

**NOTICE  
GLENPOOL AREA EMERGENCY MEDICAL SERVICE  
DISTRICT  
REGULAR MEETING**

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A Regular Session of the Glenpool Area Emergency Medical Service District will be held at 6:00 p.m. immediately following the Glenpool Industrial Authority meeting on February 5, 2024 at Glenpool City Hall, City Council Chambers, 12205 S. Yukon Ave, 3rd Floor, Glenpool, Oklahoma.

**NOTE:** The Glenpool Area Emergency Medical Service District will be assembled for the meeting at the City Council Chambers, 12205 S. Yukon Ave, Glenpool, Oklahoma. 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=QzdFVjA1b0lKa1lSUFIKbUNrUUxtZ09>

Meeting ID: 897 5355 5435

Passcode: 974088

One tap mobile

+13462487799, US (Houston)

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Meeting ID: 897 5355 5435

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Find your local number: <https://us02web.zoom.us/j/89753555435?pwd=QzdFVjA1b0lKa1lSUFIKbUNrUUxtZ09>

The GEMS Board welcomes comments from citizens of Glenpool who wish to address any item on the agenda.

- Speakers attending in **PERSON** are required to complete the Request to Speak form located on the agenda table and return to the City Clerk **PRIOR TO THE CALL TO ORDER.**
- Speakers attending via **ZOOM** are required to complete the Request to Speak form located on our website: <https://glenpoolonline.civicweb.net/document/19057/Request%20to%20Speak%20Form.pdf> and email it to the City Clerk: [lasmith@cityofglenpool.com](mailto:lasmith@cityofglenpool.com) **PRIOR TO 6:00 PM FEBRUARY 5, 2024.**

**AGENDA**

|                                                                                                                            | Page   |
|----------------------------------------------------------------------------------------------------------------------------|--------|
| A) Call to Order - Joyce G. Calvert, Chair                                                                                 |        |
| B) Roll Call, Declaration of Quorum – Lesli Smith, Clerk; Joyce G. Calvert, Chair                                          |        |
| C) EMS Report - Brian Cook, Director of Operations, Mercy Regional EMS                                                     |        |
| 1) <a href="#">GEMS EMS REPORT 12282023-01302024</a>                                                                       | 3 - 6  |
| D) District Administrator Report - Susan White, Administrator                                                              |        |
| 1) <a href="#">GEMS Financials 12 Dec 2023</a><br><a href="#">INVENTORY DEC 2023</a><br><a href="#">INVENTORY JAN 2024</a> | 7 - 48 |

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) Minutes from January 02, 2024, meeting.

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[GEMS INVOICE 2-5-2024 MEETING](#)

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., Glenpool, Oklahoma, on February 2, 2024 at 11:30 am.

Signed: Lesli Smith

Clerk

# 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)

To: Honorable Chair and GEMS Board Members

From: Brian Cook, Chief Operating Officer

Date: January 31, 2024

Ref: EMS Report December 28, 2023 – January 30, 2024

We logged 183 calls for service during this period while maintaining a 94% response time compliance.

93 patients treated and transported.  
49 patients refused transport.  
12 cancelled prior to arrival.  
10 Mutual aid received.  
9 mutual aid given.  
7 No patient found.  
2 DOA  
1 False Call

On Monday January 29, 2024, we added a 16-hour Paramedic truck to help with transfers from 1600-0800, seven days a week at the Glenpool station. This truck will be able to help with 911 calls in Glenpool when they are not running any transfers.

Brian Cook,  
Chief Operating Officer



Mercy Regional of Oklahoma is a member of the Centurion Health Systems family of companies.



