)  
 AS OF:OCTOBER 31ST, 2025

31 -GEMS

FINANCIAL SUMMARY

% OF YEAR COMPLETED: 33.33

	CURRENT BUDGET	CURRENT PERIOD	PRIOR YEAR PO ADJUST.	Y-T-D ACTUAL	Y-T-D ENCUMBRANCE	BUDGET BALANCE	% OF BUDGET
<u>REVENUE SUMMARY</u>							
NON-DEPARTMENTAL	437,896.00	305.38	0.00	3,492.20	0.00	434,403.80	0.80
TOTAL REVENUES	437,896.00	305.38	0.00	3,492.20	0.00	434,403.80	0.80
=====							
<u>EXPENDITURE SUMMARY</u>							
GEMS	437,896.00	0.00	0.00	118,816.94	39,229.42	279,849.64	36.09
TOTAL EXPENDITURES	437,896.00	0.00	0.00	118,816.94	39,229.42	279,849.64	36.09
=====							
REVENUE OVER/ (UNDER) EXPENDITURES	0.00	305.38	0.00	( 115,324.74)	( 39,229.42)	0.00	0.00

CITY OF GLENPOOL  
 PRIOR YEAR ENCUMBRANCE FINANCIAL (UNAUDITED)  
 AS OF:OCTOBER 31ST, 2025

31 -GEMS

% OF YEAR COMPLETED: 33.33

REVENUES	CURRENT BUDGET	CURRENT PERIOD	PRIOR YEAR PO ADJUST.	Y-T-D ACTUAL	Y-T-D ENCUMBRANCE	BUDGET BALANCE	% OF BUDGET
<hr/>							
NON-DEPARTMENTAL							
=====							
<u>TAXES</u>							
31-5-00-5006 TAXES	417,157.00	305.38	0.00	3,492.20	0.00	413,664.80	0.84
TOTAL TAXES	417,157.00	305.38	0.00	3,492.20	0.00	413,664.80	0.84
<u>INVESTMENT INCOME</u>							
31-5-00-5301 INTEREST	0.00	0.00	0.00	0.00	0.00	0.00	0.00
31-5-00-5306 MISCELLANEOUS	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL INVESTMENT INCOME	0.00	0.00	0.00	0.00	0.00	0.00	0.00
<u>OTHER FINANCING SOURCES</u>							
31-5-00-5409 USE OF FUND BALANCE	20,739.00	0.00	0.00	0.00	0.00	20,739.00	0.00
TOTAL OTHER FINANCING SOURCES	20,739.00	0.00	0.00	0.00	0.00	20,739.00	0.00
TOTAL NON-DEPARTMENTAL	437,896.00	305.38	0.00	3,492.20	0.00	434,403.80	0.80
<hr/>							
** TOTAL REVENUES **	437,896.00	305.38	0.00	3,492.20	0.00	434,403.80	0.80
	=====	=====	=====	=====	=====	=====	=====

31 -GEMS

% OF YEAR COMPLETED: 33.33

DEPARTMENTAL EXPENDITURES	CURRENT BUDGET	CURRENT PERIOD	PRIOR YEAR PO ADJUST.	Y-T-D ACTUAL	Y-T-D ENCUMBRANCE	BUDGET BALANCE	% OF BUDGET
<u>GEMS</u>							
=====							
<u>PERSONAL SERVICES</u>							
31-6-01-6101 SALARIES & WAGES	0.00	0.00	0.00	0.00	0.00	0.00	0.00
31-6-01-6102 INSURANCE	0.00	0.00	0.00	0.00	0.00	0.00	0.00
31-6-01-6111 FICA	0.00	0.00	0.00	0.00	0.00	0.00	0.00
31-6-01-6113 WORKMANS COMP	0.00	0.00	0.00	0.00	0.00	0.00	0.00
31-6-01-6114 UNEMPLOYMENT	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>
TOTAL PERSONAL SERVICES	0.00	0.00	0.00	0.00	0.00	0.00	0.00
<u>SUPPLIES</u>							
31-6-01-6202 OPERATING SUPPLIES	5,500.00	0.00	0.00	3,065.58	0.00	2,434.42	55.74
31-6-01-6206 MINOR EQUIPMENT	<u>2,500.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>2,500.00</u>	<u>0.00</u>
TOTAL SUPPLIES	8,000.00	0.00	0.00	3,065.58	0.00	4,934.42	38.32
<u>OTHER CHARGES &amp; SERVICES</u>							
31-6-01-6210 AMBULANCE CONTRACT	180,000.00	0.00	0.00	60,000.00	15,000.00	105,000.00	41.67
31-6-01-6225 FIRST RESPONDER/ADMIN FEES	203,678.00	0.00	0.00	49,960.68	17,815.16	135,902.16	33.28
31-6-01-6235 CONTRACT SERVICES	13,800.00	0.00	0.00	5,790.68	416.66	7,592.66	44.98
31-6-01-6236 AUDIT FEES	25,918.00	0.00	0.00	0.00	5,997.60	19,920.40	23.14
31-6-01-6254 MISC SERVICES & CHARGES	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>
TOTAL OTHER CHARGES & SERVICES	423,396.00	0.00	0.00	115,751.36	39,229.42	268,415.22	36.60
<u>TRAVEL &amp; TRAINING</u>							
31-6-01-6262 TRAVEL AND TRAINING	<u>6,500.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>6,500.00</u>	<u>0.00</u>
TOTAL TRAVEL & TRAINING	6,500.00	0.00	0.00	0.00	0.00	6,500.00	0.00
<u>MISCELLANEOUS</u>							
31-6-01-6283 INVESTMENT EXPENSES	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>
TOTAL MISCELLANEOUS	0.00	0.00	0.00	0.00	0.00	0.00	0.00
<u>CAPITAL EXPENDITURES</u>							
31-6-01-6333 CAPITAL PURCHASES	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>
TOTAL CAPITAL EXPENDITURES	0.00	0.00	0.00	0.00	0.00	0.00	0.00
<u>OTHER FINANCING USES</u>							
31-6-01-6745 TSF TO RESERVES	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>
TOTAL OTHER FINANCING USES	0.00	0.00	0.00	0.00	0.00	0.00	0.00
-----							
TOTAL GEMS	437,896.00	0.00	0.00	118,816.94	39,229.42	279,849.64	36.09
-----							
TOTAL EXPENDITURES	437,896.00	0.00	0.00	118,816.94	39,229.42	279,849.64	36.09
=====							
REVENUE OVER/(UNDER) EXPENDITURES	0.00	305.38	0.00	( 115,324.74)	( 39,229.42)	154,554.16	0.00

Month	FY2026	FY2025	FY2024	FY2023	FY2022	FY2021	FY2020
July	0.3%	0.2%	0.1%	0.3%	0.4%	0.5%	0.3%
August	0.6%	0.5%	0.3%	0.4%	0.6%	0.6%	0.7%
September	0.7%	0.8%	0.6%	0.5%	0.8%	0.8%	0.7%
October	0.8%	1.0%	1.0%	1.4%	1.2%	1.0%	1.1%
November		1.2%	1.3%	1.5%	1.3%	1.2%	1.2%
December		7.0%	6.1%	5.4%	4.6%	5.9%	4.6%
January		91.3%	90.0%	91.3%	85.8%	80.3%	80.8%
February		97.5%	98.2%	100.7%	92.1%	90.7%	85.6%
March		98.7%	100.2%	103.2%	94.0%	92.4%	87.6%
April		108.4%	108.6%	110.9%	101.8%	101.7%	93.3%
May		112.1%	112.7%	114.2%	104.9%	105.2%	97.9%
June		112.7%	113.7%	115.0%	105.3%	105.7%	99.1%

As of October 31, 2025 GEMS received 0.8% of tax revenue originally budgeted.  
In other words, \$3,492.20 has been received of the \$437,896.00 tax revenue originally budgeted.



**IV COMPARTMENT**

Sharps Shuttle

IV 10 Drop Administration Sets

1-Roll Medical Tape

1-Arrow IO Drill

2-14g IV	Exp. Date:	02 February 2026	Exp. Date:	29 May 2028
2-18g IV	Exp. Date:	20 October 2026	Exp. Date:	20 October 2026
2-20g IV	Exp. Date:	26 August 2027	Exp. Date:	02 May 2027
2-22g IV	Exp. Date:	11 March 2027	Exp. Date:	15 April 2027
2-24g IV	Exp. Date:	25 October 2027	Exp. Date:	25 October 2027
4-Saline Flushes	{ Exp. Date:	01 April 2026	Exp. Date:	01 April 2026
	{ Exp. Date:	01 April 2026	Exp. Date:	01 April 2026
2-IV Start Kits				
2-EZ Stabilizers	Exp. Date:	19 March 2029	Exp. Date:	
2-45mm 15g IO Needle Set	Exp. Date:	31 December 2026	Exp. Date:	31 December 2026
2-25mm 15g IO Needle Set	Exp. Date:	30 June 2028	Exp. Date:	
1-IV Bag	Exp. Date:	01 December 2025		
1 Pressure Bag				

**AIRWAY COMPARTMENT**

1-2.5 ET Tube	Exp. Date:	01 December 2027	1-7.0 ET Tube	Exp. Date:	21 January 2027
1-3.0 ET Tube	Exp. Date:	04 December 2025	1-7.5 ET Tube	Exp. Date:	17 December 2026
1-3.5 ET Tube	Exp. Date:	07 May 2026	1-8.0 ET Tube	Exp. Date:	04 December 2025
1-4.0 ET Tube	Exp. Date:	14 April 2027	1-8.5 ET Tube	Exp. Date:	15 October 2026
1-4.5 ET Tube	Exp. Date:	21 July 2027	1-9.0 ET Tube	Exp. Date:	20 August 2026
1-5.0 ET Tube	Exp. Date:	28 May 2026	1-OPA Kit		<input checked="" type="checkbox"/>
1-5.5 ET Tube	Exp. Date:	16 July 2026	K-Y Lube Gel	Exp. Date:	31 July 2028
1-6.0 ET Tube	Exp. Date:	20 August 2026			
1-6.5 ET Tube	Exp. Date:	06 August 2026			