|         |                 |                 |                                  |                 |                 |                 |                 |                 |                 |          |                     |                  |
|---------|-----------------|-----------------|----------------------------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|----------|---------------------|------------------|
| 24-1554 | 1/24/2024 05:06 | EMERGENCY SCENE | SIGNED PATIENT REFUSAL           | 1/24/2024 05:06 | 1/24/2024 05:08 | 1/24/2024 05:11 | 1/24/2024 05:38 | 1/24/2024 05:38 | 1/24/2024 05:38 | 00:05:04 | MEDIC 401           |                  |
| 24-1566 | 1/24/2024 10:20 | EMERGENCY SCENE | SIGNED PATIENT REFUSAL           | 1/24/2024 10:20 | 1/24/2024 10:21 | 1/24/2024 10:28 | 1/24/2024 10:46 | 1/24/2024 10:46 | 1/24/2024 10:46 | 00:05:03 | MEDIC 401           |                  |
| 24-1600 | 1/24/2024 16:16 | EMERGENCY SCENE | CANCELLED BY PD OR OTHER SERVICE | 1/24/2024 16:17 | 1/24/2024 16:19 | 1/24/2024 16:25 | 1/24/2024 16:25 | 1/24/2024 16:25 | 1/24/2024 16:25 | 00:09:11 | MEDIC 401           |                  |
| 24-1606 | 1/24/2024 17:40 | EMERGENCY SCENE | ST. FRANCIS SOUTH                | 1/24/2024 17:41 | 1/24/2024 17:44 | 1/24/2024 17:46 | 1/24/2024 18:07 | 1/24/2024 18:30 | 1/24/2024 18:58 | 00:05:50 | MEDIC 401           |                  |
| 24-1609 | 1/24/2024 18:12 | EMERGENCY SCENE | UNK                              |                 |                 |                 |                 |                 |                 |          | MUTUAL AID RECEIVED |                  |
| 24-1617 | 1/24/2024 21:03 | EMERGENCY SCENE | CANCELLED ENROUTE                | 1/24/2024 21:03 | 1/24/2024 21:05 | 1/24/2024 21:10 | 1/24/2024 21:10 | 1/24/2024 21:10 | 1/24/2024 21:10 | 00:07:13 | MEDIC 401           |                  |
| 24-1624 | 1/25/2024 00:52 | EMERGENCY SCENE | ST. FRANCIS TULSA                | 1/25/2024 00:52 | 1/25/2024 00:54 | 1/25/2024 00:59 | 1/25/2024 01:22 | 1/25/2024 01:48 | 1/25/2024 02:06 | 00:06:51 | MEDIC 401           |                  |
| 24-1676 | 1/25/2024 17:46 | EMERGENCY SCENE | ST. FRANCIS TULSA                | 1/25/2024 17:47 | 1/25/2024 17:48 | 1/25/2024 17:53 | 1/25/2024 18:26 | 1/25/2024 18:51 | 1/25/2024 19:21 | 00:07:27 | MEDIC 401           |                  |
| 24-1717 | 1/26/2024 10:59 | EMERGENCY SCENE | HILLCREST MEDICAL CENTER         | 1/26/2024 11:00 | 1/26/2024 11:03 | 1/26/2024 11:08 | 1/26/2024 11:38 | 1/26/2024 12:00 | 1/26/2024 12:35 | 00:08:04 | MEDIC 401           |                  |
| 24-1719 | 1/26/2024 11:25 | EMERGENCY SCENE | ST. FRANCIS TULSA                | 1/26/2024 11:25 | 1/26/2024 11:26 | 1/26/2024 11:29 | 1/26/2024 11:51 | 1/26/2024 12:11 | 1/26/2024 12:33 | 00:04:07 | MEDIC 402           |                  |
| 24-1743 | 1/26/2024 17:46 | EMERGENCY SCENE | HILLCREST SOUTH                  | 1/26/2024 17:48 | 1/26/2024 17:50 | 1/26/2024 17:55 | 1/26/2024 18:19 | 1/26/2024 18:42 | 1/26/2024 19:03 | 00:07:11 | MEDIC 401           |                  |
| 24-1745 | 1/26/2024 17:51 | EMERGENCY SCENE | ST. FRANCIS GLENPOOL             | 1/26/2024 17:52 | 1/26/2024 17:54 | 1/26/2024 18:00 | 1/26/2024 18:09 | 1/26/2024 18:16 | 1/26/2024 18:20 | 00:06:39 | MEDIC 402           |                  |
| 24-1746 | 1/26/2024 18:20 | EMERGENCY SCENE | SIGNED PATIENT REFUSAL           | 1/26/2024 18:20 | 1/26/2024 18:20 | 1/26/2024 18:23 | 1/26/2024 18:38 | 1/26/2024 18:38 | 1/26/2024 18:38 | 00:03:46 | MEDIC 402           |                  |
| 24-1759 | 1/27/2024 04:05 | EMERGENCY SCENE | HILLCREST MEDICAL CENTER         | 1/27/2024 04:06 | 1/27/2024 04:10 | 1/27/2024 04:14 | 1/27/2024 04:35 | 1/27/2024 05:05 | 1/27/2024 05:15 | 00:08:06 | MEDIC 401           |                  |
| 24-1778 | 1/27/2024 13:09 | EMERGENCY SCENE | ST. JOHN TULSA                   | 1/27/2024 13:10 | 1/27/2024 13:12 | 1/27/2024 13:16 | 1/27/2024 13:41 | 1/27/2024 14:04 | 1/27/2024 14:22 | 00:06:15 | MEDIC 401           |                  |
| 24-1812 | 1/27/2024 23:13 | EMERGENCY SCENE | SIGNED PATIENT REFUSAL           | 1/27/2024 23:13 | 1/27/2024 23:17 | 1/27/2024 23:19 | 1/27/2024 23:41 | 1/27/2024 23:41 | 1/27/2024 23:41 | 00:06:00 | MEDIC 401           |                  |
| 24-1817 | 1/28/2024 02:50 | EMERGENCY SCENE | SIGNED PATIENT REFUSAL           | 1/28/2024 02:50 | 1/28/2024 02:54 | 1/28/2024 02:56 | 1/28/2024 03:18 | 1/28/2024 03:18 | 1/28/2024 03:18 | 00:06:00 | MEDIC 401           |                  |
| 24-1818 | 1/28/2024 03:13 | EMERGENCY SCENE | ST. FRANCIS SOUTH                | 1/28/2024 03:13 | 1/28/2024 03:15 | 1/28/2024 03:19 | 1/28/2024 03:37 | 1/28/2024 03:55 | 1/28/2024 03:55 | 00:06:17 | MEDIC 401           |                  |
| 24-1843 | 1/28/2024 17:55 | EMERGENCY SCENE | ST. FRANCIS SOUTH                | 1/28/2024 17:56 | 1/28/2024 17:57 | 1/28/2024 18:00 | 1/28/2024 18:14 | 1/28/2024 18:35 | 1/28/2024 18:57 | 00:04:46 | MEDIC 401           |                  |
| 24-1850 | 1/28/2024 20:51 | EMERGENCY SCENE | NO PATIENT FOUND                 | 1/28/2024 20:51 | 1/28/2024 20:52 | 1/28/2024 20:55 | 1/28/2024 20:57 | 1/28/2024 20:57 | 1/28/2024 20:57 | 00:04:12 | MEDIC 401           |                  |
| 24-1859 | 1/28/2024 03:18 | EMERGENCY SCENE | NO PATIENT FOUND                 | 1/28/2024 03:18 | 1/28/2024 03:22 | 1/28/2024 03:25 | 1/28/2024 03:33 | 1/28/2024 03:33 | 1/28/2024 03:33 | 00:06:59 | MEDIC 401           |                  |
| 24-1879 | 1/29/2024 10:51 | EMERGENCY SCENE | DEAD ON ARRIVAL                  | 1/29/2024 10:51 | 1/29/2024 10:52 | 1/29/2024 10:55 | 1/29/2024 11:14 | 1/29/2024 11:14 | 1/29/2024 11:14 | 00:04:32 | 611 SETH WATKINS    |                  |
| 24-1880 | 1/29/2024 10:51 | EMERGENCY SCENE | CANCELLED BY SUPERVISOR          | 1/29/2024 10:51 | 1/29/2024 10:52 | 1/29/2024 10:56 | 1/29/2024 10:57 | 1/29/2024 10:57 | 1/29/2024 10:57 | 00:04:32 | MEDIC 401           |                  |
| 24-1897 | 1/29/2024 13:53 | EMERGENCY SCENE | SIGNED PATIENT REFUSAL           | 1/29/2024 13:53 | 1/29/2024 13:54 | 1/29/2024 13:57 | 1/29/2024 14:13 | 1/29/2024 14:13 | 1/29/2024 14:13 | 00:04:28 | MEDIC 402           |                  |
| 24-190  | 1/30/2024 18:28 | EMERGENCY SCENE | SIGNED PATIENT REFUSAL           | 1/30/2024 18:28 | 1/30/2024 18:30 | 1/30/2024 18:32 | 1/30/2024 20:11 | 1/30/2024 20:11 | 1/30/2024 20:16 | 00:04:16 | MEDIC 401           |                  |
| 24-1907 | 1/29/2024 16:43 | EMERGENCY SCENE | ST. FRANCIS GLENPOOL             | 1/29/2024 16:43 | 1/29/2024 16:44 | 1/29/2024 16:48 | 1/29/2024 17:01 | 1/29/2024 17:08 | 1/29/2024 17:24 | 00:05:24 | MEDIC 401           |                  |
| 24-1915 | 1/29/2024 18:07 | EMERGENCY SCENE | ST. FRANCIS TULSA                | 1/29/2024 18:07 | 1/29/2024 18:07 | 1/29/2024 18:12 | 1/29/2024 19:04 | 1/29/2024 19:09 | 1/29/2024 20:08 | 00:04:53 | MEDIC 401           |                  |
| 24-1929 | 1/30/2024 04:17 | EMERGENCY SCENE | CANCELLED BY NURSING STAFF       | 1/30/2024 04:17 | 1/30/2024 04:19 | 1/30/2024 04:20 | 1/30/2024 04:20 | 1/30/2024 04:20 | 1/30/2024 04:20 | 00:03:09 | MEDIC 401           |                  |
| 24-1946 | 1/30/2024 09:51 | EMERGENCY SCENE | ST. FRANCIS SOUTH                | 1/30/2024 09:52 | 1/30/2024 09:53 | 1/30/2024 10:00 | 1/30/2024 10:41 | 1/30/2024 11:06 | 1/30/2024 11:35 | 00:08:20 | MEDIC 401           |                  |
| 24-1975 | 1/30/2024 15:51 | EMERGENCY SCENE | ST. FRANCIS CHILDRENS HOSPITAL   | 1/30/2024 15:51 | 1/30/2024 15:53 | 1/30/2024 15:57 | 1/30/2024 16:22 | 1/30/2024 18:40 | 1/30/2024 17:00 | 00:06:11 | MEDIC 401           |                  |
| 24-1977 | 1/30/2024 15:56 | EMERGENCY SCENE | UNK                              |                 |                 |                 |                 |                 |                 |          | MUTUAL AID RECEIVED |                  |
| 24-1983 | 1/30/2024 18:38 | EMERGENCY SCENE | ST. FRANCIS TULSA                | 1/30/2024 18:38 | 1/30/2024 18:39 | 1/30/2024 18:42 | 1/30/2024 19:03 | 1/30/2024 19:29 | 1/30/2024 19:52 | 00:04:50 | MEDIC 401           |                  |
| 24-1985 | 1/30/2024 19:13 | EMERGENCY SCENE | SIGNED PATIENT REFUSAL           | 1/30/2024 19:14 | 1/30/2024 19:16 | 1/30/2024 19:16 | 1/30/2024 19:33 | 1/30/2024 19:33 | 1/30/2024 19:33 | 00:04:13 | MEDIC 402           |                  |
| 24-1986 | 1/30/2024 19:13 | EMERGENCY SCENE | SIGNED PATIENT REFUSAL           | 1/30/2024 19:14 | 1/30/2024 19:16 | 1/30/2024 19:18 | 1/30/2024 19:33 | 1/30/2024 19:33 | 1/30/2024 19:33 | 00:04:13 | MEDIC 402           |                  |
| 24-219  | 1/4/2024 09:00  | EMERGENCY SCENE | ST. FRANCIS GLENPOOL             | 1/4/2024 09:00  | 1/4/2024 09:03  | 1/4/2024 09:07  | 1/4/2024 09:24  | 1/4/2024 09:31  | 1/4/2024 09:47  | 00:06:41 | MEDIC 402           |                  |
| 24-221  | 1/4/2024 09:07  | EMERGENCY SCENE | UNK                              |                 |                 |                 |                 |                 |                 |          | MUTUAL AID RECEIVED |                  |
| 24-223  | 1/4/2024 09:40  | EMERGENCY SCENE | HILLCREST MEDICAL CENTER         | 1/4/2024 09:40  | 1/4/2024 09:41  | 1/4/2024 09:44  | 1/4/2024 10:19  | 1/4/2024 10:36  | 1/4/2024 10:55  | 00:04:18 | MEDIC 401           |                  |
| 24-233  | 1/4/2024 11:10  | EMERGENCY SCENE | ST. FRANCIS SOUTH                | 1/4/2024 11:10  | 1/4/2024 11:12  | 1/4/2024 11:13  | 1/4/2024 11:35  | 1/4/2024 11:52  | 1/4/2024 12:11  | 00:03:07 | MEDIC 402           |                  |
| 24-249  | 1/4/2024 13:32  | EMERGENCY SCENE | HILLCREST SOUTH                  | 1/4/2024 13:33  | 1/4/2024 13:35  | 1/4/2024 13:40  | 1/4/2024 14:06  | 1/4/2024 14:24  | 1/4/2024 14:49  | 00:07:54 | MEDIC 401           |                  |
| 24-257  | 1/4/2024 14:29  | EMERGENCY SCENE | SIGNED PATIENT REFUSAL           | 1/4/2024 14:30  | 1/4/2024 14:31  | 1/4/2024 14:41  | 1/4/2024 15:27  | 1/4/2024 15:27  | 1/4/2024 15:27  | 00:11:11 | MEDIC 402           | Mutual Aid Given |
| 24-266  | 1/4/2024 16:40  | EMERGENCY SCENE | ST. FRANCIS TULSA                | 1/4/2024 16:40  | 1/4/2024 16:41  | 1/4/2024 16:47  | 1/4/2024 17:02  | 1/4/2024 17:24  | 1/4/2024 17:43  | 00:07:27 | MEDIC 401           |                  |
| 24-282  | 1/4/2024 22:09  | EMERGENCY SCENE | ST. FRANCIS TULSA                | 1/4/2024 22:09  | 1/4/2024 22:12  | 1/4/2024 22:16  | 1/4/2024 22:29  | 1/4/2024 22:50  | 1/4/2024 23:04  | 00:07:07 | MEDIC 401           |                  |
| 24-297  | 1/5/2024 01:44  | EMERGENCY SCENE | NO PATIENT FOUND                 | 1/5/2024 01:44  | 1/5/2024 01:46  | 1/5/2024 01:50  | 1/5/2024 02:01  | 1/5/2024 02:01  | 1/5/2024 02:01  | 00:06:41 | MEDIC 401           |                  |
| 24-300  | 1/5/2024 06:19  | EMERGENCY SCENE | NO PATIENT FOUND                 | 1/5/2024 06:20  | 1/5/2024 06:23  | 1/5/2024 06:27  | 1/5/2024 06:46  | 1/5/2024 06:46  | 1/5/2024 06:46  | 00:07:23 | MEDIC 401           |                  |
| 24-304  | 1/5/2024 07:25  | EMERGENCY SCENE | ST. FRANCIS GLENPOOL             | 1/5/2024 07:25  | 1/5/2024 07:27  | 1/5/2024 07:30  | 1/5/2024 07:59  | 1/5/2024 08:05  | 1/5/2024 08:16  | 00:04:50 | MEDIC 401           |                  |
| 24-305  | 1/5/2024 07:25  | EMERGENCY SCENE | SIGNED PATIENT REFUSAL           | 1/5/2024 07:25  | 1/5/2024 07:27  | 1/5/2024 07:30  | 1/5/2024 07:59  | 1/5/2024 08:05  | 1/5/2024 08:16  | 00:04:50 | MEDIC 401           |                  |
| 24-308  | 1/5/2024 08:25  | EMERGENCY SCENE | SIGNED PATIENT REFUSAL           | 1/5/2024 08:26  | 1/5/2024 08:27  | 1/5/2024 08:31  | 1/5/2024 08:49  | 1/5/2024 08:49  | 1/5/2024 08:49  | 00:06:20 | MEDIC 401           |                  |
| 24-309  | 1/5/2024 08:25  | EMERGENCY SCENE | SIGNED PATIENT REFUSAL           | 1/5/2024 08:26  | 1/5/2024 08:27  | 1/5/2024 08:31  | 1/5/2024 08:49  | 1/5/2024 08:49  | 1/5/2024 08:49  | 00:06:20 | MEDIC 401           |                  |
| 24-310  | 1/5/2024 08:25  | EMERGENCY SCENE | SIGNED PATIENT REFUSAL           | 1/5/2024 08:26  | 1/5/2024 08:27  | 1/5/2024 08:31  | 1/5/2024 08:49  | 1/5/2024 08:49  | 1/5/2024 08:49  | 00:06:20 | MEDIC 401           |                  |
| 24-328  | 1/5/2024 11:05  | EMERGENCY SCENE | ST. FRANCIS TULSA                | 1/5/2024 11:06  | 1/5/2024 11:06  | 1/5/2024 11:12  | 1/5/2024 11:26  | 1/5/2024 11:46  | 1/5/2024 12:29  | 00:07:03 | MEDIC 402           |                  |
| 24-354  | 1/5/2024 16:10  | EMERGENCY SCENE | SIGNED PATIENT REFUSAL           | 1/5/2024 16:10  | 1/5/2024 16:12  | 1/5/2024 16:15  | 1/5/2024 16:36  | 1/5/2024 16:36  | 1/5/2024 16:36  | 00:04:34 | MEDIC 401           |                  |
| 24-357  | 1/5/2024 16:10  | EMERGENCY SCENE | SIGNED PATIENT REFUSAL           | 1/5/2024 16:10  | 1/5/2024 16:12  | 1/5/2024 16:15  | 1/5/2024 16:36  | 1/5/2024 16:36  | 1/5/2024 16:36  | 00:04:34 | MEDIC 401           |                  |
| 24-358  | 1/5/2024 16:10  | EMERGENCY SCENE | SIGNED PATIENT REFUSAL           | 1/5/2024 16:10  | 1/5/2024 16:12  | 1/5/2024 16:15  | 1/5/2024 16:36  | 1/5/2024 16:36  | 1/5/2024 16:36  | 00:04:34 | MEDIC 401           |                  |
| 24-359  | 1/5/2024 16:10  | EMERGENCY SCENE | SIGNED PATIENT REFUSAL           | 1/5/2024 16:10  | 1/5/2024 16:12  | 1/5/2024 16:15  | 1/5/2024 16:36  | 1/5/2024 16:36  | 1/5/2024 16:36  | 00:04:34 | MEDIC 401           |                  |
| 24-367  | 1/5/2024 20:13  | EMERGENCY SCENE | HILLCREST SOUTH                  | 1/5/2024 20:14  | 1/5/2024 20:15  | 1/5/2024 20:19  | 1/5/2024 20:34  | 1/5/2024 20:50  | 1/5/2024 20:50  | 00:05:27 | MEDIC 401           |                  |
| 24-386  | 1/6/2024 11:21  | EMERGENCY SCENE | SIGNED PATIENT REFUSAL           | 1/6/2024 11:22  | 1/6/2024 11:22  | 1/6/2024 11:28  | 1/6/2024 12:00  | 1/6/2024 12:00  | 1/6/2024 12:00  | 00:07:17 | MEDIC 402           |                  |
| 24-4    | 1/1/2024 00:18  | EMERGENCY SCENE | ST. FRANCIS TULSA                | 1/1/2024 00:21  | 1/1/2024 00:25  | 1/1/2024 00:38  | 1/1/2024 01:00  | 1/1/2024 01:31  | 1/1/2024 01:31  | 00:07:17 | MEDIC 401           |                  |
| 24-431  | 1/7/2024 10:44  | EMERGENCY SCENE | ST. FRANCIS SOUTH                | 1/7/2024 10:44  | 1/7/2024 10:46  | 1/7/2024 10:49  | 1/7/2024 11:20  | 1/7/2024 11:40  | 1/7/2024 12:06  | 00:05:29 | MEDIC 401           |                  |
| 24-443  | 1/7/2024 14:09  | EMERGENCY SCENE | ST. JOHN TULSA                   | 1/7/2024 14:12  | 1/7/2024 14:12  | 1/7/2024 14:15  | 1/7/2024 14:23  | 1/7/2024 14:57  | 1/7/2024 15:14  | 00:05:54 | MEDIC 401           |                  |
| 24-447  | 1/7/2024 14:36  | EMERGENCY SCENE | NO PATIENT FOUND                 | 1/7/2024 14:37  | 1/7/2024 14:39  | 1/7/2024 14:41  | 1/7/2024 14:45  | 1/7/2024 14:45  | 1/7/2024 14:45  | 00:04:31 | MEDIC 402           |                  |
| 24-453  | 1/7/2024 16:52  | EMERGENCY SCENE | HILLCREST SOUTH                  | 1/7/2024 16:52  | 1/7/2024 17:00  | 1/7/2024 17:00  | 1/7/2024 17:24  | 1/7/2024 17:45  | 1/7/2024 18:09  | 00:07:58 | MEDIC 401           |                  |
| 24-455  | 1/7/2024 17:06  | EMERGENCY SCENE | HILLCREST MEDICAL CENTER         | 1/7/2024 17:07  | 1/7/2024 17:07  | 1/7/2024 17:26  | 1/7/2024 17:48  | 1/7/2024 18:11  | 1/7/2024 18:42  | 00:20:46 | MEDIC 102           | Resp from BA     |
| 24-482  | 1/7/2024 19:54  | EMERGENCY SCENE | DOA                              | 1/7/2024 19:55  | 1/7/2024 20:00  | 1/7/2024 20:00  | 1/1/1900        | 1/1/190         |                 |          |                     |                  |

|        |                 |                 |                                  |                 |                 |                 |                 |                 |                 |          |                     |                             |
|--------|-----------------|-----------------|----------------------------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|----------|---------------------|-----------------------------|
| 24-547 | 1/9/2024 07:52  | EMERGENCY SCENE | SIGNED PATIENT REFUSAL           | 1/9/2024 07:52  | 1/9/2024 07:56  | 1/9/2024 08:24  | 1/9/2024 08:37  | 1/9/2024 08:37  | 1/9/2024 08:52  | 00:31:26 | MEDIC 401           | Mutual Aid Given            |
| 24-550 | 1/9/2024 09:08  | EMERGENCY SCENE | ST. FRANCIS TULSA                | 1/9/2024 09:08  | 1/9/2024 09:10  | 1/9/2024 09:30  | 1/9/2024 09:39  | 1/9/2024 10:01  | 1/9/2024 10:27  | 00:04:11 | MEDIC 401           |                             |
| 24-551 | 1/9/2024 09:16  | EMERGENCY SCENE | SIGNED PATIENT REFUSAL           | 1/9/2024 09:17  | 1/9/2024 09:18  | 1/9/2024 09:22  | 1/9/2024 09:30  | 1/9/2024 09:30  | 1/9/2024 09:30  | 00:05:28 | MEDIC 402           |                             |
| 24-563 | 1/9/2024 11:20  | EMERGENCY SCENE | ST. FRANCIS TULSA                | 1/9/2024 11:20  | 1/9/2024 11:23  | 1/9/2024 11:31  | 1/9/2024 11:57  | 1/9/2024 12:22  | 1/9/2024 12:52  | 00:10:49 | MEDIC 401           | Caller gave wrong address   |
| 24-572 | 1/9/2024 12:42  | EMERGENCY SCENE | HILLCREST SOUTH                  | 1/9/2024 12:42  | 1/9/2024 12:44  | 1/9/2024 12:49  | 1/9/2024 13:14  | 1/9/2024 13:31  | 1/9/2024 14:20  | 00:07:20 | MEDIC 402           |                             |
| 24-573 | 1/9/2024 12:40  | EMERGENCY SCENE | UNK                              |                 |                 |                 |                 |                 |                 |          | MUTUAL AID RECIEVED |                             |
| 24-574 | 1/9/2024 13:01  | EMERGENCY SCENE | SIGNED PATIENT REFUSAL           | 1/9/2024 13:01  | 1/9/2024 13:03  | 1/9/2024 13:09  | 1/9/2024 13:32  | 1/9/2024 13:32  | 1/9/2024 13:32  | 00:07:32 | MEDIC 401           |                             |
| 24-585 | 1/9/2024 15:04  | EMERGENCY SCENE | ST. FRANCIS TULSA                | 1/9/2024 15:04  | 1/9/2024 15:07  | 1/9/2024 15:10  | 1/9/2024 15:31  | 1/9/2024 16:00  | 1/9/2024 16:20  | 00:06:08 | MEDIC 401           |                             |
| 24-599 | 1/9/2024 23:09  | EMERGENCY SCENE | ST. JOHN SAPULPA                 | 1/9/2024 23:09  | 1/9/2024 23:11  | 1/9/2024 23:15  | 1/9/2024 23:28  | 1/9/2024 23:59  | 1/9/2024 23:59  | 00:06:11 | MEDIC 401           |                             |
| 24-615 | 1/10/2024 05:57 | EMERGENCY SCENE | ST. FRANCIS TULSA                | 1/10/2024 05:58 | 1/10/2024 06:02 | 1/10/2024 06:05 | 1/10/2024 06:42 | 1/10/2024 07:06 | 1/10/2024 07:24 | 00:07:29 | MEDIC 401           |                             |
| 24-640 | 1/10/2024 12:49 | EMERGENCY SCENE | HILLCREST SOUTH                  | 1/10/2024 12:50 | 1/10/2024 12:52 | 1/10/2024 12:53 | 1/10/2024 13:23 | 1/10/2024 13:38 | 1/10/2024 13:54 | 00:03:52 | MEDIC 401           |                             |
| 24-669 | 1/10/2024 19:08 | EMERGENCY SCENE | SIGNED PATIENT REFUSAL           | 1/10/2024 19:08 | 1/10/2024 19:10 | 1/10/2024 19:12 | 1/10/2024 19:24 | 1/10/2024 19:24 | 1/10/2024 19:24 | 00:04:25 | MEDIC 401           |                             |
| 24-672 | 1/10/2024 19:08 | EMERGENCY SCENE | SIGNED PATIENT REFUSAL           | 1/10/2024 19:08 | 1/10/2024 19:10 | 1/10/2024 19:12 | 1/10/2024 19:24 | 1/10/2024 19:24 | 1/10/2024 19:24 | 00:04:25 | MEDIC 401           |                             |
| 24-674 | 1/10/2024 20:03 | EMERGENCY SCENE | SIGNED PATIENT REFUSAL           | 1/10/2024 20:03 | 1/10/2024 20:05 | 1/10/2024 20:07 | 1/10/2024 21:14 | 1/10/2024 21:14 | 1/10/2024 21:14 | 00:03:41 | MEDIC 401           |                             |
| 24-675 | 1/10/2024 20:17 | EMERGENCY SCENE | UNK                              |                 |                 |                 |                 |                 |                 |          | MUTUAL AID RECIEVED |                             |
| 24-676 | 1/10/2024 20:19 | EMERGENCY SCENE | SIGNED PATIENT REFUSAL           | 1/10/2024 20:19 | 1/10/2024 20:19 | 1/10/2024 20:19 | 1/10/2024 20:57 | 1/10/2024 20:57 | 1/10/2024 20:57 | 00:00:00 | 611 SETH WATKINS    |                             |
| 24-679 | 1/10/2024 20:03 | EMERGENCY SCENE | SIGNED PATIENT REFUSAL           | 1/10/2024 20:03 | 1/10/2024 20:05 | 1/10/2024 20:07 | 1/10/2024 21:14 | 1/10/2024 21:14 | 1/10/2024 21:14 | 00:03:41 | MEDIC 401           |                             |
| 24-680 | 1/10/2024 20:03 | EMERGENCY SCENE | SIGNED PATIENT REFUSAL           | 1/10/2024 20:03 | 1/10/2024 20:05 | 1/10/2024 20:07 | 1/10/2024 21:25 | 1/10/2024 21:25 | 1/10/2024 21:25 | 00:03:41 | MEDIC 401           |                             |
| 24-683 | 1/10/2024 21:09 | EMERGENCY SCENE | SIGNED PATIENT REFUSAL           | 1/10/2024 21:12 | 1/10/2024 21:12 | 1/10/2024 21:14 | 1/10/2024 21:24 | 1/10/2024 21:24 | 1/10/2024 21:24 | 00:04:37 | MEDIC 401           |                             |
| 24-685 | 1/10/2024 21:09 | EMERGENCY SCENE | SIGNED PATIENT REFUSAL           | 1/10/2024 21:12 | 1/10/2024 21:12 | 1/10/2024 21:14 | 1/10/2024 21:24 | 1/10/2024 21:24 | 1/10/2024 21:24 | 00:04:37 | MEDIC 401           |                             |
| 24-733 | 1/11/2024 13:48 | EMERGENCY SCENE | ST. FRANCIS TULSA                | 1/11/2024 13:48 | 1/11/2024 13:50 | 1/11/2024 13:53 | 1/11/2024 14:10 | 1/11/2024 14:38 | 1/11/2024 14:56 | 00:05:17 | MEDIC 401           |                             |
| 24-736 | 1/11/2024 15:33 | EMERGENCY SCENE | SIGNED PATIENT REFUSAL           | 1/11/2024 15:33 | 1/11/2024 15:35 | 1/11/2024 15:38 | 1/11/2024 15:44 | 1/11/2024 15:44 | 1/11/2024 17:39 | 00:05:08 | MEDIC 401           |                             |
| 24-745 | 1/11/2024 16:28 | EMERGENCY SCENE | HILLCREST MEDICAL CENTER         | 1/11/2024 16:28 | 1/11/2024 16:28 | 1/11/2024 16:32 | 1/11/2024 16:53 | 1/11/2024 17:11 | 1/1/1900        | 00:04:42 | MEDIC 401           |                             |
| 24-769 | 1/12/2024 03:13 | EMERGENCY SCENE | NO PATIENT FOUND                 | 1/12/2024 03:14 | 1/12/2024 03:17 | 1/12/2024 03:19 | 1/12/2024 03:31 | 1/12/2024 03:31 | 1/12/2024 03:31 | 00:05:24 | MEDIC 401           |                             |
| 24-777 | 1/12/2024 05:27 | EMERGENCY SCENE | SIGNED PATIENT REFUSAL           | 1/12/2024 05:27 | 1/12/2024 05:30 | 1/12/2024 05:35 | 1/12/2024 05:54 | 1/12/2024 05:54 | 1/12/2024 05:54 | 00:07:51 | MEDIC 401           |                             |
| 24-81  | 1/2/2024 10:45  | EMERGENCY SCENE | SIGNED PATIENT REFUSAL           | 1/2/2024 10:45  | 1/2/2024 10:46  | 1/2/2024 10:51  | 1/2/2024 12:08  | 1/2/2024 12:08  | 1/2/2024 12:08  | 00:06:19 | MEDIC 401           |                             |
| 24-838 | 1/12/2024 18:28 | EMERGENCY SCENE | ST. FRANCIS GLENPOOL             | 1/12/2024 18:28 | 1/12/2024 18:29 | 1/12/2024 18:32 | 1/12/2024 18:53 | 1/12/2024 18:58 | 1/12/2024 19:12 | 00:04:39 | MEDIC 401           |                             |
| 24-842 | 1/12/2024 18:28 | EMERGENCY SCENE | SIGNED PATIENT REFUSAL           | 1/12/2024 18:28 | 1/12/2024 18:29 | 1/12/2024 18:32 | 1/12/2024 18:53 | 1/12/2024 18:58 | 1/12/2024 19:24 | 00:04:39 | MEDIC 401           |                             |
| 24-856 | 1/13/2024 03:28 | EMERGENCY SCENE | ST. JOHN TULSA                   | 1/13/2024 03:29 | 1/13/2024 03:34 | 1/13/2024 03:39 | 1/13/2024 04:01 | 1/13/2024 04:21 | 1/13/2024 04:38 | 00:10:42 | MEDIC 401           | Caller gave the wrong hotel |
| 24-87  | 1/2/2024 11:25  | EMERGENCY SCENE | UNK                              |                 |                 |                 |                 |                 |                 |          | MUTUAL AID RECIEVED |                             |
| 24-887 | 1/13/2024 21:06 | EMERGENCY SCENE | HILLCREST SOUTH                  | 1/13/2024 21:06 | 1/13/2024 21:09 | 1/13/2024 21:12 | 1/13/2024 21:25 | 1/13/2024 21:43 | 1/13/2024 22:02 | 00:05:51 | MEDIC 401           |                             |
| 24-898 | 1/14/2024 07:44 | EMERGENCY SCENE | CANCELLED BY PD OR OTHER SERVICE | 1/14/2024 07:45 | 1/14/2024 07:48 | 1/14/2024 07:51 | 1/14/2024 07:52 | 1/14/2024 07:52 | 1/14/2024 07:52 | 00:06:13 | MEDIC 401           |                             |
| 24-906 | 1/14/2024 12:07 | EMERGENCY SCENE | HILLCREST SOUTH                  | 1/14/2024 12:07 | 1/14/2024 12:09 | 1/14/2024 12:13 | 1/14/2024 12:51 | 1/14/2024 13:15 | 1/14/2024 13:36 | 00:08:11 | MEDIC 401           |                             |
| 24-912 | 1/14/2024 14:34 | EMERGENCY SCENE | ST. FRANCIS TULSA                | 1/14/2024 14:34 | 1/14/2024 14:37 | 1/14/2024 14:41 | 1/14/2024 15:03 | 1/14/2024 15:31 | 1/14/2024 15:47 | 00:06:51 | MEDIC 401           |                             |
| 24-916 | 1/14/2024 16:37 | EMERGENCY SCENE | SIGNED PATIENT REFUSAL           | 1/14/2024 16:37 | 1/14/2024 16:40 | 1/14/2024 16:44 | 1/14/2024 16:51 | 1/14/2024 16:51 | 1/14/2024 16:51 | 00:08:34 | MEDIC 401           |                             |
| 24-923 | 1/14/2024 17:33 | EMERGENCY SCENE | SIGNED PATIENT REFUSAL           | 1/14/2024 17:34 | 1/14/2024 17:36 | 1/14/2024 17:40 | 1/14/2024 18:05 | 1/14/2024 18:05 | 1/14/2024 18:05 | 00:07:10 | MEDIC 402           |                             |
| 24-941 | 1/15/2024 04:08 | EMERGENCY SCENE | HILLCREST SOUTH                  | 1/15/2024 04:08 | 1/15/2024 04:09 | 1/15/2024 04:27 | 1/15/2024 04:48 | 1/15/2024 05:06 | 1/15/2024 05:20 | 00:19:09 | MEDIC 402           | Resp from Tulsa             |
| 24-944 | 1/15/2024 05:19 | EMERGENCY SCENE | CANCELLED BY PD OR OTHER SERVICE | 1/15/2024 05:19 | 1/15/2024 05:22 | 1/15/2024 05:24 | 1/15/2024 05:24 | 1/15/2024 05:24 | 1/15/2024 05:24 | 00:05:19 | MEDIC 401           |                             |
| 24-989 | 1/15/2024 17:36 | EMERGENCY SCENE | HILLCREST SOUTH                  | 1/15/2024 17:37 | 1/15/2024 17:39 | 1/15/2024 17:47 | 1/15/2024 17:57 | 1/15/2024 18:21 | 1/15/2024 18:34 | 00:11:07 | MEDIC 401           | Mutual Aid Given            |
| 24-997 | 1/16/2024 00:58 | EMERGENCY SCENE | ST. JOHN TULSA                   | 1/16/2024 00:58 | 1/16/2024 01:00 | 1/16/2024 01:04 | 1/16/2024 01:13 | 1/16/2024 01:33 | 1/16/2024 01:46 | 00:06:29 | MEDIC 401           |                             |

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



To Oklahoma & You™

Dir 1 251 7

9275X0C.004 BNCF:0008715

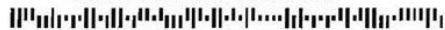


24-Hour  
Automated  
Account Information

1-877-602-2262

*John 2/1/24*  
*Jessie Smith 2/1/24*

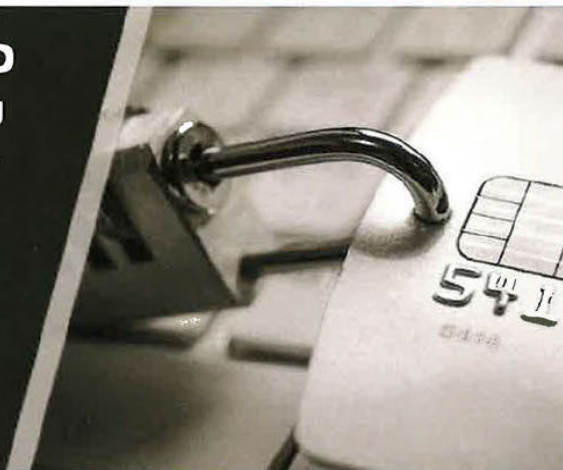
2 \*0008715  
GLENPOOL AREA EMERGENCY MEDICAL  
SERVICE DISTRICT  
12205 S YUKON AVE  
GLENPOOL OK 74033-6635



PAGE 1

|                |
|----------------|
| ACCOUNT NUMBER |
| STATEMENT DATE |
| 12/29/23       |

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your financial information.



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Federal law requires us to tell you how we collect, share, and protect your personal information. Our privacy policy has not changed and you may review our policy and practices with respect to your personal information at [www.bancfirst.bank](http://www.bancfirst.bank) or we can mail you a free copy upon request by calling us at 405-273-1000 or your local BancFirst location.