**AIRWAY COMPARTMENT CONT.**

1-NPA Kit (Sizes 8.7/9.3/10.0/10.7/11.3mm)

Size 8.7	Exp. Date:	28 November 2027	4 KAD	
Size 9.3	Exp. Date:	07 December 2026	Green	Exp. Date: 01 October 2026
Size 10	Exp. Date:	28 April 2027	Purple	Exp. Date:
Size 10.7	Exp. Date:	29 March 2027	Yellow	Exp. Date: 01 November 2027
Size 11.3	Exp. Date:	10 February 2026	Red	Exp. Date: 01 August 2025

**MEDICINE COMPARTMENT**

1-Glucagon Kit 1mg	Exp. Date:	01 December 2026	
1-50% Dextrose	Exp. Date:	03 March 2027	
2 - Epinephrine Injection 1mg/mL	Exp. Date:	30 September 2025	Exp. Date: 30 September 2025
2 - 18g Filter Needles	Exp. Date:	14 June 2028	Exp. Date: 25 November 2028
2 - 23g Eclipse Needle	Exp. Date:	31 March 2025	Exp. Date: 31 March 2025
2 - 1mL Syringe	Exp. Date:	31 December 2026	Exp. Date: 31 December 2026
2 - 4x4 Gauze	<input checked="" type="checkbox"/>		
2 - Naloxone Hydrochloride 2mg per 2mL (1 Kit)	Exp. Date:	30 March 2026	Exp. Date: 31 December 2025
1 - 2% Lidocaine Hcl	Exp. Date:	28 February 2026	
1 - Nebulizer Kit	<input checked="" type="checkbox"/>		
3 - Albuterol 2.5mg	Exp:	30 September 2027	Exp: 30 September 2027
	Exp:		Exp: 30 September 2027
1 - Levalbuterol 1.25	Exp. Date:	30 November 2025	
1 - Levalbuterol 0.31	Exp. Date:	30 March 2026	
2 - Ipratropium Bromide 0.5mg (Atrovent)	Exp. Date:	31 July 2026	Exp. Date: 31 July 2026
1 - Low Dose Aspirin (81 mg)	Exp. Date:	31 March 2026	
1 - Roll Med Tape	<input checked="" type="checkbox"/>		

## LIFEPAK MONITOR

Child/ Adult AED Pads      Exp. Date:

Capno     

PEDI Pulse OX      Exp. Date:

---

### LIFEPAK®15 Monitor/Defibrillator Operator's Checklist

This is a recommended checklist to use to inspect and test this monitor/defibrillator. Daily inspection and test is recommended. This form may be reproduced.

Unit Serial No:       Location:       DATE

#### 1. Inspect physical condition for:

Foreign substances       Pass       Fail

Damage or cracks       Pass       Fail

#### 2. Inspect power source for:

Broken, loose or worn battery pins.       Pass       Fail

Damaged or leaking battery.       Pass       Fail

Spare battery available       Pass       Fail

Damage to power adapters or cable.       Pass       Fail

#### 3. Inspect ECG cable and cable port for:

Cracking, damaged, broke or bent parts or pins       Pass       Fail

#### 4. Check ECG electrodes and therapy electrodes for:

Use by date       Pass       Fail

Spare electrodes available       Pass       Fail

Damaged, open package       Pass       Fail

5. With batteries installed, disconnect from power adapter (if using), press ON and observe for:

- |  |  |                               |
|--|--|-------------------------------|
| Momentary illumination of self test messages and LED's and speaker beep. | <input checked="" type="checkbox"/> Pass | <input type="checkbox"/> Fail |
| Two fully charged batteries  | <input checked="" type="checkbox"/> Pass | <input type="checkbox"/> Fail |
| Service indicator  | <input checked="" type="checkbox"/> Pass | <input type="checkbox"/> Fail |

6. With batteries installed, reconnect power adapter to device and check for:  
(If not using a power adapter, goto step 7.)

- |   |  |                               |
|---|--|-------------------------------|
| Power adapter LED stripes illuminated                       | <input checked="" type="checkbox"/> Pass | <input type="checkbox"/> Fail |
| Auxiliary power LED on device is illuminated                | <input checked="" type="checkbox"/> Pass | <input type="checkbox"/> Fail |
| Battery charging LED on device is illuminating or flashing. | <input checked="" type="checkbox"/> Pass | <input type="checkbox"/> Fail |

7. Perform QUICK-COMBO therapy cable check in manual mode.  
(If this cable is not used with defibrillator, go to step 8).

- |  |  |                               |
|--|--|-------------------------------|
| Disconnect and examine cable for cracking, damaged, broken or bent parts and pins. | <input checked="" type="checkbox"/> Pass | <input type="checkbox"/> Fail |
| Connect therapy cable to defibrillator and test load.                              | <input checked="" type="checkbox"/> Pass | <input type="checkbox"/> Fail |
| Select LEAD then PADDLES   | <input checked="" type="checkbox"/> Pass | <input type="checkbox"/> Fail |
| Select 200 JOULES and press CHARGE.  | <input checked="" type="checkbox"/> Pass | <input type="checkbox"/> Fail |
| Press SHOCK button   | <input checked="" type="checkbox"/> Pass | <input type="checkbox"/> Fail |
| Confirm ENERGY DELIVERED message appears.  | <input checked="" type="checkbox"/> Pass | <input type="checkbox"/> Fail |
| Remove test load from cable and verify PADDLES LEAD OFF appears.                   | <input checked="" type="checkbox"/> Pass | <input type="checkbox"/> Fail |

8. Energy

- |  |  |                               |
|--|--|-------------------------------|
| Press only one (shock) button and release. Confirm that energy was not discharged. | <input checked="" type="checkbox"/> Pass | <input type="checkbox"/> Fail |
| Press the other (shock) button. Confirm that energy was not discharged.            | <input checked="" type="checkbox"/> Pass | <input type="checkbox"/> Fail |
| Press both (shock) buttons and confirm ABNORMAL ENERGY DELIVERY message appears.   | <input checked="" type="checkbox"/> Pass | <input type="checkbox"/> Fail |

8. Cont.

- Remove paddles from wells, and confirm artifact on screen.  Pass  Fail
- Place paddle surfaces together, and confirm flat line on screen.  Pass  Fail
- Return paddles securely to paddle wells.  Pass  Fail

9. Perform user test if 3:00 AM auto test results not available.

- Press OPTIONS.
- Select USER TEST in menu.  Pass  Fail
- Confirm test results printed.

10. Check ECG printer for:

- Adequate paper supply.  Pass  Fail
- Ability to print.  Pass  Fail

11. If using wireless data transmission, test transmission method

- Establish Bluetooth connection.  N/A  Pass  Fail
- Send a test transmission.  N/A  Pass  Fail

12. Turn off defibrillator.

(Press and hold ON for up to 2 seconds)

13. Confirm that the device is stowed, mounted and positioned securely.  Pass  Fail

The defibrillator delivers up to 360 joules of electrical energy. Unless discharged properly, this electrical energy may cause serious personal injury or death. Do not attempt to perform this test unless you are qualified by training and experience.

Failure to remove the test load may result in delay of therapy during patient use.

Discharging >10 joules in the paddle wells may damage the defibrillator.

---

Glucose Monitor

- Clean monitor  Pass  Fail

## Laerdal Scope

- Clean suction unit.  Pass  Fail
- Check for occlusions.  Pass  Fail
- Check vacuum build-up efficiency within 3 seconds.  Pass  Fail
- Check maximum achievable vacuum within 10 seconds.  Pass  Fail
- Check for air leaks.  Pass  Fail
- 

## AirTraq Videoscope

- Clean videoscope  Pass  Fail
- Verify that the battery % is above 50%.  Pass  Fail
- 

## 2% Bag

### Top Left Pocket (IV Fluids)

- |       |  |           |   |
|-------|--|-----------|---|
| Seal: | <input type="text" value="879"/>           | New Seal: | <input type="text" value="838"/>              |
| Exp.: | <input type="text" value="31 March 2027"/> | Exp.:     | <input type="text" value="31 December 2025"/> |
- 2 IV bags
- 2 IV/IO drop admin sets
- 

### Center Pocket

- |       |  |           |  |
|-------|--|-----------|--|
| Seal: | <input type="text" value="888"/>             | New Seal: | <input type="text" value="828"/>             |
| Exp.: | <input type="text" value="31 January 2025"/> | Exp.:     | <input type="text" value="09 October 2026"/> |
- 2-Asherman chest seals
- 2- 4X4 Gauze
- 1-Roll white duct tape
- 1-Tactical Tourniquet
- 3- 5X9 Gauze
- 2-Rolls Coban
- 2- Ice packs
- 2- Stretch Gauze

Center Pocket Cont.