**ACCOUNT ANALYSIS**

|                           |          |               |
|---------------------------|----------|---------------|
| Beginning Balance         | 12/01/23 | 165,250.93    |
| Deposits / Misc Credits   | 1        | 17,070.93     |
| Withdrawals / Misc Debits | 7        | 32,458.35     |
| ** Ending Balance         | 12/31/23 | 149,863.51 ** |

|                |     |
|----------------|-----|
| Service Charge | .00 |
| Enclosures     | 7   |

| DEPOSITS              |            |             |                      |                                   |            |          |  |
|-----------------------|------------|-------------|----------------------|-----------------------------------|------------|----------|--|
| Date                  | Deposits   | Withdrawals | Activity Description | Date                              | Check No.  | Amount   |  |
| 12/12                 | 17,070.93  |             | TULSA COUNTY/REMIT   |                                   |            |          |  |
| CHECKS                |            |             |                      |                                   |            |          |  |
|                       |            |             |                      | * indicates skip in check numbers |            |          |  |
| Date                  | Check No.  | Amount      |                      | Date                              | Check No.  | Amount   |  |
| 12/08                 | 2164       | 15,000.00   |                      | 12/08                             | 2167       | 208.33   |  |
| 12/08                 | 2165       | 12,779.96   |                      | 12/14                             | 2168       | 3,094.20 |  |
| 12/07                 | 2166       | 959.20      |                      | 12/06                             | 2170       | 208.33   |  |
| DAILY BALANCE SUMMARY |            |             |                      |                                   |            |          |  |
| Date                  | Balance    | Date        | Balance              | Date                              | Balance    |          |  |
| 12/06                 | 165,042.60 | 12/07       | 164,083.40           | 12/08                             | 136,095.11 |          |  |

Continued on Reverse



MSI REV 7/17

[www.bancfirst.bank](http://www.bancfirst.bank)

5727-STMT

Member  
FDIC



Dir 1 251 7

9275X0C.004 BNCF:0008715

|                |          |
|----------------|----------|
| ACCOUNT NUMBER |          |
| STATEMENT DATE | 12/29/23 |

PAGE 2

| Date  | Balance    | Date  | Balance    | Date  | Balance    |
|-------|------------|-------|------------|-------|------------|
| 12/12 | 153,166.04 | 12/14 | 150,071.84 | 12/21 | 149,863.51 |



MSI REV 7/17

[www.bancfirst.bank](http://www.bancfirst.bank)

5727-STMT

Member  
FDIC

Dir 1 251 7

9276XOC.004 BNCf:0008715

Statement Date: 12/29/23

PAGE 3

GLENPOOL AREA EMERGENCY 0193  
MEDICAL SERVICE DISTRICT  
12205 S YUKON AVE. PH 918-322-5409  
GLENPOOL, OK 74033-6633

BankFirst  
Glenpool, Oklahoma  
39-363/1030

002164

PAY \*\*\*\*\* FIFTEEN THOUSAND & 00/100 DOLLARS \*\*\*\*\*

DATE 12/08/2023

CHECK AMOUNT \$15,000.00

TO THE ORDER OF \*\* CENTURION HEALTH SYSTEMS, DBA MERCY REGIONAL  
MEDICAL SERVICE DISTRICT  
9106 N GARNET RD  
OWASSO, OK 74055

BY *Julia A. Casten*  
*Nancy M. Knight*

0002164

Number: 2164 Date: 12/8/2023 Amount: \$15000.00

GLENPOOL AREA EMERGENCY 0193  
MEDICAL SERVICE DISTRICT  
12205 S YUKON AVE. PH 918-322-5409  
GLENPOOL, OK 74033-6633

BankFirst  
Glenpool, Oklahoma  
39-363/1030

002165

PAY \*\*\*\*\* TWELVE THOUSAND SEVEN HUNDRED & 99/100 DOLLARS \*\*\*\*\*

DATE 12/08/2023

CHECK AMOUNT \$12,779.96

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

BY *Julia A. Casten*  
*Nancy M. Knight*

0002165

Number: 2165 Date: 12/8/2023 Amount: \$12779.96

GLENPOOL AREA EMERGENCY 0193  
MEDICAL SERVICE DISTRICT  
12205 S YUKON AVE. PH 918-322-5409  
GLENPOOL, OK 74033-6633

BankFirst  
Glenpool, Oklahoma  
39-363/1030

002166

PAY \*\*\*\*\* NINE HUNDRED FIFTY NINE & 20/100 DOLLARS \*\*\*\*\*

DATE 12/07/2023

CHECK AMOUNT \$959.20

TO THE ORDER OF \*\* IHS, INC. \*\*  
SUITE A  
12311 S. 74TH E. AVE.  
BIRMG, OK 74008

BY *Julia A. Casten*  
*Nancy M. Knight*

0002166

Number: 2166 Date: 12/7/2023 Amount: \$959.20

GLENPOOL AREA EMERGENCY 0193  
MEDICAL SERVICE DISTRICT  
12205 S YUKON AVE. PH 918-322-5409  
GLENPOOL, OK 74033-6633

BankFirst  
Glenpool, Oklahoma  
39-363/1030

002167

PAY \*\*\*\*\* TWO HUNDRED EIGHT & 33/100 DOLLARS \*\*\*\*\*

DATE 12/08/2023

CHECK AMOUNT \$208.33

TO THE ORDER OF \*\* JULIE CASTEN \*\*

BY *Julia A. Casten*  
*Nancy M. Knight*

0002167

Number: 2167 Date: 12/8/2023 Amount: \$208.33

GLENPOOL AREA EMERGENCY 0193  
MEDICAL SERVICE DISTRICT  
12205 S YUKON AVE. PH 918-322-5409  
GLENPOOL, OK 74033-6633

BankFirst  
Glenpool, Oklahoma  
39-363/1030

002168

PAY \*\*\*\*\* THREE THOUSAND & 13/100 DOLLARS \*\*\*\*\*

DATE 12/14/2023

CHECK AMOUNT \$3,094.20

TO THE ORDER OF \*\* STRYKER MEDICAL DIVISION \*\*  
P.O. BOX 93308  
CHICAGO, IL 60673-3308

BY *Julia A. Casten*  
*Nancy M. Knight*

0002168

Number: 2168 Date: 12/14/2023 Amount: \$3094.20

GLENPOOL AREA EMERGENCY 0193  
MEDICAL SERVICE DISTRICT  
12205 S YUKON AVE. PH 918-322-5409  
GLENPOOL, OK 74033-6633

BankFirst  
Glenpool, Oklahoma  
39-363/1030

002169

PAY \*\*\*\*\* TWO HUNDRED EIGHT & 33/100 DOLLARS \*\*\*\*\*

DATE 12/21/2023

CHECK AMOUNT \$208.33

TO THE ORDER OF \*\* SUSAN WHITE \*\*

BY *Julia A. Casten*  
*Nancy M. Knight*

0002169

Number: 2169 Date: 12/21/2023 Amount: \$208.33

GLENPOOL AREA EMERGENCY 0193  
MEDICAL SERVICE DISTRICT  
12205 S YUKON AVE. PH 918-322-5409  
GLENPOOL, OK 74033-6633

BankFirst  
Glenpool, Oklahoma  
39-363/1030

002170

PAY \*\*\*\*\* TWO HUNDRED EIGHT & 33/100 DOLLARS \*\*\*\*\*

DATE 12/14/2023

CHECK AMOUNT \$3,094.20

TO THE ORDER OF \*\* MEVVO KNIGHT \*\*

BY *Julia A. Casten*  
*Nancy M. Knight*

0002170

Number: 2170 Date: 12/6/2023 Amount: \$208.33

4022-00000



1/09/24 11:46 AM

## BANK RECONCILIATION

PAGE:

PERIOD: 12/01/2023 - 12/31/2023

ACCOUNT: 31-1001 GEMS CASH IN BANK

## RECONCILIATION SUMMARY

|                              |               |                              |            |
|------------------------------|---------------|------------------------------|------------|
| BEGINNING STATEMENT BALANCE: | 165,250.93    | GL ACCOUNT BALANCE:          | 149,863.51 |
| DEPOSITS:                    | + 17,070.93   | OUTSTANDING DEPOSITS:        | - 0.00     |
| WITHDRAWALS:                 | + 32,458.35CR | OUTSTANDING CHECKS:          | - 0.00     |
| ADJUSTMENTS:                 | + 0.00        | ADJUSTMENTS:                 | + 0.00     |
| ENDING STATEMENT BALANCE:    | 149,863.51    | ADJUSTED GL ACCOUNT BALANCE: | 149,863.51 |

STATEMENT BALANCE: 149,863.51

BANK DIFFERENCE: 0.00

G/L DIFFERENCE: 0.00

## CLEARED DEPOSITS:

|                         |                           |           |
|-------------------------|---------------------------|-----------|
| 12/12/2023              | Tulsa Tax Deposit 12.2023 | 17,070.93 |
| TOTAL CLEARED DEPOSITS: |                           | 17,070.93 |
|                         |                           | =====     |

## CLEARED CHECKS:

|                       |        |                                 |             |
|-----------------------|--------|---------------------------------|-------------|
| 12/04/2023            | 002164 | CENTURION HEALTH SYSTEMS, DBA M | 15,000.00CR |
| 12/04/2023            | 002165 | CITY OF GLENPOOL - GEMS         | 12,779.96CR |
| 12/04/2023            | 002166 | IMS, INC.                       | 959.20CR    |
| 12/04/2023            | 002167 | JULIE CASTEEN                   | 208.33CR    |
| 12/04/2023            | 002168 | STRYKER MEDICAL DIVISION        | 3,094.20CR  |
| 12/04/2023            | 002169 | SUSAN WHITE                     | 208.33CR    |
| 12/04/2023            | 002170 | WENDY KNIGHT                    | 208.33CR    |
| TOTAL CLEARED CHECKS: |        |                                 | 32,458.35CR |
|                       |        |                                 | =====       |

## CLEARED OTHER:

No Items.

2-01-2024 01:45 PM

CITY OF GLENPOOL  
YEAR TO DATE BALANCE SHEET  
AS OF: DECEMBER 31ST, 2023

PAGE: 1

31 -GEMS

| ACCT NO#           | ACCOUNT NAME               | BEGINNING<br>BALANCE | M-T-D<br>ACTIVITY | Y-T-D<br>ACTIVITY | CURRENT<br>BALANCE |
|--------------------|----------------------------|----------------------|-------------------|-------------------|--------------------|
| <u>ASSETS</u>      |                            |                      |                   |                   |                    |
| 31-1001            | GEMS CASH IN BANK          | 283,627.22           | 15,387.42CR       | 133,763.71CR      | 149,863.51         |
| 31-1302            | PREPAID PAYROLL TAXES      | 0.00                 | 0.00              | 0.00              | 0.00               |
| 31-1303            | TAXES RECEIVABLE           | 0.00                 | 0.00              | 0.00              | 0.00               |
| 31-1353            | EQUIPMENT                  | 71,085.14            | 0.00              | 0.00              | 71,085.14          |
| 31-1354            | ACCUM DEPREC - EQUIPMENT   | <u>42,651.08CR</u>   | <u>0.00</u>       | <u>0.00</u>       | <u>42,651.08CR</u> |
|                    | TOTAL ASSETS               | 312,061.28           | 15,387.42CR       | 133,763.71CR      | 178,297.57         |
|                    |                            | =====                | =====             | =====             | =====              |
| <u>LIABILITIES</u> |                            |                      |                   |                   |                    |
| 31-2001            | ACCOUNTS PAYABLE           | 0.00                 | 0.00              | 0.00              | 0.00               |
| 31-2101            | FICA LIABILITY             | 0.00                 | 0.00              | 0.00              | 0.00               |
| 31-2102            | MED TAX LIABILITY          | 0.00                 | 0.00              | 0.00              | 0.00               |
| 31-2103            | FEDERAL W/H PAYABLE        | 0.00                 | 0.00              | 0.00              | 0.00               |
| 31-2104            | STATE W/H PAYABLE          | 0.00                 | 0.00              | 0.00              | 0.00               |
| 31-2130            | OPEB LIABILITY             | 0.00                 | 0.00              | 0.00              | 0.00               |
| 31-2131            | DEFERRED INFLOWS           | <u>0.00</u>          | <u>0.00</u>       | <u>0.00</u>       | <u>0.00</u>        |
|                    | TOTAL LIABILITIES          | 0.00                 | 0.00              | 0.00              | 0.00               |
| <u>FUND EQUITY</u> |                            |                      |                   |                   |                    |
| 31-3001            | FUND BALANCE               | 312,061.28CR         | 0.00              | 0.00              | 312,061.28CR       |
|                    | TOTAL REVENUES             | 0.00                 | 17,070.93CR       | 21,460.14CR       | 21,460.14CR        |
|                    | TOTAL EXPENSES             | <u>0.00</u>          | <u>32,458.35</u>  | <u>155,223.85</u> | <u>155,223.85</u>  |
|                    | TOTAL FUND EQUITY          | 312,061.28CR         | 15,387.42         | 133,763.71        | 178,297.57CR       |
|                    | TOTAL LIABILITIES & EQUITY | 312,061.28CR         | 15,387.42         | 133,763.71        | 178,297.57CR       |
|                    |                            | =====                | =====             | =====             | =====              |

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CITY OF GLENPOOL  
REVENUE & EXPENSE REPORT (UNAUDITED)  
AS OF: DECEMBER 31ST, 2023

PAGE: 1

31 -GEMS

FINANCIAL SUMMARY

% OF YEAR COMPLETED: 50.00

|                        | CURRENT<br>BUDGET | CURRENT<br>PERIOD | YEAR TO DATE<br>ACTUAL | TOTAL<br>ENCUMBERED | BUDGET<br>BALANCE | % YTD<br>BUDGET |
|------------------------|-------------------|-------------------|------------------------|---------------------|-------------------|-----------------|
| <u>REVENUE SUMMARY</u> |                   |                   |                        |                     |                   |                 |
| NON-DEPARTMENTAL       | 409,981           | 17,070.93         | 21,460.14              | 0.00                | 388,520.86        | 5.23            |
| TOTAL REVENUES         | 409,981           | 17,070.93         | 21,460.14              | 0.00                | 388,520.86        | 5.23            |

CITY OF GLENPOOL  
REVENUE & EXPENSE REPORT (UNAUDITED)  
AS OF: DECEMBER 31ST, 2023

31 -GEMS

FINANCIAL SUMMARY

% OF YEAR COMPLETED: 50.00

|                                   | CURRENT<br>BUDGET | CURRENT<br>PERIOD | YEAR TO DATE<br>ACTUAL | TOTAL<br>ENCUMBERED | BUDGET<br>BALANCE | % YTD<br>BUDGET |
|-----------------------------------|-------------------|-------------------|------------------------|---------------------|-------------------|-----------------|
| <u>EXPENDITURE SUMMARY</u>        |                   |                   |                        |                     |                   |                 |
| <u>GEMS</u>                       |                   |                   |                        |                     |                   |                 |
| PERSONAL SERVICES                 | 0                 | 0.00              | 0.00                   | 0.00                | 0.00              | 0.00            |
| SUPPLIES                          | 7,000             | 959.20            | 3,794.92               | 0.00                | 3,205.08          | 54.21           |
| OTHER CHARGES & SERVICES          | 396,481           | 31,499.15         | 151,428.93             | 31,290.71           | 213,761.36        | 46.09           |
| TRAVEL & TRAINING                 | 6,500             | 0.00              | 0.00                   | 0.00                | 6,500.00          | 0.00            |
| MISCELLANEOUS                     | 0                 | 0.00              | 0.00                   | 0.00                | 0.00              | 0.00            |
| CAPITAL EXPENDITURES              | 0                 | 0.00              | 0.00                   | 0.00                | 0.00              | 0.00            |
| OTHER FINANCING USES              | 0                 | 0.00              | 0.00                   | 0.00                | 0.00              | 0.00            |
| TOTAL GEMS                        | 409,981           | 32,458.35         | 155,223.85             | 31,290.71           | 223,466.44        | 45.49           |
| TOTAL EXPENDITURES                | 409,981           | 32,458.35         | 155,223.85             | 31,290.71           | 223,466.44        | 45.49           |
| REVENUE OVER/(UNDER) EXPENDITURES | 0 (               | 15,387.42) (      | 133,763.71) (          | 31,290.71)          | 165,054.42        | 0.00            |

CITY OF GLENPOOL  
REVENUE & EXPENSE REPORT (UNAUDITED)  
AS OF: DECEMBER 31ST, 2023

31 -GEMS

% OF YEAR COMPLETED: 50.00

| REVENUES                         | CURRENT<br>BUDGET | CURRENT<br>PERIOD | YEAR TO DATE<br>ACTUAL | TOTAL<br>ENCUMBERED | BUDGET<br>BALANCE | % YTD<br>BUDGET |
|----------------------------------|-------------------|-------------------|------------------------|---------------------|-------------------|-----------------|
| NON-DEPARTMENTAL<br>=====        |                   |                   |                        |                     |                   |                 |
| <u>TAXES</u>                     |                   |                   |                        |                     |                   |                 |
| 31-5-00-5006 TAXES               | 350,000           | 17,070.93         | 21,460.14              | 0.00                | 328,539.86        | 6.13            |
| TOTAL TAXES                      | 350,000           | 17,070.93         | 21,460.14              | 0.00                | 328,539.86        | 6.13            |
| <u>INVESTMENT INCOME</u>         |                   |                   |                        |                     |                   |                 |
| 31-5-00-5301 INTEREST            | 0                 | 0.00              | 0.00                   | 0.00                | 0.00              | 0.00            |
| 31-5-00-5306 MISCELLANEOUS       | 0                 | 0.00              | 0.00                   | 0.00                | 0.00              | 0.00            |
| TOTAL INVESTMENT INCOME          | 0                 | 0.00              | 0.00                   | 0.00                | 0.00              | 0.00            |
| <u>OTHER FINANCING SOURCES</u>   |                   |                   |                        |                     |                   |                 |
| 31-5-00-5409 USE OF FUND BALANCE | 59,981            | 0.00              | 0.00                   | 0.00                | 59,981.00         | 0.00            |
| TOTAL OTHER FINANCING SOURCES    | 59,981            | 0.00              | 0.00                   | 0.00                | 59,981.00         | 0.00            |
| TOTAL NON-DEPARTMENTAL           | 409,981           | 17,070.93         | 21,460.14              | 0.00                | 388,520.86        | 5.23            |
| TOTAL REVENUE                    | 409,981           | 17,070.93         | 21,460.14              | 0.00                | 388,520.86        | 5.23            |

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CITY OF GLENPOOL  
REVENUE & EXPENSE REPORT (UNAUDITED)  
AS OF: DECEMBER 31ST, 2023

PAGE: 4

31 -GEMS

% OF YEAR COMPLETED: 50.00

| DEPARTMENTAL EXPENDITURES               | CURRENT<br>BUDGET | CURRENT<br>PERIOD | YEAR TO DATE<br>ACTUAL | TOTAL<br>ENCUMBERED | BUDGET<br>BALANCE | % YTD<br>BUDGET |
|-----------------------------------------|-------------------|-------------------|------------------------|---------------------|-------------------|-----------------|
| <u>GEMS</u>                             |                   |                   |                        |                     |                   |                 |
| =====                                   |                   |                   |                        |                     |                   |                 |
| <u>PERSONAL SERVICES</u>                |                   |                   |                        |                     |                   |                 |
| 31-6-01-6101 SALARIES & WAGES           | 0                 | 0.00              | 0.00                   | 0.00                | 0.00              | 0.00            |
| 31-6-01-6102 INSURANCE                  | 0                 | 0.00              | 0.00                   | 0.00                | 0.00              | 0.00            |
| 31-6-01-6111 FICA                       | 0                 | 0.00              | 0.00                   | 0.00                | 0.00              | 0.00            |
| 31-6-01-6113 WORKMANS COMP              | 0                 | 0.00              | 0.00                   | 0.00                | 0.00              | 0.00            |
| 31-6-01-6114 UNEMPLOYMENT               | 0                 | 0.00              | 0.00                   | 0.00                | 0.00              | 0.00            |
| TOTAL PERSONAL SERVICES                 | 0                 | 0.00              | 0.00                   | 0.00                | 0.00              | 0.00            |
| <u>SUPPLIES</u>                         |                   |                   |                        |                     |                   |                 |
| 31-6-01-6202 OPERATING SUPPLIES         | 4,500             | 959.20            | 3,794.92               | 0.00                | 705.08            | 84.33           |
| 31-6-01-6206 MINOR EQUIPMENT            | 2,500             | 0.00              | 0.00                   | 0.00                | 2,500.00          | 0.00            |
| TOTAL SUPPLIES                          | 7,000             | 959.20            | 3,794.92               | 0.00                | 3,205.08          | 54.21           |
| <u>OTHER CHARGES &amp; SERVICES</u>     |                   |                   |                        |                     |                   |                 |
| 31-6-01-6210 AMBULANCE CONTRACT         | 180,000           | 15,000.00         | 90,000.00              | 15,000.00           | 75,000.00         | 58.33           |
| 31-6-01-6225 FIRST RESPONDER/ADMIN FEES | 166,505           | 12,779.96         | 55,181.28              | 15,665.72           | 95,658.00         | 42.55           |
| 31-6-01-6235 CONTRACT SERVICES          | 13,800            | 3,719.19          | 6,247.65               | 624.99              | 6,927.36          | 49.80           |
| 31-6-01-6236 AUDIT FEES                 | 36,176            | 0.00              | 0.00                   | 0.00                | 36,176.00         | 0.00            |
| 31-6-01-6254 MISC SERVICES & CHARGES    | 0                 | 0.00              | 0.00                   | 0.00                | 0.00              | 0.00            |
| TOTAL OTHER CHARGES & SERVICES          | 396,481           | 31,499.15         | 151,428.93             | 31,290.71           | 213,761.36        | 46.09           |
| <u>TRAVEL &amp; TRAINING</u>            |                   |                   |                        |                     |                   |                 |
| 31-6-01-6262 TRAVEL AND TRAINING        | 6,500             | 0.00              | 0.00                   | 0.00                | 6,500.00          | 0.00            |
| TOTAL TRAVEL & TRAINING                 | 6,500             | 0.00              | 0.00                   | 0.00                | 6,500.00          | 0.00            |
| <u>MISCELLANEOUS</u>                    |                   |                   |                        |                     |                   |                 |
| 31-6-01-6283 INVESTMENT EXPENSES        | 0                 | 0.00              | 0.00                   | 0.00                | 0.00              | 0.00            |
| TOTAL MISCELLANEOUS                     | 0                 | 0.00              | 0.00                   | 0.00                | 0.00              | 0.00            |
| <u>CAPITAL EXPENDITURES</u>             |                   |                   |                        |                     |                   |                 |
| 31-6-01-6333 CAPITAL PURCHASES          | 0                 | 0.00              | 0.00                   | 0.00                | 0.00              | 0.00            |
| TOTAL CAPITAL EXPENDITURES              | 0                 | 0.00              | 0.00                   | 0.00                | 0.00              | 0.00            |
| <u>OTHER FINANCING USES</u>             |                   |                   |                        |                     |                   |                 |
| 31-6-01-6745 TSF TO RESERVES            | 0                 | 0.00              | 0.00                   | 0.00                | 0.00              | 0.00            |
| TOTAL OTHER FINANCING USES              | 0                 | 0.00              | 0.00                   | 0.00                | 0.00              | 0.00            |
| <hr/>                                   |                   |                   |                        |                     |                   |                 |
| TOTAL GEMS                              | 409,981           | 32,458.35         | 155,223.85             | 31,290.71           | 223,466.44        | 45.49           |
| <hr/>                                   |                   |                   |                        |                     |                   |                 |
| TOTAL EXPENDITURES                      | 409,981           | 32,458.35         | 155,223.85             | 31,290.71           | 223,466.44        | 45.49           |
| <hr/>                                   |                   |                   |                        |                     |                   |                 |
| REVENUE OVER/(UNDER) EXPENDITURES       | 0 (               | 15,387.42) (      | 133,763.71) (          | 31,290.71)          | 165,054.42        | 0.00            |

| Month     | FY2024 | FY2023 | FY2022 | FY2021 | FY2020 | FY2019 |
|-----------|--------|--------|--------|--------|--------|--------|
| July      | 0.1%   | 0.3%   | 0.4%   | 0.5%   | 0.3%   | 0.3%   |
| August    | 0.3%   | 0.4%   | 0.6%   | 0.6%   | 0.7%   | 0.5%   |
| September | 0.6%   | 0.5%   | 0.8%   | 0.8%   | 0.7%   | 1.0%   |
| October   | 1.0%   | 1.4%   | 1.2%   | 1.0%   | 1.1%   | 1.3%   |
| November  | 1.3%   | 1.5%   | 1.3%   | 1.2%   | 1.2%   | 1.4%   |
| December  | 6.1%   | 5.4%   | 4.6%   | 5.9%   | 4.6%   | 9.2%   |
| January   |        | 91.3%  | 85.8%  | 80.3%  | 80.8%  | 82.7%  |
| February  |        | 100.7% | 92.1%  | 90.7%  | 85.6%  | 91.0%  |
| March     |        | 103.2% | 94.0%  | 92.4%  | 87.6%  | 93.3%  |
| April     |        | 110.9% | 101.8% | 101.7% | 93.3%  | 100.7% |
| May       |        | 114.2% | 104.9% | 105.2% | 97.9%  | 104.4% |
| June      |        | 115.0% | 105.3% | 105.7% | 99.1%  | 105.2% |

As of December 31, 2023 GEMS has received 6.1% of tax revenue budgeted.  
In other words, \$21,460.14 has been received of the \$350,000 tax revenue budgeted.



GLENPOOL FIRE DEPARTMENT  
MED BAG CHECKLIST

Unit: Engine 1

Date: December 31, 2023

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: November 30, 2022  
☒ 1 - Thomas Tube Holder Pink Exp. Date: April 1, 2023  
☒ 1 - Airtraq Blade Grey Exp. Date: December 31, 2022

O2 LEFT SIDE POCKET ☒ 1-O2 Cylinder psi 2000  
☒ 2-Adult NRB  
☒ 2-Adult NC  
☒ 1-Adult BVM

INSIDE POCKET ☒ 1-Blood Glucose Kit/Test Strips Exp. Date: April 13, 2024  
☒ 1-Tube Glucose 31g Exp. Date: February 28, 2025  
☒ 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:   | July 27, 2025     | Exp. Date: | July 27, 2025     |
| 2-18g IV         | Exp. Date:   | December 16, 2024 | Exp. Date: | October 6, 2025   |
| 2-20g IV         | Exp. Date:   | October 1, 2024   | Exp. Date: | July 1, 2024      |
| 2-22g IV         | Exp. Date:   | February 23, 2025 | Exp. Date: | February 25, 2025 |
| 2-24g IV         | Exp. Date:   | July 10, 2025     | Exp. Date: | July 10, 2025     |
| 4-Saline Flushes | { Exp. Date: | January 28, 2026  | Exp. Date: | June 28, 2025     |
|                  | { Exp. Date: | January 28, 2026  | Exp. Date: | June 28, 2026     |

2-IV Start Kits ☒

2-EZ Stabilizers Exp. Date: September 15, 2025 Exp. Date: December 16, 2024

2-45mm 15g IO Needle Set Exp. Date: May 31, 2026 Exp. Date: September 30, 2024

2-25mm 15g IO Needle Set Exp. Date: February 29, 2024 Exp. Date: June 30, 2025

1-IV Bag Exp. Date: August 28, 2025

1 Pressure Bag ☒**AIRWAY COMPARTMENT**

|               |            |                   |               |            |                                     |
|---------------|------------|-------------------|---------------|------------|-------------------------------------|
| 1-2.5 ET Tube | Exp. Date: | February 28, 2025 | 1-7.0 ET Tube | Exp. Date: | March 14, 2024                      |
| 1-3.0 ET Tube | Exp. Date: | December 31, 2025 | 1-7.5 ET Tube | Exp. Date: | October 17, 2024                    |
| 1-3.5 ET Tube | Exp. Date: | June 6, 2024      | 1-8.0 ET Tube | Exp. Date: | June 30, 2024                       |
| 1-4.0 ET Tube | Exp. Date: | April 14, 2027    | 1-8.5 ET Tube | Exp. Date: | December 31, 2024                   |
| 1-4.5 ET Tube | Exp. Date: | May 24, 2027      | 1-9.0 ET Tube | Exp. Date: | November 14, 2024                   |
| 1-5.0 ET Tube | Exp. Date: | February 2, 2025  | 1-OPA Kit     |            | <input checked="" type="checkbox"/> |
| 1-5.5 ET Tube | Exp. Date: | October 24, 2024  | K-Y Lube Gel  | Exp. Date: | February 29, 2024                   |
| 1-6.0 ET Tube | Exp. Date: | March 14, 2024    |               |            |                                     |
| 1-6.5 ET Tube | Exp. Date: | December 1, 2024  |               |            |                                     |

## AIRWAY COMPARTMENT CONT.

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

Size 8.7 Exp. Date: February 10, 2025

Size 9.3 Exp. Date: January 22, 2024

Size 10 Exp. Date: December 9, 2024

Size 10.7 Exp. Date: November 30, 2024

Size 11.3 Exp. Date: February 10, 2026

4 KAD

Green Exp. Date: October 12, 2026

Purple Exp. Date:

Yellow Exp. Date: July 30, 2024

Red Exp. Date: August 1, 2025

## MEDICINE COMPARTMENT

1-Glucagon Kit 1mg Exp. Date: October 31, 2023

1-50% Dextrose Exp. Date: January 30, 2025

2 - Epinephrine Injection 1mg/mL Exp. Date: February 29, 2024 Exp. Date: February 29, 2024

2 - 18g Filter Needles Exp. Date: May 1, 2025 Exp. Date: December 15, 2024

2 - 23g Eclipse Needle Exp. Date: March 31, 2025 Exp. Date: March 31, 2025

2 - 1mL Syringe Exp. Date: December 31, 2026 Exp. Date: December 31, 2026

2 - 4x4 Gauze ☒

2 - Naloxone Hydrochloride 2mg per 2mL (1 Kit) Exp. Date: April 30, 2025 Exp. Date: April 30, 2025

1 - 2% Lidocaine Hcl Exp. Date: April 30, 2024

1 - Nebulizer Kit ☒

3 - Albuterol 2.5mg Exp: March 30, 2024 Exp: March 30, 2024 Exp: March 30, 2024

1 - Levalbuterol 1.25 Exp. Date: February 29, 2024

1 - Levalbuterol 0.31 Exp. Date: February 29, 2024

2 - Ipratropium Bromide 0.5mg (Atrovent) Exp. Date: February 29, 2024 Exp. Date: February 29, 2024