- 2- Bandage roll
- 1- Sterile burn sheet 60X90.
- 1- Head block
- 1- Blood stopper
- 1- Multi-trauma dressing 12X30
- 1-RAD 57 Pulse Ox

---

Bottom Right Pocket

Seal:

New Seal:

- 1- SAM splint
- 1- Triangular bandage
- 1- Roll coban

---

Bottom Left Pocket

Seal:

New Seal:

- 1- SAM splint
- 1- Triangular bandage
- 1- Roll coban

---

Bop Right Pocket: (Ped/Infant)

Seal:

New Seal:

- 1- Ped/Infant NRB
- 1- Ped NRB mask
- 2- Infant NRB mask

GDF STAFF

*Leah H*



GLENPOOL FIRE DEPARTMENT  
MED BAG CHECKLIST

Unit:   
Date:

- 
- FRONT ZIPPER POCKET**
- 1 B/P Cuff
  - 1 Stethoscope
  - 1 Pulse Oximeter
  - 1 - Ped. Cannula
  - 1 - Infant Cannula
  - 2 - Infant NRB
  - 1 - Rusch Laryngoscope Kit

- 
- RIGHT ZIPPER POCKET**
- 1 - Airtraq Camera      Blue      Exp. Date:
  - 1 - Thomas Tube Holder      Pink      Exp. Date:
  - 1 - Airtraq Blade      Grey      Exp. Date:

- 
- O2 LEFT SIDE POCKET**
- 1-O2 Cylinder      psi
  - 2-Adult NRB
  - 2-Adult NC
  - 1-Adult BVM

- 
- INSIDE POCKET**
- 1-Blood Glucose Kit/Test Strips      Exp. Date:
  - 1-Tube Glucose 31g      Exp. Date:
  - Lancettes
  - Adhesive Bandages
  - Alcohol Swabs
  - 1-Tactical Tourniquet
  - 1-Thermometer
  - 1-Samsplint

- 
- FIRST AID BAG**
- Medical Tape
  - Flush
  - Conban
  - Band-aids
  - Tri-Angle Bandage
  - 4X4s
  - Bandage Roll
  - 3X3s

- 
- INSIDE CLEAR LID**
- Sharps Shuttle
  - Pen Light
  - Hand Sanitizer
  - Trauma Sheers
  - Ring Cutter
  - Convenience Bags
  - Bio Bag

**IV COMPARTMENT**

Sharps Shuttle

IV 10 Drop Administration Sets

1-Roll Medical Tape

1-Arrow IO Drill

2-14g IV	Exp. Date:	02 February 2026	Exp. Date:	29 May 2028
2-18g IV	Exp. Date:	20 October 2026	Exp. Date:	20 October 2026
2-20g IV	Exp. Date:	26 August 2027	Exp. Date:	02 May 2027
2-22g IV	Exp. Date:	11 March 2027	Exp. Date:	15 April 2027
2-24g IV	Exp. Date:	25 October 2027	Exp. Date:	25 October 2027
4-Saline Flushes	{ Exp. Date:	01 April 2026	Exp. Date:	01 April 2026
	{ Exp. Date:	01 April 2026	Exp. Date:	01 April 2026

2-IV Start Kits

2-EZ Stabilizers Exp. Date: 19 March 2029 Exp. Date:

2-45mm 15g IO Needle Set Exp. Date: 30 November 2027 Exp. Date: 31 December 2026

2-25mm 15g IO Needle Set Exp. Date: 30 June 2028 Exp. Date:

1-IV Bag Exp. Date: 30 June 2027

1 Pressure Bag

**AIRWAY COMPARTMENT**

1-2.5 ET Tube	Exp. Date:	01 December 2027	1-7.0 ET Tube	Exp. Date:	01 January 2027
1-3.0 ET Tube	Exp. Date:	04 December 2025	1-7.5 ET Tube	Exp. Date:	17 December 2026
1-3.5 ET Tube	Exp. Date:	07 May 2026	1-8.0 ET Tube	Exp. Date:	04 December 2025
1-4.0 ET Tube	Exp. Date:	14 April 2027	1-8.5 ET Tube	Exp. Date:	15 October 2026
1-4.5 ET Tube	Exp. Date:	21 July 2027	1-9.0 ET Tube	Exp. Date:	20 August 2026
1-5.0 ET Tube	Exp. Date:	28 May 2026	1-OPA Kit	<input checked="" type="checkbox"/>	
1-5.5 ET Tube	Exp. Date:	16 July 2026	K-Y Lube Gel	Exp. Date:	31 July 2028
1-6.0 ET Tube	Exp. Date:	20 August 2026			
1-6.5 ET Tube	Exp. Date:	06 August 2026			

**AIRWAY COMPARTMENT CONT.**

1-NPA Kit (Sizes 8.7/9.3/10.0/10.7/11.3mm)

Size 8.7	Exp. Date:	28 November 2027	4 KAD	
Size 9.3	Exp. Date:	07 December 2026	Green	Exp. Date: 01 October 2026
Size 10	Exp. Date:	28 April 2027	Purple	Exp. Date:
Size 10.7	Exp. Date:	29 March 2027	Yellow	Exp. Date: 01 November 2027
Size 11.3	Exp. Date:	10 February 2026	Red	Exp. Date: 01 August 2025

**MEDICINE COMPARTMENT**

1-Glucagon Kit 1mg	Exp. Date:	31 December 2026	
1-50% Dextrose	Exp. Date:	03 March 2027	
2 - Epinephrine Injection 1mg/mL	Exp. Date:	30 September 2026	Exp. Date: 30 September 2026
2 - 18g Filter Needles	Exp. Date:	14 June 2028	Exp. Date: 25 November 2028
2 - 23g Eclipse Needle	Exp. Date:	31 March 2027	Exp. Date: 31 March 2027
2 - 1mL Syringe	Exp. Date:	31 December 2026	Exp. Date: 31 December 2026
2 - 4x4 Gauze	<input checked="" type="checkbox"/>		
2 - Naloxone Hydrochloride 2mg per 2mL (1 Kit)	Exp. Date:	30 March 2026	Exp. Date: 31 December 2025
1 - 2% Lidocaine Hcl	Exp. Date:	28 February 2026	
1 - Nebulizer Kit	<input checked="" type="checkbox"/>		
3 - Albuterol 2.5mg	Exp:	30 September 2027	Exp: 30 September 2027    Exp: 30 September 2027
1 - Levalbuterol 1.25	Exp. Date:	30 March 2026	
1 - Levalbuterol 0.31	Exp. Date:	30 March 2026	
2 - Ipratropium Bromide 0.5mg (Atrovent)	Exp. Date:	31 July 2026	Exp. Date: 31 July 2026
1 - Low Dose Aspirin (81 mg)	Exp. Date:	31 March 2026	
1 - Roll Med Tape	<input checked="" type="checkbox"/>		

# LIFEPAK MONITOR

Child/ Adult AED Pads      Exp. Date:

Capno     

PEDI Pulse OX      Exp. Date:

---

## LIFEPAK®15 Monitor/Defibrillator Operator's Checklist

This is a recommended checklist to use to inspect and test this monitor/defibrillator. Daily inspection and test is recommended. This form may be reproduced.

Unit Serial No:       Location:       DATE

### 1. Inspect physical condition for:

Foreign substances       Pass       Fail

Damage or cracks       Pass       Fail

### 2. Inspect power source for:

Broken, loose or worn battery pins.       Pass       Fail

Damaged or leaking battery.       Pass       Fail

Spare battery available       Pass       Fail

Damage to power adapters or cable.       Pass       Fail

### 3. Inspect ECG cable and cable port for:

Cracking, damaged, broke or bent parts or pins       Pass       Fail

### 4. Check ECG electrodes and therapy electrodes for:

Use by date       Pass       Fail

Spare electrodes available       Pass       Fail

Damaged, open package       Pass       Fail

5. With batteries installed, disconnect from power adapter (if using), press ON and observe for:

- |  |  |                               |
|--|--|-------------------------------|
| Momentary illumination of self test messages and LED's and speaker beep. | <input checked="" type="checkbox"/> Pass | <input type="checkbox"/> Fail |
| Two fully charged batteries  | <input checked="" type="checkbox"/> Pass | <input type="checkbox"/> Fail |
| Service indicator  | <input checked="" type="checkbox"/> Pass | <input type="checkbox"/> Fail |

6. With batteries installed, reconnect power adapter to device and check for:  
(If not using a power adapter, goto step 7.)

- |   |  |                               |
|---|--|-------------------------------|
| Power adapter LED stripes illuminated                       | <input checked="" type="checkbox"/> Pass | <input type="checkbox"/> Fail |
| Auxiliary power LED on device is illuminated                | <input checked="" type="checkbox"/> Pass | <input type="checkbox"/> Fail |
| Battery charging LED on device is illuminating or flashing. | <input checked="" type="checkbox"/> Pass | <input type="checkbox"/> Fail |

7. Perform QUICK-COMBO therapy cable check in manual mode.  
(If this cable is not used with defibrillator, go to step 8).

- |  |  |                               |
|--|--|-------------------------------|
| Disconnect and examine cable for cracking, damaged, broken or bent parts and pins. | <input checked="" type="checkbox"/> Pass | <input type="checkbox"/> Fail |
| Connect therapy cable to defibrillator and test load.                              | <input checked="" type="checkbox"/> Pass | <input type="checkbox"/> Fail |
| Select LEAD then PADDLES   | <input checked="" type="checkbox"/> Pass | <input type="checkbox"/> Fail |
| Select 200 JOULES and press CHARGE.  | <input checked="" type="checkbox"/> Pass | <input type="checkbox"/> Fail |
| Press SHOCK button   | <input checked="" type="checkbox"/> Pass | <input type="checkbox"/> Fail |
| Confirm ENERGY DELIVERED message appears.  | <input checked="" type="checkbox"/> Pass | <input type="checkbox"/> Fail |
| Remove test load from cable and verify PADDLES LEAD OFF appears.                   | <input checked="" type="checkbox"/> Pass | <input type="checkbox"/> Fail |

8. Energy

- |  |  |                               |
|--|--|-------------------------------|
| Press only one (shock) button and release. Confirm that energy was not discharged. | <input checked="" type="checkbox"/> Pass | <input type="checkbox"/> Fail |
| Press the other (shock) button. Confirm that energy was not discharged.            | <input checked="" type="checkbox"/> Pass | <input type="checkbox"/> Fail |
| Press both (shock) buttons and confirm ABNORMAL ENERGY DELIVERY message appears.   | <input checked="" type="checkbox"/> Pass | <input type="checkbox"/> Fail |

8. Cont.

- Remove paddles from wells, and confirm artifact on screen.  Pass  Fail
- Place paddle surfaces together, and confirm flat line on screen.  Pass  Fail
- Return paddles securely to paddle wells.  Pass  Fail

9. Perform user test if 3:00 AM auto test results not available.

- Press OPTIONS.
- Select USER TEST in menu.  Pass  Fail
- Confirm test results printed.