1 - Low Dose Aspirin (81 mg) Exp. Date: March 31, 2026

1 - Roll Med Tape ☒

## 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.

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Glucose Monitor

Clean monitor

☒ Pass ☐ Fail

### Laerdal Scope

- |                                                    |                                          |                               |
|----------------------------------------------------|------------------------------------------|-------------------------------|
| Clean suction unit.                                | <input checked="" type="checkbox"/> Pass | <input type="checkbox"/> Fail |
| Check for occlusions.                              | <input checked="" type="checkbox"/> Pass | <input type="checkbox"/> Fail |
| Check vacuum build-up efficiency within 3 seconds. | <input checked="" type="checkbox"/> Pass | <input type="checkbox"/> Fail |
| Check maximum achievable vacuum within 10 seconds. | <input checked="" type="checkbox"/> Pass | <input type="checkbox"/> Fail |
| Check for air leaks.                               | <input checked="" type="checkbox"/> Pass | <input type="checkbox"/> Fail |
- 

### AirTraq Videoscope

- |                                         |                                          |                               |
|-----------------------------------------|------------------------------------------|-------------------------------|
| Clean videoscope                        | <input checked="" type="checkbox"/> Pass | <input type="checkbox"/> Fail |
| Verify that the battery % is above 50%. | <input checked="" type="checkbox"/> Pass | <input type="checkbox"/> Fail |
- 

## 2% Bag

### Top Left Pocket (IV Fluids)

- |                         |                                                    |                                                      |
|-------------------------|----------------------------------------------------|------------------------------------------------------|
| 2 IV bags               | Seal: <input type="text" value="851"/>             | New Seal: <input type="text" value="315"/>           |
| 2 IV/IO drop admin sets | Exp.: <input type="text" value="August 31, 2025"/> | Exp.: <input type="text" value="December 31, 2025"/> |
|                         | <input checked="" type="checkbox"/>                |                                                      |
- 

### Center Pocket

- |                        |                                                     |                                                     |
|------------------------|-----------------------------------------------------|-----------------------------------------------------|
| 2-Asherman chest seals | Seal: <input type="text" value="888"/>              | New Seal: <input type="text" value="872"/>          |
|                        | Exp.: <input type="text" value="January 31, 2025"/> | Exp.: <input type="text" value="January 31, 2025"/> |
| 2- 4X4 Gauze           | <input checked="" type="checkbox"/>                 |                                                     |
| 1-Roll white duct tape | <input checked="" type="checkbox"/>                 |                                                     |
| 1-Tactical Tourniquet  | <input checked="" type="checkbox"/>                 |                                                     |
| 3- 5X9 Gauze           | <input checked="" type="checkbox"/>                 |                                                     |
| 2-Rolls Coban          | <input checked="" type="checkbox"/>                 |                                                     |
| 2- Ice packs           | <input checked="" type="checkbox"/>                 |                                                     |
| 2- Stretch Gauze       | <input checked="" type="checkbox"/>                 |                                                     |

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 ☒

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Bottom Right Pocket

Seal:

815

New Seal:

852

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

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Bottom Left Pocket

Seal:

820

New Seal:

826

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

---

Bop Right Pocket: (Ped/Infant)

Seal:

814

New Seal:

832

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

GDF STAFF





GLENPOOL FIRE DEPARTMENT  
MED BAG CHECKLIST

Unit: R-1

Date: December 31, 2023

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: January 31, 2022  
☒ 1 - Thomas Tube Holder Pink Exp. Date: April 30, 2023  
☒ 1 - Airtraq Blade Grey Exp. Date: January 29, 2023

O2 LEFT SIDE POCKET ☒ 1-O2 Cylinder psi 1900  
☒ 2-Adult NRB  
☒ 2-Adult NC  
☒ 1-Adult BVM

INSIDE POCKET ☒ 1-Blood Glucose Kit/Test Strips Exp. Date: April 30, 2024  
☒ 1-Tube Glucose 31g Exp. Date: May 26, 2024  
☒ 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:   | July 31, 2025     | Exp. Date: | July 31, 2025     |
| 2-18g IV         | Exp. Date:   | May 1, 2026       | Exp. Date: | October 30, 2027  |
| 2-20g IV         | Exp. Date:   | December 3, 2024  | Exp. Date: | December 12, 2026 |
| 2-22g IV         | Exp. Date:   | December 13, 2024 | Exp. Date: | February 25, 2025 |
| 2-24g IV         | Exp. Date:   | July 27, 2025     | Exp. Date: | July 27, 2025     |
| 4-Saline Flushes | { Exp. Date: | January 30, 2026  | Exp. Date: | January 31, 2026  |
|                  | { Exp. Date: | January 31, 2026  | Exp. Date: | January 31, 2026  |

2-IV Start Kits ☒

2-EZ Stabilizers Exp. Date: September 24, 2024 Exp. Date: September 21, 2026

2-45mm 15g IO Needle Set Exp. Date: June 30, 2025 Exp. Date: March 31, 2024

2-25mm 15g IO Needle Set Exp. Date: February 29, 2024 Exp. Date: June 30, 2026

1-IV Bag Exp. Date: August 25, 2025

1 Pressure Bag ☒**AIRWAY COMPARTMENT**

|               |            |                   |               |            |                                     |
|---------------|------------|-------------------|---------------|------------|-------------------------------------|
| 1-2.5 ET Tube | Exp. Date: | January 19, 2024  | 1-7.0 ET Tube | Exp. Date: | February 19, 2025                   |
| 1-3.0 ET Tube | Exp. Date: | December 31, 2024 | 1-7.5 ET Tube | Exp. Date: | May 31, 2024                        |
| 1-3.5 ET Tube | Exp. Date: | July 18, 2024     | 1-8.0 ET Tube | Exp. Date: | June 30, 2024                       |
| 1-4.0 ET Tube | Exp. Date: | April 19, 2027    | 1-8.5 ET Tube | Exp. Date: | January 22, 2024                    |
| 1-4.5 ET Tube | Exp. Date: | July 17, 2027     | 1-9.0 ET Tube | Exp. Date: | June 29, 2024                       |
| 1-5.0 ET Tube | Exp. Date: | March 8, 2023     | 1-OPA Kit     |            | <input checked="" type="checkbox"/> |
| 1-5.5 ET Tube | Exp. Date: | October 13, 2024  | K-Y Lube Gel  | Exp. Date: | February 29, 2024                   |
| 1-6.0 ET Tube | Exp. Date: | March 30, 2024    |               |            |                                     |
| 1-6.5 ET Tube | Exp. Date: | March 29, 2024    |               |            |                                     |

## AIRWAY COMPARTMENT CONT.

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

|           |            |                   |        |                             |
|-----------|------------|-------------------|--------|-----------------------------|
| Size 8.7  | Exp. Date: | April 30, 2024    | 4 KAD  |                             |
| Size 9.3  | Exp. Date: | November 30, 2024 | Green  | Exp. Date: October 12, 2023 |
| Size 10   | Exp. Date: | April 30, 2024    | Purple | Exp. Date: October 6, 2023  |
| Size 10.7 | Exp. Date: | June 30, 2024     | Yellow | Exp. Date: July 1, 2026     |
| Size 11.3 | Exp. Date: | February 28, 2026 | Red    | Exp. Date: April 1, 2024    |

## MEDICINE COMPARTMENT

|                                                   |                                     |                   |                              |
|---------------------------------------------------|-------------------------------------|-------------------|------------------------------|
| 1-Glucagon Kit 1mg                                | Exp. Date:                          | March 28, 2024    |                              |
| 1-50% Dextrose                                    | Exp. Date:                          | January 31, 2025  |                              |
| 2 - Epinephrine Injection 1mg/mL                  | Exp. Date:                          | February 28, 2024 | Exp. Date: February 28, 2024 |
| 2 - 18g Filter Needles                            | Exp. Date:                          | May 31, 2025      | Exp. Date: May 31, 2025      |
| 2 - 23g Eclipse Needle                            | Exp. Date:                          | March 31, 2025    | Exp. Date: March 31, 2025    |
| 2 - 1mL Syringe                                   | Exp. Date:                          | December 28, 2026 | Exp. Date: December 28, 2026 |
| 2 - 4x4 Gauze                                     | <input checked="" type="checkbox"/> |                   |                              |
| 2 - Naloxone Hydrochloride<br>2mg per 2mL (1 Kit) | Exp. Date:                          | October 31, 2024  | Exp. Date: October 30, 2024  |
| 1 - 2% Lidocaine Hcl                              | Exp. Date:                          | April 28, 2024    |                              |
| 1 - Nebulizer Kit                                 | <input checked="" type="checkbox"/> |                   |                              |
| 3 - Albuterol 2.5mg                               | Exp:                                | March 30, 2024    | Exp: March 28, 2024          |
|                                                   |                                     |                   | Exp: March 30, 2024          |
| 1 - Levalbuterol 1.25mg                           | Exp. Date:                          | February 28, 2024 |                              |
| 1 - Levalbuterol 0.31mg                           | Exp. Date:                          | February 28, 2024 |                              |
| 2 - Ipratropium Bromide<br>0.5mg (Atrovent)       | Exp. Date:                          | February 28, 2024 | Exp. Date: February 28, 2024 |
| 1 - Low Dose Aspirin (81 mg)                      | Exp. Date:                          | December 25, 2025 |                              |
| 1 - Roll Med Tape                                 | <input checked="" type="checkbox"/> |                   |                              |

## LIFEPAK MONITOR

|                       |                                     |                  |
|-----------------------|-------------------------------------|------------------|
| Pedi AED Pads         | Exp. Date:                          | November 7, 2025 |
| Child/ Adult AED Pads | Exp. Date:                          | March 4, 2025    |
| Capno                 | <input checked="" type="checkbox"/> |                  |
| PEDI Pulse OX         | Exp. Date:                          | August 1, 2025   |

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### 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: | 45886339 | Location: | Rescue-1 | DATE | December 31, 2023 |
|-----------------|----------|-----------|----------|------|-------------------|

#### 1. Inspect physical condition for:

|                    |                                          |                               |
|--------------------|------------------------------------------|-------------------------------|
| Foreign substances | <input checked="" type="checkbox"/> Pass | <input type="checkbox"/> Fail |
| Damage or cracks   | <input checked="" type="checkbox"/> Pass | <input type="checkbox"/> Fail |

#### 2. Inspect power source for:

|                                     |                                          |                               |
|-------------------------------------|------------------------------------------|-------------------------------|
| Broken, loose or worn battery pins. | <input checked="" type="checkbox"/> Pass | <input type="checkbox"/> Fail |
| Damaged or leaking battery.         | <input checked="" type="checkbox"/> Pass | <input type="checkbox"/> Fail |
| Spare battery available             | <input checked="" type="checkbox"/> Pass | <input type="checkbox"/> Fail |
| Damage to power adapters or cable.  | <input checked="" type="checkbox"/> Pass | <input type="checkbox"/> Fail |

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

|                                                |                                          |                               |
|------------------------------------------------|------------------------------------------|-------------------------------|
| Cracking, damaged, broke or bent parts or pins | <input checked="" type="checkbox"/> Pass | <input type="checkbox"/> Fail |
|------------------------------------------------|------------------------------------------|-------------------------------|

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

|                            |                                          |                               |
|----------------------------|------------------------------------------|-------------------------------|
| Use by date                | <input checked="" type="checkbox"/> Pass | <input type="checkbox"/> Fail |
| Spare electrodes available | <input checked="" type="checkbox"/> Pass | <input type="checkbox"/> Fail |
| Damaged, open package      | <input checked="" type="checkbox"/> Pass | <input type="checkbox"/> 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.

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Glucose Monitor

Clean monitor

☒ Pass ☐ Fail

### Laerdal Scope

- |                                                    |                                          |                               |
|----------------------------------------------------|------------------------------------------|-------------------------------|
| Clean suction unit.                                | <input checked="" type="checkbox"/> Pass | <input type="checkbox"/> Fail |
| Check for occlusions.                              | <input checked="" type="checkbox"/> Pass | <input type="checkbox"/> Fail |
| Check vacuum build-up efficiency within 3 seconds. | <input checked="" type="checkbox"/> Pass | <input type="checkbox"/> Fail |
| Check maximum achievable vacuum within 10 seconds. | <input checked="" type="checkbox"/> Pass | <input type="checkbox"/> Fail |
| Check for air leaks.                               | <input checked="" type="checkbox"/> Pass | <input type="checkbox"/> Fail |
- 

### AirTraq Videoscope

- |                                         |                                          |                               |
|-----------------------------------------|------------------------------------------|-------------------------------|
| Clean videoscope                        | <input checked="" type="checkbox"/> Pass | <input type="checkbox"/> Fail |
| Verify that the battery % is above 50%. | <input checked="" type="checkbox"/> Pass | <input type="checkbox"/> Fail |
- 

## 2% Bag

### Top Left Pocket (IV Fluids)

- |                         |                                                    |                                                    |
|-------------------------|----------------------------------------------------|----------------------------------------------------|
| 2 IV bags               | Seal: <input type="text" value="875"/>             | New Seal: <input type="text" value="858"/>         |
| 2 IV/IO drop admin sets | Exp.: <input type="text" value="August 28, 2025"/> | Exp.: <input type="text" value="August 31, 2024"/> |
|                         | <input checked="" type="checkbox"/>                |                                                    |
- 

### Center Pocket

- |                        |                                                     |                                                     |
|------------------------|-----------------------------------------------------|-----------------------------------------------------|
| 2-Asherman chest seals | Seal: <input type="text" value="866"/>              | New Seal: <input type="text" value="822"/>          |
|                        | Exp.: <input type="text" value="January 31, 2025"/> | Exp.: <input type="text" value="January 31, 2025"/> |
| 2- 4X4 Gauze           | <input checked="" type="checkbox"/>                 |                                                     |
| 1-Roll white duct tape | <input checked="" type="checkbox"/>                 |                                                     |
| 1-Tactical Tourniquet  | <input checked="" type="checkbox"/>                 |                                                     |
| 3- 5X9 Gauze           | <input checked="" type="checkbox"/>                 |                                                     |
| 2-Rolls Coban          | <input checked="" type="checkbox"/>                 |                                                     |
| 2- Ice packs           | <input checked="" type="checkbox"/>                 |                                                     |
| 2- Stretch Gauze       | <input checked="" type="checkbox"/>                 |                                                     |

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 ☒

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Bottom Right Pocket

Seal:

899

New Seal:

818

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

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Bottom Left Pocket

Seal:

812

New Seal:

887

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

---

Bop Right Pocket: (Ped/Infant)

Seal:

870

New Seal:

816

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

GDF STAFF





GLENPOOL FIRE DEPARTMENT  
MED BAG CHECKLIST

Unit: Engine 1

Date: January 31, 2024

**FRONT ZIPPER POCKET**

|                                                                |                                                        |                                                      |
|----------------------------------------------------------------|--------------------------------------------------------|------------------------------------------------------|
| <input checked="" type="checkbox"/> 1 B/P Cuff                 | <input checked="" type="checkbox"/> 1 Stethoscope      | <input checked="" type="checkbox"/> 1 Pulse Oximeter |
| <input checked="" type="checkbox"/> 1 - Ped. Cannula           | <input checked="" type="checkbox"/> 1 - Infant Cannula | <input checked="" type="checkbox"/> 2 - Infant NRB   |
| <input checked="" type="checkbox"/> 1 - Rusch Laryngoscope Kit |                                                        |                                                      |

**RIGHT ZIPPER POCKET**

|                                                            |      |            |                   |
|------------------------------------------------------------|------|------------|-------------------|
| <input checked="" type="checkbox"/> 1 - Airtraq Camera     | Blue | Exp. Date: | November 30, 2022 |
| <input checked="" type="checkbox"/> 1 - Thomas Tube Holder | Pink | Exp. Date: | April 1, 2023     |
| <input checked="" type="checkbox"/> 1 - Airtraq Blade      | Grey | Exp. Date: | December 31, 2022 |

**O2 LEFT SIDE POCKET**

|                                                   |     |      |
|---------------------------------------------------|-----|------|
| <input checked="" type="checkbox"/> 1-O2 Cylinder | psi | 2000 |
| <input checked="" type="checkbox"/> 2-Adult NRB   |     |      |
| <input checked="" type="checkbox"/> 2-Adult NC    |     |      |
| <input checked="" type="checkbox"/> 1-Adult BVM   |     |      |

**INSIDE POCKET**

|                                                                     |                                                           |                   |
|---------------------------------------------------------------------|-----------------------------------------------------------|-------------------|
| <input checked="" type="checkbox"/> 1-Blood Glucose Kit/Test Strips | Exp. Date:                                                | April 13, 2024    |
| <input checked="" type="checkbox"/> 1-Tube Glucose 31g              | Exp. Date:                                                | February 28, 2025 |
| <input checked="" type="checkbox"/> Lancettes                       | <input checked="" type="checkbox"/> Adhesive Bandages     |                   |
| <input checked="" type="checkbox"/> Alcohol Swabs                   | <input checked="" type="checkbox"/> 1-Tactical Tourniquet |                   |
| <input checked="" type="checkbox"/> 1-Thermometer                   | <input checked="" type="checkbox"/> 1-Samsplint           |                   |

**FIRST AID BAG**

|                                                       |                                               |
|-------------------------------------------------------|-----------------------------------------------|
| <input checked="" type="checkbox"/> Medical Tape      | <input checked="" type="checkbox"/> Flush     |
| <input checked="" type="checkbox"/> Conban            | <input checked="" type="checkbox"/> Band-aids |
| <input checked="" type="checkbox"/> Tri-Angle Bandage | <input checked="" type="checkbox"/> 4X4s      |
| <input checked="" type="checkbox"/> Bandage Roll      | <input checked="" type="checkbox"/> 3X3s      |

**INSIDE CLEAR LID**

|                                                      |                                                 |                                                    |
|------------------------------------------------------|-------------------------------------------------|----------------------------------------------------|
| <input checked="" type="checkbox"/> Sharps Shuttle   | <input checked="" type="checkbox"/> Pen Light   | <input checked="" type="checkbox"/> Hand Sanitizer |
| <input checked="" type="checkbox"/> Trauma Sheers    | <input checked="" type="checkbox"/> Ring Cutter |                                                    |
| <input checked="" type="checkbox"/> Convenience Bags | <input checked="" type="checkbox"/> Bio Bag     |                                                    |

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

|                  |              |                   |            |                   |
|------------------|--------------|-------------------|------------|-------------------|
| 2-14g IV         | Exp. Date:   | July 27, 2025     | Exp. Date: | July 27, 2025     |
| 2-18g IV         | Exp. Date:   | December 16, 2024 | Exp. Date: | October 6, 2025   |
| 2-20g IV         | Exp. Date:   | October 1, 2024   | Exp. Date: | July 1, 2024      |
| 2-22g IV         | Exp. Date:   | February 23, 2025 | Exp. Date: | February 25, 2025 |
| 2-24g IV         | Exp. Date:   | July 10, 2025     | Exp. Date: | July 10, 2025     |
| 4-Saline Flushes | { Exp. Date: | January 28, 2026  | Exp. Date: | June 28, 2025     |
|                  | { Exp. Date: | January 28, 2026  | Exp. Date: | June 28, 2026     |

2-IV Start Kits ☒

2-EZ Stabilizers Exp. Date: September 15, 2025 Exp. Date: December 16, 2024

2-45mm 15g IO Needle Set Exp. Date: May 31, 2026 Exp. Date: September 30, 2024

2-25mm 15g IO Needle Set Exp. Date: February 29, 2024 Exp. Date: June 30, 2025

1-IV Bag Exp. Date: August 28, 2025

1 Pressure Bag ☒**AIRWAY COMPARTMENT**

|               |            |                   |               |            |                                     |
|---------------|------------|-------------------|---------------|------------|-------------------------------------|
| 1-2.5 ET Tube | Exp. Date: | February 28, 2025 | 1-7.0 ET Tube | Exp. Date: | March 14, 2024                      |
| 1-3.0 ET Tube | Exp. Date: | December 31, 2025 | 1-7.5 ET Tube | Exp. Date: | October 17, 2024                    |
| 1-3.5 ET Tube | Exp. Date: | June 6, 2024      | 1-8.0 ET Tube | Exp. Date: | June 30, 2024                       |
| 1-4.0 ET Tube | Exp. Date: | April 14, 2027    | 1-8.5 ET Tube | Exp. Date: | December 31, 2024                   |
| 1-4.5 ET Tube | Exp. Date: | May 24, 2027      | 1-9.0 ET Tube | Exp. Date: | November 14, 2024                   |
| 1-5.0 ET Tube | Exp. Date: | February 2, 2025  | 1-OPA Kit     |            | <input checked="" type="checkbox"/> |
| 1-5.5 ET Tube | Exp. Date: | October 24, 2024  | K-Y Lube Gel  | Exp. Date: | February 29, 2024                   |
| 1-6.0 ET Tube | Exp. Date: | March 14, 2024    |               |            |                                     |
| 1-6.5 ET Tube | Exp. Date: | December 1, 2024  |               |            |                                     |

## AIRWAY COMPARTMENT CONT.

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

Size 8.7 Exp. Date: February 10, 2025

Size 9.3 Exp. Date: January 22, 2024

Size 10 Exp. Date: December 9, 2024

Size 10.7 Exp. Date: November 30, 2024

Size 11.3 Exp. Date: February 10, 2026

4 KAD

Green Exp. Date: October 12, 2026

Purple Exp. Date:

Yellow Exp. Date: July 30, 2024

Red Exp. Date: August 1, 2025

## MEDICINE COMPARTMENT

1-Glucagon Kit 1mg Exp. Date: October 31, 2023

1-50% Dextrose Exp. Date: January 30, 2025

2 - Epinephrine Injection 1mg/mL Exp. Date: February 29, 2024 Exp. Date: February 29, 2024

2 - 18g Filter Needles Exp. Date: May 1, 2025 Exp. Date: December 15, 2024

2 - 23g Eclipse Needle Exp. Date: March 31, 2025 Exp. Date: March 31, 2025

2 - 1mL Syringe Exp. Date: December 31, 2026 Exp. Date: December 31, 2026

2 - 4x4 Gauze ☒

2 - Naloxone Hydrochloride 2mg per 2mL (1 Kit) Exp. Date: April 30, 2025 Exp. Date: April 30, 2025

1 - 2% Lidocaine Hcl Exp. Date: April 30, 2024

1 - Nebulizer Kit ☒

3 - Albuterol 2.5mg Exp: March 30, 2024 Exp: March 30, 2024 Exp: March 30, 2024

1 - Levalbuterol 1.25 Exp. Date: February 29, 2024

1 - Levalbuterol 0.31 Exp. Date: February 29, 2024

2 - Ipratropium Bromide 0.5mg (Atrovent) Exp. Date: February 29, 2024 Exp. Date: February 29, 2024

1 - Low Dose Aspirin (81 mg) Exp. Date: March 31, 2026

1 - Roll Med Tape ☒

## LIFEPAK MONITOR

Child/ Adult AED Pads      Exp. Date:

Capno      ☒

PEDI Pulse OX      Exp. Date:

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### 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.                                | <input checked="" type="checkbox"/> Pass | <input type="checkbox"/> Fail |
| Check for occlusions.                              | <input checked="" type="checkbox"/> Pass | <input type="checkbox"/> Fail |
| Check vacuum build-up efficiency within 3 seconds. | <input checked="" type="checkbox"/> Pass | <input type="checkbox"/> Fail |
| Check maximum achievable vacuum within 10 seconds. | <input checked="" type="checkbox"/> Pass | <input type="checkbox"/> Fail |
| Check for air leaks.                               | <input checked="" type="checkbox"/> Pass | <input type="checkbox"/> Fail |
- 

### AirTraQ Videoscope

- |                                         |                                          |                               |
|-----------------------------------------|------------------------------------------|-------------------------------|
| Clean videoscope                        | <input checked="" type="checkbox"/> Pass | <input type="checkbox"/> Fail |
| Verify that the battery % is above 50%. | <input checked="" type="checkbox"/> Pass | <input type="checkbox"/> Fail |
- 

## 2% Bag

### Top Left Pocket (IV Fluids)

- |                         |                                                    |                                                      |
|-------------------------|----------------------------------------------------|------------------------------------------------------|
| 2 IV bags               | Seal: <input type="text" value="851"/>             | New Seal: <input type="text" value="315"/>           |
| 2 IV/IO drop admin sets | Exp.: <input type="text" value="August 31, 2025"/> | Exp.: <input type="text" value="December 31, 2025"/> |
|                         | <input checked="" type="checkbox"/>                |                                                      |
- 

### Center Pocket

- |                        |                                                     |                                                     |
|------------------------|-----------------------------------------------------|-----------------------------------------------------|
| 2-Asherman chest seals | Seal: <input type="text" value="888"/>              | New Seal: <input type="text" value="872"/>          |
|                        | Exp.: <input type="text" value="January 31, 2025"/> | Exp.: <input type="text" value="January 31, 2025"/> |
| 2- 4X4 Gauze           | <input checked="" type="checkbox"/>                 |                                                     |
| 1-Roll white duct tape | <input checked="" type="checkbox"/>                 |                                                     |
| 1-Tactical Tourniquet  | <input checked="" type="checkbox"/>                 |                                                     |
| 3- 5X9 Gauze           | <input checked="" type="checkbox"/>                 |                                                     |
| 2-Rolls Coban          | <input checked="" type="checkbox"/>                 |                                                     |
| 2- Ice packs           | <input checked="" type="checkbox"/>                 |                                                     |
| 2- Stretch Gauze       | <input checked="" type="checkbox"/>                 |                                                     |

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 ☒

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Bottom Right Pocket

Seal:

815

New Seal:

852

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

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Bottom Left Pocket

Seal:

820

New Seal:

826

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

---

Bop Right Pocket: (Ped/Infant)

Seal:

814

New Seal:

832

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

GDF STAFF



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GLENPOOL FIRE DEPARTMENT  
MED BAG CHECKLIST

Unit:

R-1

Date:

January 31, 2024

FRONT ZIPPER POCKET

- |                                                                |                                                        |                                                      |
|----------------------------------------------------------------|--------------------------------------------------------|------------------------------------------------------|
| <input checked="" type="checkbox"/> 1 B/P Cuff                 | <input checked="" type="checkbox"/> 1 Stethoscope      | <input checked="" type="checkbox"/> 1 Pulse Oximeter |
| <input checked="" type="checkbox"/> 1 - Ped. Cannula           | <input checked="" type="checkbox"/> 1 - Infant Cannula | <input checked="" type="checkbox"/> 2 - Infant NRB   |
| <input checked="" type="checkbox"/> 1 - Rusch Laryngoscope Kit |                                                        |                                                      |

RIGHT ZIPPER POCKET

- |                                                            |      |            |                  |
|------------------------------------------------------------|------|------------|------------------|
| <input checked="" type="checkbox"/> 1 - Airtraq Camera     | Blue | Exp. Date: | January 31, 2022 |
| <input checked="" type="checkbox"/> 1 - Thomas Tube Holder | Pink | Exp. Date: | April 30, 2023   |
| <input checked="" type="checkbox"/> 1 - Airtraq Blade      | Grey | Exp. Date: | January 29, 2023 |

O2 LEFT SIDE POCKET

- |                                                   |     |      |
|---------------------------------------------------|-----|------|
| <input checked="" type="checkbox"/> 1-O2 Cylinder | psi | 2200 |
| <input checked="" type="checkbox"/> 2-Adult NRB   |     |      |
| <input checked="" type="checkbox"/> 2-Adult NC    |     |      |
| <input checked="" type="checkbox"/> 1-Adult BVM   |     |      |

INSIDE POCKET

- |                                                                     |                                                           |                |
|---------------------------------------------------------------------|-----------------------------------------------------------|----------------|
| <input checked="" type="checkbox"/> 1-Blood Glucose Kit/Test Strips | Exp. Date:                                                | April 30, 2024 |
| <input checked="" type="checkbox"/> 1-Tube Glucose 31g              | Exp. Date:                                                | May 26, 2024   |
| <input checked="" type="checkbox"/> Lancettes                       | <input checked="" type="checkbox"/> Adhesive Bandages     |                |
| <input checked="" type="checkbox"/> Alcohol Swabs                   | <input checked="" type="checkbox"/> 1-Tactical Tourniquet |                |
| <input checked="" type="checkbox"/> 1-Thermometer                   | <input checked="" type="checkbox"/> 1-Samsplint           |                |

FIRST AID BAG

- |                                                       |                                               |
|-------------------------------------------------------|-----------------------------------------------|
| <input checked="" type="checkbox"/> Medical Tape      | <input checked="" type="checkbox"/> Flush     |
| <input checked="" type="checkbox"/> Conban            | <input checked="" type="checkbox"/> Band-aids |
| <input checked="" type="checkbox"/> Tri-Angle Bandage | <input checked="" type="checkbox"/> 4X4s      |
| <input checked="" type="checkbox"/> Bandage Roll      | <input type="checkbox"/> 3X3s                 |