10. Check ECG printer for:

- Adequate paper supply.  Pass  Fail
- Ability to print.  Pass  Fail

11. If using wireless data transmission, test transmission method

- Establish Bluetooth connection.  N/A  Pass  Fail
- Send a test transmission.  N/A  Pass  Fail

12. Turn off defibrillator.

(Press and hold ON for up to 2 seconds)

13. Confirm that the device is stowed, mounted and positioned securely.  Pass  Fail

The defibrillator delivers up to 360 joules of electrical energy. Unless discharged properly, this electrical energy may cause serious personal injury or death. Do not attempt to perform this test unless you are qualified by training and experience.

Failure to remove the test load may result in delay of therapy during patient use.

Discharging >10 joules in the paddle wells may damage the defibrillator.

---

Glucose Monitor

- Clean monitor  Pass  Fail

## Laerdal Scope

- Clean suction unit.  Pass  Fail
- Check for occlusions.  Pass  Fail
- Check vacuum build-up efficiency within 3 seconds.  Pass  Fail
- Check maximum achievable vacuum within 10 seconds.  Pass  Fail
- Check for air leaks.  Pass  Fail
- 

## AirTraq Videoscope

- Clean videoscope  Pass  Fail
- Verify that the battery % is above 50%.  Pass  Fail
- 

## 2% Bag

### Top Left Pocket (IV Fluids)

- |       |  |           |   |
|-------|--|-----------|---|
| Seal: | <input type="text" value="879"/>           | New Seal: | <input type="text" value="838"/>              |
| Exp.: | <input type="text" value="31 March 2027"/> | Exp.:     | <input type="text" value="31 December 2025"/> |
- 2 IV bags
- 2 IV/IO drop admin sets
- 

### Center Pocket

- |       |  |           |  |
|-------|--|-----------|--|
| Seal: | <input type="text" value="888"/>             | New Seal: | <input type="text" value="828"/>             |
| Exp.: | <input type="text" value="31 January 2025"/> | Exp.:     | <input type="text" value="09 October 2026"/> |
- 2-Asherman chest seals
- 2- 4X4 Gauze
- 1-Roll white duct tape
- 1-Tactical Tourniquet
- 3- 5X9 Gauze
- 2-Rolls Coban
- 2- Ice packs
- 2- Stretch Gauze

Center Pocket Cont.

- 2- Bandage roll
- 1- Sterile burn sheet 60X90.
- 1- Head block
- 1- Blood stopper
- 1- Multi-trauma dressing 12X30
- 1-RAD 57 Pulse Ox

---

Bottom Right Pocket

Seal:

815

New Seal:

856

- 1- SAM splint
- 1- Triangular bandage
- 1- Roll coban

---

Bottom Left Pocket

Seal:

820

New Seal:

850

- 1- SAM splint
- 1- Triangular bandage
- 1- Roll coban

---

Bop Right Pocket: (Ped/Infant)

Seal:

814

New Seal:

871

- 1- Ped/Infant NRB
- 1- Ped NRB mask
- 2- Infant NRB mask

GDF STAFF





**IV COMPARTMENT**

- Sharps Shuttle
- IV 10 Drop Administration Sets
- 1-Roll Medical Tape
- 1-Arrow IO Drill

2-14g IV	Exp. Date:	02 February 2026	Exp. Date:	02 February 2026
2-18g IV	Exp. Date:	01 October 2027	Exp. Date:	05 May 2026
2-20g IV	Exp. Date:	29 August 2027	Exp. Date:	29 August 2027
2-22g IV	Exp. Date:	15 April 2027	Exp. Date:	28 November 2025
2-24g IV	Exp. Date:	27 October 2027	Exp. Date:	27 October 2027
4-Saline Flushes	{ Exp. Date:	01 April 2026	Exp. Date:	27 March 2026
	{ Exp. Date:	14 March 2027	Exp. Date:	05 June 2027
2-IV Start Kits				<input checked="" type="checkbox"/>
2-EZ Stabilizers	Exp. Date:	02 May 2027	Exp. Date:	21 September 2026
2-45mm 15g IO Needle Set	Exp. Date:	30 June 2026	Exp. Date:	30 June 2026
2-25mm 15g IO Needle Set	Exp. Date:	31 May 2026	Exp. Date:	30 September 2026
1-IV Bag	Exp. Date:	31 March 2027		
1 Pressure Bag				<input checked="" type="checkbox"/>

**AIRWAY COMPARTMENT**

1-2.5 ET Tube	Exp. Date:	16 July 2026	1-7.0 ET Tube	Exp. Date:	02 April 2026
1-3.0 ET Tube	Exp. Date:	04 December 2025	1-7.5 ET Tube	Exp. Date:	15 October 2026
1-3.5 ET Tube	Exp. Date:	21 July 2027	1-8.0 ET Tube	Exp. Date:	04 December 2025
1-4.0 ET Tube	Exp. Date:	14 April 2027	1-8.5 ET Tube	Exp. Date:	15 October 2026
1-4.5 ET Tube	Exp. Date:	14 July 2027	1-9.0 ET Tube	Exp. Date:	20 August 2026
1-5.0 ET Tube	Exp. Date:	25 February 2027	1-OPA Kit		<input checked="" type="checkbox"/>
1-5.5 ET Tube	Exp. Date:	21 July 2027	K-Y Lube Gel	Exp. Date:	31 July 2028
1-6.0 ET Tube	Exp. Date:	20 August 2026			
1-6.5 ET Tube	Exp. Date:	04 December 2025			

**AIRWAY COMPARTMENT CONT.**

1-NPA Kit (Sizes 8.7/9.3/10.0/10.7/11.3mm)

Size 8.7	Exp. Date:	31 July 2028	4 KAD		
Size 9.3	Exp. Date:	08 March 2028	Green	Exp. Date:	
Size 10	Exp. Date:	15 July 2029	Purple	Exp. Date:	
Size 10.7	Exp. Date:	25 July 2026	Yellow	Exp. Date:	01 July 2026
Size 11.3	Exp. Date:	10 February 2026	Red	Exp. Date:	01 October 2027

**MEDICINE COMPARTMENT**

1-Glucagon Kit 1mg	Exp. Date:	31 December 2026	
1-10% Dextrose	Exp. Date:	28 February 2026	
2 - Epinephrine Injection 1mg/mL	Exp. Date:	28 February 2026	Exp. Date: 28 February 2026
2 - 18g Filter Needles	Exp. Date:	25 November 2028	Exp. Date: 25 November 2028
2 - 23g Eclipse Needle	Exp. Date:		Exp. Date:
2- 21g Precision Glide Needle	Exp. Date:	31 March 2026	Exp. Date: 31 March 2026
2 - 18/20g Hypo. Needle	Exp. Date:	01 March 2027	Exp. Date: 01 March 2027
2 - 1mL Syringe	Exp. Date:	31 December 2026	Exp. Date: 31 December 2026
2 - 4x4 Gauze	<input checked="" type="checkbox"/>		
2 - Naloxone Hydrochloride 2mg per 2mL (1 Kit)	Exp. Date:	31 March 2026	Exp. Date: 31 March 2026
1 - 2% Lidocane Hcl	Exp. Date:	28 February 2026	
1 - Nebulizer Kit	<input checked="" type="checkbox"/>		
3 - Albuterol 2.5mg	Exp:	30 September	Exp: 30 September
1 - Levalbuterol 1.25mg	Exp. Date:	31 March 2026	
1 - Levalbuterol 0.31mg	Exp. Date:		
2 - Ipratropium Bromide 0.5mg (Atrovent)	Exp. Date:	31 July 2026	Exp. Date: 31 July 2026
1 - Low Dose Aspirin (81 mg)	Exp. Date:	31 December 2025	
1 - Roll Med Tape	<input type="checkbox"/>		

## LIFEPAK MONITOR

Pedi AED Pads	Exp. Date:	22 March 2026	NC Capno	<input checked="" type="checkbox"/>
Child/ Adult AED Pads	Exp. Date:	18 March 2027	BVM Capno	<input checked="" type="checkbox"/>
PEDI Pulse OX	Exp. Date:	01 October 2026	NC Capno w/ O2	<input checked="" type="checkbox"/>
Electrodes	Exp. Date:	05 October 2026	Razor	<input checked="" type="checkbox"/>

---

### LIFEPAK®15 Monitor/Defibrillator Operator's Checklist

This is a recommended checklist to use to inspect and test this monitor/defibrillator. Daily inspection and test is recommended. This form may be reproduced.

Unit Serial No:  Location:  DATE

#### 1. Inspect physical condition for:

- Foreign substances  Pass  Fail
- Damage or cracks  Pass  Fail

#### 2. Inspect power source for:

- Broken, loose or worn battery pins.  Pass  Fail
- Damaged or leaking battery.  Pass  Fail
- Spare battery available  Pass  Fail
- Damage to power adapters or cable.  Pass  Fail

#### 3. Inspect ECG cable and cable port for:

- Cracking, damaged, broke or bent parts or pins  Pass  Fail

#### 4. Check ECG electrodes and therapy electrodes for:

- Use by date  Pass  Fail
- Spare electrodes available  Pass  Fail
- Damaged, open package  Pass  Fail

5. With batteries installed, disconnect from power adapter (if using), press ON and observe for:

- |  |  |                               |
|--|--|-------------------------------|
| Momentary illumination of self test messages and LED's and speaker beep. | <input checked="" type="checkbox"/> Pass | <input type="checkbox"/> Fail |
| Two fully charged batteries  | <input checked="" type="checkbox"/> Pass | <input type="checkbox"/> Fail |
| Service indicator  | <input checked="" type="checkbox"/> Pass | <input type="checkbox"/> Fail |

6. With batteries installed, reconnect power adapter to device and check for:  
(If not using a power adapter, goto step 7.)

- |   |  |                               |
|---|--|-------------------------------|
| Power adapter LED stripes illuminated                       | <input checked="" type="checkbox"/> Pass | <input type="checkbox"/> Fail |
| Auxiliary power LED on device is illuminated                | <input checked="" type="checkbox"/> Pass | <input type="checkbox"/> Fail |
| Battery charging LED on device is illuminating or flashing. | <input checked="" type="checkbox"/> Pass | <input type="checkbox"/> Fail |

7. Perform QUICK-COMBO therapy cable check in manual mode.  
(If this cable is not used with defibrillator, go to step 8).

- |  |  |                               |
|--|--|-------------------------------|
| Disconnect and examine cable for cracking, damaged, broken or bent parts and pins. | <input checked="" type="checkbox"/> Pass | <input type="checkbox"/> Fail |
| Connect therapy cable to defibrillator and test load.                              | <input checked="" type="checkbox"/> Pass | <input type="checkbox"/> Fail |
| Select LEAD then PADDLES   | <input checked="" type="checkbox"/> Pass | <input type="checkbox"/> Fail |
| Select 200 JOULES and press CHARGE.  | <input checked="" type="checkbox"/> Pass | <input type="checkbox"/> Fail |
| Press SHOCK button   | <input checked="" type="checkbox"/> Pass | <input type="checkbox"/> Fail |
| Confirm ENERGY DELIVERED message appears.  | <input checked="" type="checkbox"/> Pass | <input type="checkbox"/> Fail |
| Remove test load from cable and verify PADDLES LEAD OFF appears.                   | <input checked="" type="checkbox"/> Pass | <input type="checkbox"/> Fail |

8. Energy

- |  |  |                               |
|--|--|-------------------------------|
| Press only one (shock) button and release. Confirm that energy was not discharged. | <input checked="" type="checkbox"/> Pass | <input type="checkbox"/> Fail |
| Press the other (shock) button. Confirm that energy was not discharged.            | <input checked="" type="checkbox"/> Pass | <input type="checkbox"/> Fail |
| Press both (shock) buttons and confirm ABNORMAL ENERGY DELIVERY message appears.   | <input checked="" type="checkbox"/> Pass | <input type="checkbox"/> Fail |

8. Cont.

Remove paddles from wells, and confirm artifact on screen.

Pass  Fail

Place paddle surfaces together, and confirm flat line on screen.

Pass  Fail

Return paddles securely to paddle wells.

Pass  Fail

9. Perform user test if 3:00 AM auto test results not available.

Press OPTIONS.

Select USER TEST in menu.

Pass  Fail

Confirm test results printed.

10. Check ECG printer for:

Adequate paper supply.

Pass  Fail

Ability to print.

Pass  Fail

11. If using wireless data transmission, test transmission method

Establish Bluetooth connection.

N/A  Pass  Fail

Send a test transmission.

N/A  Pass  Fail

12. Turn off defibrillator.

(Press and hold ON for up to 2 seconds)

13. Confirm that the device is stowed, mounted and positioned securely.

Pass  Fail

The defibrillator delivers up to 360 joules of electrical energy. Unless discharged properly, this electrical energy may cause serious personal injury or death. Do not attempt to perform this test unless you are qualified by training and experience.

Failure to remove the test load may result in delay of therapy during patient use.

Discharging >10 joules in the paddle wells may damage the defibrillator.

---

Glucose Monitor

Clean monitor

Pass  Fail

## Laerdal Scope

- Clean suction unit.  Pass  Fail
- Check for occlusions.  Pass  Fail
- Check vacuum build-up efficiency within 3 seconds.  Pass  Fail
- Check maximum achievable vacuum within 10 seconds.  Pass  Fail
- Check for air leaks.  Pass  Fail
- 

## AirTraq Videoscope

- Clean videoscope  Pass  Fail
- Verify that the battery % is above 50%.  Pass  Fail
- 

## 2% Bag

### Top Left Pocket (IV Fluids)

- |       |  |           |  |
|-------|--|-----------|--|
| Seal: | <input type="text" value="357"/>           | New Seal: | <input type="text" value="320"/>           |
| Exp.: | <input type="text" value="31 March 2027"/> | Exp.:     | <input type="text" value="31 March 2027"/> |
- 2 IV bags
- 2 IV/IO drop admin sets
- 

### Center Pocket

- |       |   |           |  |
|-------|---|-----------|--|
| Seal: | <input type="text"/>                          | New Seal: | <input type="text" value="811"/>             |
| Exp.: | <input type="text" value="09 November 2026"/> | Exp.:     | <input type="text" value="09 October 2026"/> |
- 2-Asherman chest seals
- 2- 4X4 Gauze
- 1-Roll white duct tape
- 1-Tactical Tourniquet
- 3- 5X9 Gauze
- 2-Rolls Coban
- 2- Ice packs
- 2- Stretch Gauze
- 1- OB Kit
- Exp.:
-

Center Pocket Cont.

- 2- Bandage roll
  - 1- Sterile burn sheet 60X90.
  - 1- Head block
  - 1- Blood stopper
  - 1- Multi-trauma dressing 12X30
  - 1-RAD 57 Pulse Ox
- 

Bottom Right Pocket

Seal:

New Seal:

- 1- SAM splint
  - 1- Triangular bandage
  - 1- Roll coban
- 

Bottom Left Pocket

Seal:

New Seal:

- 1- SAM splint
  - 1- Triangular bandage
  - 1- Roll coban
- 

Top Right Pocket: (Ped/Infant)

Seal:

New Seal:

- 1- Ped/Infant NRB
- 1- Ped NRB mask
- 2- Infant NRB mask

# Apparatus EMS Compartment

## Air Splint Bag

- #2024
- #2010
- #2014
- #2215
- #2222

- Extra straps
- Air pump

---

## C-collar Bag

- 3- Adult
- 3- Pediatric
- 3- Infant
- 3- Head Blocks

- 
- 1- Mega Mover
  - 1- Spare O2 bottle

---

## Suction Device

- 1- Yankauer Suction Set
- 1- Canisterr

GFD STAFF





# GLENPOOL FIRE DEPARTMENT MED BAG CHECKLIST

Unit:

Date:

- FRONT ZIPPER POCKET**
- 1 B/P Cuff
  - 1 Stethoscope
  - 1 Pulse Oximeter
  - 1 - Ped. Cannula
  - 1 - Infant Cannula
  - 2 - Infant NRB
  - 1 - Rusch Laryngoscope Kit

- RIGHT ZIPPER POCKET**
- 1 - Airtraq Camera      Blue      Exp. Date:
  - 1 - Thomas Tube Holder      Pink      Exp. Date:
  - 1 - Airtraq Blade      Grey      Exp. Date:

- O2 LEFT SIDE POCKET**
- 1-O2 Cylinder      psi
  - 2-Adult NRB
  - 2-Adult NC
  - 1-Adult BVM

- INSIDE POCKET**
- 1-Blood Glucose Kit/Test Strips      Exp. Date:
  - 1-Tube Glucose 31g      Exp. Date:
  - Lancettes
  - Adhesive Bandages
  - i-Gel 3
  - Alcohol Swabs
  - 1-Tactical Tourniquet
  - i-Gel 4
  - 1-Thermometer
  - 1-Samsplint
  - i-Gel 5

- FIRST AID BAG**
- Medical Tape
  - Flush
  - Conban
  - Band-aids
  - Tri-Angle Bandage
  - 4X4s
  - Bandage Roll
  - 3X3s

- INSIDE CLEAR LID**
- Sharps Shuttle
  - Pen Light
  - Hand Sanitizer
  - Trauma Sheers
  - Ring Cutter
  - Convenience Bags
  - Bio Bag

**IV COMPARTMENT**

Sharps Shuttle

IV 10 Drop Administration Sets

1-Roll Medical Tape

1-Arrow IO Drill

2-14g IV	Exp. Date:	02 February 2026	Exp. Date:	02 February 2026
2-18g IV	Exp. Date:	01 October 2027	Exp. Date:	05 May 2026
2-20g IV	Exp. Date:	29 August 2027	Exp. Date:	29 August 2027
2-22g IV	Exp. Date:	15 April 2027	Exp. Date:	28 November 2025
2-24g IV	Exp. Date:	27 October 2027	Exp. Date:	27 October 2027
4-Saline Flushes	{ Exp. Date:	01 April 2026	Exp. Date:	27 March 2026
	{ Exp. Date:	14 March 2027	Exp. Date:	05 June 2027
2-IV Start Kits		<input checked="" type="checkbox"/>		
2-EZ Stabilizers	Exp. Date:	02 May 2027	Exp. Date:	21 September 2026
2-45mm 15g IO Needle Set	Exp. Date:	30 June 2026	Exp. Date:	30 June 2026
2-25mm 15g IO Needle Set	Exp. Date:	31 May 2026	Exp. Date:	30 September 2026
1-IV Bag	Exp. Date:	31 March 2027		
1 Pressure Bag		<input checked="" type="checkbox"/>		

**AIRWAY COMPARTMENT**

1-2.5 ET Tube	Exp. Date:	16 July 2026	1-7.0 ET Tube	Exp. Date:	02 April 2026
1-3.0 ET Tube	Exp. Date:	04 December 2025	1-7.5 ET Tube	Exp. Date:	15 October 2026
1-3.5 ET Tube	Exp. Date:	21 July 2027	1-8.0 ET Tube	Exp. Date:	04 December 2025
1-4.0 ET Tube	Exp. Date:	14 April 2027	1-8.5 ET Tube	Exp. Date:	15 October 2026
1-4.5 ET Tube	Exp. Date:	14 July 2027	1-9.0 ET Tube	Exp. Date:	20 August 2026
1-5.0 ET Tube	Exp. Date:	25 February 2027	1-OPA Kit		<input checked="" type="checkbox"/>
1-5.5 ET Tube	Exp. Date:	21 July 2027	K-Y Lube Gel	Exp. Date:	31 July 2028
1-6.0 ET Tube	Exp. Date:	20 August 2026			
1-6.5 ET Tube	Exp. Date:	04 December 2025			

**AIRWAY COMPARTMENT CONT.**

1-NPA Kit (Sizes 8.7/9.3/10.0/10.7/11.3mm)

Size 8.7	Exp. Date:	31 July 2028	4 KAD		
Size 9.3	Exp. Date:	08 March 2028	Green	Exp. Date:	
Size 10	Exp. Date:	15 July 2029	Purple	Exp. Date:	
Size 10.7	Exp. Date:	25 July 2026	Yellow	Exp. Date:	01 July 2026
Size 11.3	Exp. Date:	10 February 2026	Red	Exp. Date:	01 October 2027

**MEDICINE COMPARTMENT**

1-Glucagon Kit 1mg	Exp. Date:	31 December 2026	
1-10% Dextrose	Exp. Date:	28 February 2026	
2 - Epinephrine Injection 1mg/mL	Exp. Date:	28 February 2026	Exp. Date: 28 February 2026
2 - 18g Filter Needles	Exp. Date:	25 November 2028	Exp. Date: 25 November 2028
2 - 23g Eclipse Needle	Exp. Date:		Exp. Date:
2- 21g Precision Glide Needle	Exp. Date:	31 March 2026	Exp. Date: 31 March 2026
2 - 18/20g Hypo. Needle	Exp. Date:	01 March 2027	Exp. Date: 01 March 2027
2 - 1mL Syringe	Exp. Date:	31 December 2026	Exp. Date: 31 December 2026
2 - 4x4 Gauze	<input checked="" type="checkbox"/>		
2 - Naloxone Hydrochloride 2mg per 2mL (1 Kit)	Exp. Date:	31 March 2026	Exp. Date: 31 March 2026
1 - 2% Lidocane Hcl	Exp. Date:	28 February 2026	
1 - Nebulizer Kit	<input checked="" type="checkbox"/>		
3 - Albuterol 2.5mg	Exp:	30 September	Exp: 30 September
1 - Levalbuterol 1.25mg	Exp. Date:	31 March 2026	
1 - Levalbuterol 0.31mg	Exp. Date:		
2 - Ipratropium Bromide 0.5mg (Atrovent)	Exp. Date:	31 July 2026	Exp. Date: 31 July 2026
1 - Low Dose Aspirin (81 mg)	Exp. Date:	31 December 2025	
1 - Roll Med Tape	<input type="checkbox"/>		

## LIFEPAK MONITOR

Pedi AED Pads	Exp. Date:	22 March 2026	NC Capno	<input checked="" type="checkbox"/>
Child/ Adult AED Pads	Exp. Date:	18 March 2027	BVM Capno	<input checked="" type="checkbox"/>
PEDI Pulse OX	Exp. Date:	01 October 2026	NC Capno w/ O2	<input checked="" type="checkbox"/>
Electrodes	Exp. Date:	05 October 2026	Razor	<input checked="" type="checkbox"/>

---

### LIFEPAK®15 Monitor/Defibrillator Operator's Checklist

This is a recommended checklist to use to inspect and test this monitor/defibrillator. Daily inspection and test is recommended. This form may be reproduced.

Unit Serial No:  Location:  DATE

#### 1. Inspect physical condition for:

- Foreign substances  Pass  Fail
- Damage or cracks  Pass  Fail

#### 2. Inspect power source for:

- Broken, loose or worn battery pins.  Pass  Fail
- Damaged or leaking battery.  Pass  Fail
- Spare battery available  Pass  Fail
- Damage to power adapters or cable.  Pass  Fail

#### 3. Inspect ECG cable and cable port for:

- Cracking, damaged, broke or bent parts or pins  Pass  Fail

#### 4. Check ECG electrodes and therapy electrodes for:

- Use by date  Pass  Fail
- Spare electrodes available  Pass  Fail
- Damaged, open package  Pass  Fail

5. With batteries installed, disconnect from power adapter (if using), press ON and observe for:

- |  |  |                               |
|--|--|-------------------------------|
| Momentary illumination of self test messages and LED's and speaker beep. | <input checked="" type="checkbox"/> Pass | <input type="checkbox"/> Fail |
| Two fully charged batteries  | <input checked="" type="checkbox"/> Pass | <input type="checkbox"/> Fail |
| Service indicator  | <input checked="" type="checkbox"/> Pass | <input type="checkbox"/> Fail |

6. With batteries installed, reconnect power adapter to device and check for:  
(If not using a power adapter, goto step 7.)

- |   |  |                               |
|---|--|-------------------------------|
| Power adapter LED stripes illuminated                       | <input checked="" type="checkbox"/> Pass | <input type="checkbox"/> Fail |
| Auxiliary power LED on device is illuminated                | <input checked="" type="checkbox"/> Pass | <input type="checkbox"/> Fail |
| Battery charging LED on device is illuminating or flashing. | <input checked="" type="checkbox"/> Pass | <input type="checkbox"/> Fail |

7. Perform QUICK-COMBO therapy cable check in manual mode.  
(If this cable is not used with defibrillator, go to step 8).

- |  |  |                               |
|--|--|-------------------------------|
| Disconnect and examine cable for cracking, damaged, broken or bent parts and pins. | <input checked="" type="checkbox"/> Pass | <input type="checkbox"/> Fail |
| Connect therapy cable to defibrillator and test load.                              | <input checked="" type="checkbox"/> Pass | <input type="checkbox"/> Fail |
| Select LEAD then PADDLES   | <input checked="" type="checkbox"/> Pass | <input type="checkbox"/> Fail |
| Select 200 JOULES and press CHARGE.  | <input checked="" type="checkbox"/> Pass | <input type="checkbox"/> Fail |
| Press SHOCK button   | <input checked="" type="checkbox"/> Pass | <input type="checkbox"/> Fail |
| Confirm ENERGY DELIVERED message appears.  | <input checked="" type="checkbox"/> Pass | <input type="checkbox"/> Fail |
| Remove test load from cable and verify PADDLES LEAD OFF appears.                   | <input checked="" type="checkbox"/> Pass | <input type="checkbox"/> Fail |

8. Energy

- |  |  |                               |
|--|--|-------------------------------|
| Press only one (shock) button and release. Confirm that energy was not discharged. | <input checked="" type="checkbox"/> Pass | <input type="checkbox"/> Fail |
| Press the other (shock) button. Confirm that energy was not discharged.            | <input checked="" type="checkbox"/> Pass | <input type="checkbox"/> Fail |
| Press both (shock) buttons and confirm ABNORMAL ENERGY DELIVERY message appears.   | <input checked="" type="checkbox"/> Pass | <input type="checkbox"/> Fail |

8. Cont.

Remove paddles from wells, and confirm artifact on screen.

Pass  Fail

Place paddle surfaces together, and confirm flat line on screen.

Pass  Fail

Return paddles securely to paddle wells.

Pass  Fail

9. Perform user test if 3:00 AM auto test results not available.

Press OPTIONS.

Select USER TEST in menu.

Pass  Fail

Confirm test results printed.

10. Check ECG printer for:

Adequate paper supply.

Pass  Fail

Ability to print.

Pass  Fail

11. If using wireless data transmission, test transmission method

Establish Bluetooth connection.

N/A  Pass  Fail

Send a test transmission.

N/A  Pass  Fail

12. Turn off defibrillator.

(Press and hold ON for up to 2 seconds)

13. Confirm that the device is stowed, mounted and positioned securely.

Pass  Fail

The defibrillator delivers up to 360 joules of electrical energy. Unless discharged properly, this electrical energy may cause serious personal injury or death. Do not attempt to perform this test unless you are qualified by training and experience.

Failure to remove the test load may result in delay of therapy during patient use.

Discharging >10 joules in the paddle wells may damage the defibrillator.

---

Glucose Monitor

Clean monitor

Pass  Fail

## Laerdal Scope

- Clean suction unit.  Pass  Fail
- Check for occlusions.  Pass  Fail
- Check vacuum build-up efficiency within 3 seconds.  Pass  Fail
- Check maximum achievable vacuum within 10 seconds.  Pass  Fail
- Check for air leaks.  Pass  Fail
- 

## AirTraq Videoscope

- Clean videoscope  Pass  Fail
- Verify that the battery % is above 50%.  Pass  Fail
- 

## 2% Bag

### Top Left Pocket (IV Fluids)

- |       |  |           |  |
|-------|--|-----------|--|
| Seal: | <input type="text" value="357"/>           | New Seal: | <input type="text" value="320"/>           |
| Exp.: | <input type="text" value="31 March 2027"/> | Exp.:     | <input type="text" value="31 March 2027"/> |
- 2 IV bags
- 2 IV/IO drop admin sets
- 

### Center Pocket

- |       |   |           |  |
|-------|---|-----------|--|
| Seal: | <input type="text"/>                          | New Seal: | <input type="text" value="811"/>             |
| Exp.: | <input type="text" value="09 November 2026"/> | Exp.:     | <input type="text" value="09 October 2026"/> |
- 2-Asherman chest seals
- 2- 4X4 Gauze
- 1-Roll white duct tape
- 1-Tactical Tourniquet
- 3- 5X9 Gauze
- 2-Rolls Coban
- 2- Ice packs
- 2- Stretch Gauze
- 1- OB Kit
- Exp.:
-

Center Pocket Cont.

- 2- Bandage roll
  - 1- Sterile burn sheet 60X90.
  - 1- Head block
  - 1- Blood stopper
  - 1- Multi-trauma dressing 12X30
  - 1-RAD 57 Pulse Ox
- 

Bottom Right Pocket

Seal:

New Seal:

- 1- SAM splint
  - 1- Triangular bandage
  - 1- Roll coban
- 

Bottom Left Pocket

Seal:

New Seal:

- 1- SAM splint
  - 1- Triangular bandage
  - 1- Roll coban
- 

Top Right Pocket: (Ped/Infant)

Seal:

New Seal:

- 1- Ped/Infant NRB
- 1- Ped NRB mask
- 2- Infant NRB mask

# Apparatus EMS Compartment

## Air Splint Bag

- #2024
- #2010
- #2014
- #2215
- #2222

- Extra straps
- Air pump

---

## C-collar Bag

- 3- Adult
- 3- Pediatric
- 3- Infant
- 3- Head Blocks

- 
- 1- Mega Mover
  - 1- Spare O2 bottle

---

## Suction Device

- 1- Yankauer Suction Set
- 1- Canisterr

GFD STAFF



---

**GLENPOOL AREA EMERGENCY MEDICAL SERVICE**  
**DISTRICT**  
 MEETING MINUTES  
 NOVEMBER 3, 2025

<b>COUNCIL PRESENT:</b>	Tim Fox, Jaci Triplett-Lund, Joyce Calvert, Chris Brobst, Shayne Buchanan
<b>COUNCIL ABSENT:</b>	
<b>STAFF PRESENT:</b>	David Tillotson, LeaAnn Reed, Joe Wuest, Lesli Smith
<b>STAFF ABSENT:</b>	

- A) **Call to Order - Joyce G. Calvert, Chair**  
 Chair Calvert called the meeting to order at 6:55 p.m.
  
- B) **Roll Call, Declaration of a Quorum - Lesli Smith, City Clerk; Joyce G. Calvert, Chair**  
 Lesli Smith called the roll; Chair Calvert declared a quorum present. Jana Burk, Attorney, of Rosenstein, Fist & Ringold, were also in attendance.
  
- C) **EMS Report- Brian Cook, Director of Operations, Mercy Regional EMS**
  - 1) EMS Report  
 Director Cook gave a report from 10/1/2025 through 10/27/2025. He also reported that the first annual Chili Cookoff held for the Emergency Responder/Healthcare/Public Safety Community was a big success, with Mercy winning the first annual trophy.
  
- D) **District Administrator Report-**
  - 1) District Administrator Report  
 There was no official Administrator report.
  
- E) **Trustee Comments**  
 There were no trustee comments.
  
- F) **Public Comments**  
 There were no trustee comments.
  
- G) **Consideration and appropriate action relating to a request for approval of the Consent Agenda.**

- 1) To approve the minutes from the October 6,2025, meeting.
- 2) To approve the purchase orders receiving report and payment claims as of 10/29/2025 totaling \$39,229.42.

Moved by Tim Fox, seconded by Jaci Triplett-Lund

<b>For</b>	<b>Against</b>
Tim Fox, Jaci Triplett-Lund, Joyce Calvert, Chris Brobst, Shayne Buchanan	None
5	0
<b>Abstained</b>	<b>Absent</b>
None	
0	

To approve the consent agenda.

CARRIED.

H) **Consideration and appropriate action relating to items removed from the Consent Agenda**

No items were removed from the consent agenda.

I) **Scheduled Business**

- 1) Discussion and possible action to approve, amend or deny the 2026 Meeting Schedule.

Moved by Joyce Calvert, seconded by Shayne Buchanan

<b>For</b>	<b>Against</b>
Tim Fox, Jaci Triplett-Lund, Joyce Calvert, Shayne Buchanan	None
4	0
<b>Abstained</b>	<b>Absent</b>
Chris Brobst	
1	

To approve the 2026 Meeting Schedule.

CARRIED.

J) **Adjournment**

The meeting was adjourned at 6:58 p.m.

P O RECEIPT REGISTER  
AUDIT REPORT

VENDOR	NAME	INVOICE	POST DATE	BANK	INVOICE AMOUNT	VENDOR TOTAL
31-000004	CENTURION HEALTH SYSTEMS, DBA M	3447	12/01/2025	31	15,000.00	15,000.00
31-000005	CITY OF GLENPOOL - GEMS	1023202511162025	12/01/2025	31	11,658.68	11,658.68
31-000033	JOSHUA M. BRANNON	JB112025	12/01/2025	31	208.33	208.33
31-000032	LESLI SMITH	LS112025	12/01/2025	31	208.33	208.33
**TOTALS**					27,075.34	27,075.34

**APPROVED**

BY

\_\_\_\_\_  
Joyce G. Calvert, Dec. 1, 2025

PURCHASE ORDER CLAIM REGISTER  
 SUMMARY REPORT

PURCHASE ORDER	DESCRIPTION	VENDOR #	VENDOR NAME	DATE INVOICE	AMOUNT
DEPARTMENT: 01 - NON-DEPARTMENTAL					
26-22898	GEMS MERCY INVOICE DEC 20	31-000004	CENTURION HEALTH SYSTEMS, DBA	12/2025 3447	15,000.00
26-22899	1ST RESPONDER NOV 2025	31-000005	CITY OF GLENPOOL - GEMS	12/2025 1023202511162025	11,658.68
26-22900	GEMS DIST CLERK NOV 2025	31-000032	LESLI SMITH	12/2025 LS112025	208.33
26-22901	GEMS DIST TREA NOV 2025	31-000033	JOSHUA M. BRANNON	12/2025 JB112025	208.33
DEPARTMENT TOTAL:					27,075.34
FUND TOTAL:					27,075.34
GRAND TOTAL:					27,075.34

P U R C H A S E O R D E R

CITY OF GLENPOOL, OK

Email invoices: AP@cityofglenpool.com

Subject line must include PO and Vendor name or emails will be rejected  
PURCHASE ORDER # 26-22898 11/17/2025

ISSUED TO: VEND #: 31-000004  
CENTURION HEALTH SYSTEMS, D  
MERCY REGIONAL OKLAHOMA  
9106 N GARNET RD  
OWASSO, OK 74055

SHIP TO:  
GEMS  
14566 S. ELWOOD  
GLENPOOL, OK 74033

I HEREBY APPROVE THE ISSUANCE OF THIS PURCHASE ORDER.

11/17/2025

I HEREBY CERTIFY THAT THE AMOUNT OF THIS ENCUMBRANCE HAS BEEN  
ENTERED AGAINST THE DESIGNATED APPROPRIATION ACCOUNTS AND THAT  
THIS ENCUMBRANCE IS WITHIN THE AUTHORIZED AVAILABLE BALANCE OF  
SAID APPROPRIATION. 11/17/2025

PURCHASING OFFICER

DATE

ENCUMBERING OFFICER

DATE

UNITS	DESCRIPTION	INV PART NUMBER	REQUEST	G/L ACCOUNT	PROJ	PRICE	AMOUNT
0.00	GEMS MERCY INVOICE DEC 2025 INVOICE NO 3447 GEMS MERCY INVOICE DEC 2025		00040968	31 -6-01-6210		0.00	15,000.00 *

\*\* TOTAL \*\* 15,000.00

\*\*\* APPROVAL FOR PURCHASE \*\*\*

I HEREBY CERTIFY THAT THE MERCHANDISE AND/OR SERVICES DESCRIBED ABOVE HAVE BEEN SATISFACTORILY RECEIVED AND THAT THIS PURCHASE  
ORDER IS NOW A TRUE AND JUST DEBT OF THIS CITY. THIS PURCHASE ORDER IS APPROVED FOR PAYMENT IN THE AMOUNT INDICATED ABOVE.

OFFICER OR DEPARTMENT HEAD IN CHARGE

DATE

62 O.S. SECTION 310.9 AND 74 O.S. SECTION 3109, PROVIDES THAT THE VENDOR'S SUBMISSION OF AN INVOICE OR ACCEPTANCE OF PAYMENT PURSUANT TO THIS PURCHASE CONSTITUTES  
A STATEMENT BY THE VENDOR THAT THE INVOICE OR CLAIM IS TRUE AND CORRECT. THE WORK, SERVICES OR MATERIALS AS SHOWN BY THE INVOICE OR CLAIM HAVE BEEN COMPLETED OR  
SUPPLIED IN ACCORDANCE WITH THE PLANS, SPECIFICATIONS, ORDERS OR REQUESTS FURNISHED THE VENDOR, AND THE VENDOR HAS MADE NO PAYMENT, DIRECTLY OR INDIRECTLY, TO  
ANY ELECTED OFFICIAL, OFFICER OR EMPLOYEE OF THIS STATE OR ANY COUNTY OR POLITICAL SUBDIVISION OF THE STATE OF MONEY OR ANY OTHER THING OF VALUE TO OBTAIN PAYMENT.  
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PURCHASE ORDER UNLESS THE VENDOR STATES ON THE INVOICE THAT THE STATEMENT IS INCORRECT IN WHOLE OR IN PART; AND THE CITY OF GLENPOOL OR ITS RELATED ENTITIES AS  
THEIR INTEREST MAY APPEAR, MAY RECOVER FROM THE VENDOR THE FULL AMOUNT PAID PURSUANT TO THE PURCHASE ORDER IF THE STATEMENT ADOPTED AND AFFIRMED BY THE  
VENDOR IS FALSE.

THE VENDOR SHALL FURNISH ITEMIZED INVOICE WHICH STATES THE VENDOR'S NAME AND ADDRESS. A CLEAR DESCRIPTION OF EACH ITEM PURCHASED ITS PRICE, THE NUMBER OR  
VOLUME OF EACH ITEM, ITS TOTAL PRICE, THE TOTAL OF THE PURCHASE, AND DATE OF THE PURCHASE.

Req# 00040968

Mercy Regional Oklahoma

P.O. Box 2398  
Owasso, OK 74055

# Invoice

Date	Invoice #
11/12/2025	3447

<b>Bill To</b>
Glenpool City Accounts Payable 12205 S Yukon Ave Glenpool, Ok 74033

P.O. No.	Terms	Project

Quantity	Description	Rate	Amount
1	ALS Ambulance Subsidy for December 2025	15,000.00	15,000.00

<b>Phone #</b>	<b>Fax #</b>
9186095829	918-609-5799

<b>Total</b>	\$15,000.00
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P U R C H A S E O R D E R

CITY OF GLENPOOL, OK

Email invoices: AP@cityofglenpool.com

Subject line must include PO and Vendor name or emails will be rejected
PURCHASE ORDER # 26-22899 11/17/2025

ISSUED TO: VEND #: 31-000005
CITY OF GLENPOOL - GEMS
12205 S YUKON AVE.
GLENPOOL, OK 74033

SHIP TO:
GEMS
14566 S. ELWOOD
GLENPOOL, OK 74033

I HEREBY APPROVE THE ISSUANCE OF THIS PURCHASE ORDER.

11/17/2025

PURCHASING OFFICER DATE

I HEREBY CERTIFY THAT THE AMOUNT OF THIS ENCUMBRANCE HAS BEEN
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THIS ENCUMBRANCE IS WITHIN THE AUTHORIZED AVAILABLE BALANCE OF
SAID APPROPRIATION. 11/17/2025

ENCUMBERING OFFICER DATE

Table with 8 columns: UNITS, DESCRIPTION, INV PART NUMBER, REQUEST, G/L ACCOUNT, PROJ, PRICE, AMOUNT. Row 1: 0.00, 1ST RESPONDER NOV 2025, 1ST RESPONDER NOV 2025, 00041000, 31 -6-01-6225, 0.00, 11,658.68 \*

\*\* TOTAL \*\* 11,658.68

\*\*\* APPROVAL FOR PURCHASE \*\*\*

I HEREBY CERTIFY THAT THE MERCHANDISE AND/OR SERVICES DESCRIBED ABOVE HAVE BEEN SATISFACTORILY RECEIVED AND THAT THIS PURCHASE
ORDER IS NOW A TRUE AND JUST DEBT OF THIS CITY. THIS PURCHASE ORDER IS APPROVED FOR PAYMENT IN THE AMOUNT INDICATED ABOVE.

OFFICER OR DEPARTMENT HEAD IN CHARGE DATE

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VOLUME OF EACH ITEM, ITS TOTAL PRICE, THE TOTAL OF THE PURCHASE, AND DATE OF THE PURCHASE.



# INVOICE

**CITY OF GLENPOOL**  
 12205 S. YUKON AVE..  
 GLENPOOL, OK 74033  
 PHONE (918)322-5409

**Customer Number:** 01-0172

**Invoice Number:** 1023202511162025

**Invoice Date:** 11/17/2025

**Due Date:** 12/17/2025

**P.O. # :**

TREASURER  
 GEMS-  
 12205 S YUKON AVE  
 GLENPOOL OK 74033

ITEM DESCRIPTION	UNITS	TYPE	PRICE	AMOUNT
1ST RESPONDER NOV 2025	N/A	MONTH	N/A	11,658.68
10/23/2025-11/16/2025				
*****THANK YOU*****			<b>TOTAL DUE</b>	\$11,658.68

GEMS ADMIN/FIRST RESPONDER REIMBURSEMENTS

10/23/2025 -11/16/2025

TOTAL RUNS	98
EMR RUNS	98
FIRE RUNS	
EMR RATIO	
RUN RATE	\$116.16
ADMIN	\$275.00
OVERTIME	\$0.00

---

TOTAL	\$ 11,658.68
-------	--------------

Reg# 00041000

### Glenpool Fire Department Operations November 2025 10/23/25-11/16/25

Run Type	<b>GEMS</b> # of Calls	Totals Calls
EMS Runs	98	<b>98</b>
Fire Runs		
Overlapping		

P U R C H A S E O R D E R

CITY OF GLENPOOL, OK

Email invoices: AP@cityofglenpool.com

Subject line must include PO and Vendor name or emails will be rejected
PURCHASE ORDER # 26-22900 11/17/2025

ISSUED TO: VEND #: 31-000032
LESLI SMITH
14714 COURTNEY LANE
GLENPOOL, OK 74033

SHIP TO:
GEMS
14566 S. ELWOOD
GLENPOOL, OK 74033

I HEREBY APPROVE THE ISSUANCE OF THIS PURCHASE ORDER.

11/17/2025

I HEREBY CERTIFY THAT THE AMOUNT OF THIS ENCUMBRANCE HAS BEEN
ENTERED AGAINST THE DESIGNATED APPROPRIATION ACCOUNTS AND THAT
THIS ENCUMBRANCE IS WITHIN THE AUTHORIZED AVAILABLE BALANCE OF
SAID APPROPRIATION. 11/17/2025

PURCHASING OFFICER DATE

ENCUMBERING OFFICER DATE

Table with 8 columns: UNITS, DESCRIPTION, INV PART NUMBER, REQUEST, G/L ACCOUNT, PROJ, PRICE, AMOUNT. Row 1: 0.00, GEMS DIST CLERK NOV 2025, L SMITH INV NO. LS112025, GEMS DIST CLERK NOV 2025, 00040987, 31 -6-01-6235, 0.00, 208.33 \*

\*\* TOTAL \*\* 208.33

\*\*\* APPROVAL FOR PURCHASE \*\*\*

I HEREBY CERTIFY THAT THE MERCHANDISE AND/OR SERVICES DESCRIBED ABOVE HAVE BEEN SATISFACTORILY RECEIVED AND THAT THIS PURCHASE
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OFFICER OR DEPARTMENT HEAD IN CHARGE

DATE

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VOLUME OF EACH ITEM, ITS TOTAL PRICE, THE TOTAL OF THE PURCHASE, AND DATE OF THE PURCHASE.

Reg# 00040987

# INVOICE

Lesli Smith  
12205 S. Yukon Ave.  
Glenpool, OK 74033  
Phone: 918-322-3403  
Email:

**INVOICE #: LS112025**  
**DATE: 12/1/2025**

**BILL TO:**  
Glenpool Emergency Medical Service  
12205 S. Yukon Ave.  
Glenpool, OK 74033  
Phone: 918-209-4633 | Email: AP@cityofglenpool.com

<u>Description</u>	<u>Amount</u>
<b>Contract Fees &amp; Services</b>	
<b>NOVEMBER 2025</b>	<b>\$208.33</b>

**Total** **\$208.33**

If you have any questions concerning this invoice, Lesli Smith / 918-209-4647 / Email:  
[Lsmith@cityofglenpool.com](mailto:Lsmith@cityofglenpool.com)

P U R C H A S E O R D E R

CITY OF GLENPOOL, OK

Email invoices: AP@cityofglenpool.com

Subject line must include PO and Vendor name or emails will be rejected  
PURCHASE ORDER # 26-22901 11/17/2025

ISSUED TO: VEND #: 31-000033  
JOSHUA M. BRANNON  
12205 S YUKON AVE.  
GLENPOOL, OK 74033

SHIP TO:  
GEMS  
14566 S. ELWOOD  
GLENPOOL, OK 74033

I HEREBY APPROVE THE ISSUANCE OF THIS PURCHASE ORDER.

11/17/2025

\_\_\_\_\_  
PURCHASING OFFICER DATE

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SAID APPROPRIATION. 11/17/2025

\_\_\_\_\_  
ENCUMBERING OFFICER DATE

UNITS	DESCRIPTION	INV PART NUMBER	REQUEST	G/L ACCOUNT	PROJ	PRICE	AMOUNT
0.00	GEMS DIST TREA NOV 2025 J. BRANNON INVO NO. JB112025 GEMS DIST TREA NOV 2025		00040989	31 -6-01-6235		0.00	208.33 *

\*\*\* TOTAL \*\* 208.33

\*\*\* APPROVAL FOR PURCHASE \*\*\*

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VOLUME OF EACH ITEM, ITS TOTAL PRICE, THE TOTAL OF THE PURCHASE, AND DATE OF THE PURCHASE.

Reg# 00040989

# INVOICE

Joshua Brannon  
12205 S. Yukon Ave.  
Glenpool, OK 74033  
Phone: 918-322-3403  
Email:

**INVOICE #: JB112025**

**DATE: 12/1/2025**

**BILL TO:**

Glenpool Emergency Medical Service  
12205 S. Yukon Ave.  
Glenpool, OK 74033  
Phone: 918-209-4633 | Email: AP@cityofglenpool.com

Description	Amount
<b>Contract Fees &amp; Services NOVEMBER 2025</b>	<b>\$208.33</b>

**Total** **\$208.33**

If you have any questions concerning this invoice, Joshua Brannon / 918-209-4628 / Email:  
[Jbrannon@cityofglenpool.com](mailto:Jbrannon@cityofglenpool.com)