INSIDE CLEAR LID

- |                                                      |                                                 |                                                    |
|------------------------------------------------------|-------------------------------------------------|----------------------------------------------------|
| <input checked="" type="checkbox"/> Sharps Shuttle   | <input checked="" type="checkbox"/> Pen Light   | <input checked="" type="checkbox"/> Hand Sanitizer |
| <input checked="" type="checkbox"/> Trauma Sheers    | <input checked="" type="checkbox"/> Ring Cutter |                                                    |
| <input checked="" type="checkbox"/> Convenience Bags | <input checked="" type="checkbox"/> Bio Bag     |                                                    |

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

|                  |              |                   |            |                   |
|------------------|--------------|-------------------|------------|-------------------|
| 2-14g IV         | Exp. Date:   | July 31, 2025     | Exp. Date: | July 31, 2025     |
| 2-18g IV         | Exp. Date:   | May 1, 2026       | Exp. Date: | October 30, 2027  |
| 2-20g IV         | Exp. Date:   | December 3, 2024  | Exp. Date: | December 12, 2026 |
| 2-22g IV         | Exp. Date:   | December 13, 2024 | Exp. Date: | February 25, 2025 |
| 2-24g IV         | Exp. Date:   | July 27, 2025     | Exp. Date: | July 27, 2025     |
| 4-Saline Flushes | { Exp. Date: | January 30, 2026  | Exp. Date: | January 31, 2026  |
|                  | { Exp. Date: | January 31, 2026  | Exp. Date: | January 31, 2026  |

2-IV Start Kits ☒

2-EZ Stabilizers Exp. Date: September 24, 2024 Exp. Date: September 21, 2026

2-45mm 15g IO Needle Set Exp. Date: June 30, 2025 Exp. Date: March 31, 2024

2-25mm 15g IO Needle Set Exp. Date: February 29, 2024 Exp. Date: June 30, 2026

1-IV Bag Exp. Date: August 25, 2025

1 Pressure Bag ☒**AIRWAY COMPARTMENT**

|               |            |                   |               |            |                                     |
|---------------|------------|-------------------|---------------|------------|-------------------------------------|
| 1-2.5 ET Tube | Exp. Date: | January 19, 2024  | 1-7.0 ET Tube | Exp. Date: | February 19, 2025                   |
| 1-3.0 ET Tube | Exp. Date: | December 31, 2024 | 1-7.5 ET Tube | Exp. Date: | May 31, 2024                        |
| 1-3.5 ET Tube | Exp. Date: | July 18, 2024     | 1-8.0 ET Tube | Exp. Date: | June 30, 2024                       |
| 1-4.0 ET Tube | Exp. Date: | April 19, 2027    | 1-8.5 ET Tube | Exp. Date: | January 22, 2024                    |
| 1-4.5 ET Tube | Exp. Date: | July 17, 2027     | 1-9.0 ET Tube | Exp. Date: | June 29, 2024                       |
| 1-5.0 ET Tube | Exp. Date: | March 8, 2023     | 1-OPA Kit     |            | <input checked="" type="checkbox"/> |
| 1-5.5 ET Tube | Exp. Date: | October 13, 2024  | K-Y Lube Gel  | Exp. Date: | February 29, 2024                   |
| 1-6.0 ET Tube | Exp. Date: | March 30, 2024    |               |            |                                     |
| 1-6.5 ET Tube | Exp. Date: | March 29, 2024    |               |            |                                     |

## AIRWAY COMPARTMENT CONT.

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

|           |            |                   |        |                             |
|-----------|------------|-------------------|--------|-----------------------------|
| Size 8.7  | Exp. Date: | April 30, 2024    | 4 KAD  |                             |
| Size 9.3  | Exp. Date: | November 30, 2024 | Green  | Exp. Date: October 12, 2023 |
| Size 10   | Exp. Date: | April 30, 2024    | Purple | Exp. Date: October 6, 2023  |
| Size 10.7 | Exp. Date: | June 30, 2024     | Yellow | Exp. Date: July 1, 2026     |
| Size 11.3 | Exp. Date: | February 28, 2026 | Red    | Exp. Date: April 1, 2024    |

## MEDICINE COMPARTMENT

|                                                   |                                     |                   |                                         |
|---------------------------------------------------|-------------------------------------|-------------------|-----------------------------------------|
| 1-Glucagon Kit 1mg                                | Exp. Date:                          | March 28, 2024    |                                         |
| 1-50% Dextrose                                    | Exp. Date:                          | January 31, 2025  |                                         |
| 2 - Epinephrine Injection 1mg/mL                  | Exp. Date:                          | February 28, 2024 | Exp. Date: February 28, 2024            |
| 2 - 18g Filter Needles                            | Exp. Date:                          | May 31, 2025      | Exp. Date: May 31, 2025                 |
| 2 - 23g Eclipse Needle                            | Exp. Date:                          | March 31, 2025    | Exp. Date: March 31, 2025               |
| 2 - 1mL Syringe                                   | Exp. Date:                          | December 28, 2026 | Exp. Date: December 28, 2026            |
| 2 - 4x4 Gauze                                     | <input checked="" type="checkbox"/> |                   |                                         |
| 2 - Naloxone Hydrochloride<br>2mg per 2mL (1 Kit) | Exp. Date:                          | October 31, 2024  | Exp. Date: October 30, 2024             |
| 1 - 2% Lidocaine Hcl                              | Exp. Date:                          | April 28, 2024    |                                         |
| 1 - Nebulizer Kit                                 | <input checked="" type="checkbox"/> |                   |                                         |
| 3 - Albuterol 2.5mg                               | Exp:                                | March 30, 2024    | Exp: March 28, 2024 Exp: March 30, 2024 |
| 1 - Levalbuterol 1.25mg                           | Exp. Date:                          | February 28, 2024 |                                         |
| 1 - Levalbuterol 0.31mg                           | Exp. Date:                          | February 28, 2024 |                                         |
| 2 - Ipratropium Bromide<br>0.5mg (Atrovent)       | Exp. Date:                          | February 28, 2024 | Exp. Date: February 28, 2024            |
| 1 - Low Dose Aspirin (81 mg)                      | Exp. Date:                          | December 25, 2025 |                                         |
| 1 - Roll Med Tape                                 | <input checked="" type="checkbox"/> |                   |                                         |

## LIFEPAK MONITOR

|                       |                                     |                  |
|-----------------------|-------------------------------------|------------------|
| Pedi AED Pads         | Exp. Date:                          | November 7, 2025 |
| Child/ Adult AED Pads | Exp. Date:                          | March 4, 2025    |
| Capno                 | <input checked="" type="checkbox"/> |                  |
| PEDI Pulse OX         | Exp. Date:                          | August 1, 2025   |

### 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: | 45886339 | Location: | Rescue-1 | DATE | January 31, 2024 |
|-----------------|----------|-----------|----------|------|------------------|

#### 1. Inspect physical condition for:

|                    |                                          |                               |
|--------------------|------------------------------------------|-------------------------------|
| Foreign substances | <input checked="" type="checkbox"/> Pass | <input type="checkbox"/> Fail |
| Damage or cracks   | <input checked="" type="checkbox"/> Pass | <input type="checkbox"/> Fail |

#### 2. Inspect power source for:

|                                     |                                          |                               |
|-------------------------------------|------------------------------------------|-------------------------------|
| Broken, loose or worn battery pins. | <input checked="" type="checkbox"/> Pass | <input type="checkbox"/> Fail |
| Damaged or leaking battery.         | <input checked="" type="checkbox"/> Pass | <input type="checkbox"/> Fail |
| Spare battery available             | <input checked="" type="checkbox"/> Pass | <input type="checkbox"/> Fail |
| Damage to power adapters or cable.  | <input checked="" type="checkbox"/> Pass | <input type="checkbox"/> Fail |

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

|                                                |                                          |                               |
|------------------------------------------------|------------------------------------------|-------------------------------|
| Cracking, damaged, broke or bent parts or pins | <input checked="" type="checkbox"/> Pass | <input type="checkbox"/> Fail |
|------------------------------------------------|------------------------------------------|-------------------------------|

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

|                            |                                          |                               |
|----------------------------|------------------------------------------|-------------------------------|
| Use by date                | <input checked="" type="checkbox"/> Pass | <input type="checkbox"/> Fail |
| Spare electrodes available | <input checked="" type="checkbox"/> Pass | <input type="checkbox"/> Fail |
| Damaged, open package      | <input checked="" type="checkbox"/> Pass | <input type="checkbox"/> 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.                                | <input checked="" type="checkbox"/> Pass | <input type="checkbox"/> Fail |
| Check for occlusions.                              | <input checked="" type="checkbox"/> Pass | <input type="checkbox"/> Fail |
| Check vacuum build-up efficiency within 3 seconds. | <input checked="" type="checkbox"/> Pass | <input type="checkbox"/> Fail |
| Check maximum achievable vacuum within 10 seconds. | <input checked="" type="checkbox"/> Pass | <input type="checkbox"/> Fail |
| Check for air leaks.                               | <input checked="" type="checkbox"/> Pass | <input type="checkbox"/> Fail |
- 

### AirTraQ Videoscope

- |                                         |                                          |                               |
|-----------------------------------------|------------------------------------------|-------------------------------|
| Clean videoscope                        | <input checked="" type="checkbox"/> Pass | <input type="checkbox"/> Fail |
| Verify that the battery % is above 50%. | <input checked="" type="checkbox"/> Pass | <input type="checkbox"/> Fail |
- 

## 2% Bag

### Top Left Pocket (IV Fluids)

- |                         |                                     |                       |
|-------------------------|-------------------------------------|-----------------------|
| 2 IV bags               | Seal: 875                           | New Seal: 858         |
|                         | Exp.: August 28, 2025               | Exp.: August 31, 2024 |
| 2 IV/IO drop admin sets | <input checked="" type="checkbox"/> |                       |
- 

### Center Pocket

- |                        |                                     |                        |
|------------------------|-------------------------------------|------------------------|
| 2-Asherman chest seals | Seal: 866                           | New Seal: 822          |
|                        | Exp.: January 31, 2025              | Exp.: January 31, 2025 |
| 2- 4X4 Gauze           | <input checked="" type="checkbox"/> |                        |
| 1-Roll white duct tape | <input checked="" type="checkbox"/> |                        |
| 1-Tactical Tourniquet  | <input checked="" type="checkbox"/> |                        |
| 3- 5X9 Gauze           | <input checked="" type="checkbox"/> |                        |
| 2-Rolls Coban          | <input checked="" type="checkbox"/> |                        |
| 2- Ice packs           | <input checked="" type="checkbox"/> |                        |
| 2- Stretch Gauze       | <input checked="" type="checkbox"/> |                        |

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:

899

New Seal:

818

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

---

Bottom Left Pocket

Seal:

812

New Seal:

887

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

---

Bop Right Pocket: (Ped/Infant)

Seal:

870

New Seal:

816

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

GDF STAFF

Wyatt Reed

---



**MINUTES**  
**GEMS Meeting**  
**Tuesday, January 2, 2024 Council Chambers 6:00 PM**

**TRUSTEES PRESENT:** Joyce Calvert  
Brandon Kearns  
Tim Fox  
Jacqueline Triplett-Lund  
Chris Brobst

**TRUSTEES ABSENT:**

**STAFF PRESENT:** Susan White  
Lesli Smith

**STAFF ABSENT:**

- A) Call to Order - Joyce G. Calvert, Chair**  
Chair Calvert called the meeting to order at 6:29 p.m.
- B) Roll Call, Declaration of Quorum – Lesli Smith, Clerk; Joyce G. Calvert, Chair**  
Lesli Smith called the roll, Mayor Calvert declared a quorum present.  
Scott Major Attorney, of Rosenstein, Fist & Ringold was also in attendance.
- C) EMS Report - Brian Cook, Director of Operations, Mercy Regional EMS**  
[GEMS EMS REPORT 11292023-12272023 \(002\)](#)  
[GEMS EMS REPORT 11292023-12272023](#)
- D) District Administrator Report - Susan White, Administrator**

*District Administrator Susan White updated the Trustees on the upcoming installation of a new generator at the Mercy EMS building. She advised the Trustees that the generator should be installed within the next two weeks. Administrator White thanked Public Works Director Jesse Hale for taking on this project and seeing it through, and Mercy Regional for their patience during the work on this project.*

Motion carried.

[District Administrator Report - GEMS](#)

[2023-11-GEMS Monthly Financial Report](#)  
[District Administrator Report - GEMS](#)  
[2023-11-GEMS Monthly Financial Report](#)

**E) Trustee Comments**

There were no Trustee Comments.

**F) Public Comments**

There were no 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) Minutes from December 4, 2023 meeting.  
[GEMS - 04 Dec 2023 - Minutes - Html](#)  
[GEMS - 04 Dec 2023 - Minutes - Html](#)
- 2) Appointment of Lesli Smith as GEMS District Clerk.  
[GEMS District Clerk](#)  
[GEMS District Clerk](#)
- 3) Purchase order(s) and receipts register totaling \$31,290.71.

Moved by Jacqueline Triplett-Lund, seconded by Chris Brobst

*To approve the consent agenda*

|                          | For | Against | Abstained | Absent |
|--------------------------|-----|---------|-----------|--------|
| Joyce Calvert            | x   |         |           |        |
| Brandon Kearns           | x   |         |           |        |
| Tim Fox                  | x   |         |           |        |
| Chris Brobst             | x   |         |           |        |
| Jacqueline Triplett-Lund | x   |         |           |        |
|                          | 5   | 0       | 0         | 0      |

CARRIED.

[GEMS Invoice 1-2-24](#)  
[GEMS Invoice 1-2-24](#)

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

None were removed.

**I) Scheduled Business**

No scheduled business.

**J) Adjournment**

Chair Calvert declared the meeting adjourned at 6:32 p.m.



To: HONORABLE CHAIR AND GEMS DISTRICT BOARD MEMBERS

From: Susan White, DISTRICT ADMINISTRATOR

Date: February 1, 2024

Subject: Approval of Purchase Orders Receiving Report and Payment Claims as of 2/1/2024 totaling \$39,156.88.

**Staff Recommendation:**

Staff recommends a motion to accept the PO Receipt Register report dated 2/1/2024 and approve the following payments:

| P.O. #   | ACCOUNT      | VENDOR                    | DESCRIPTION                        | INV #   | AMOUNT      |
|----------|--------------|---------------------------|------------------------------------|---------|-------------|
| 24-18135 | 31-6-01-6210 | Centurion Health System   | Ambulance Service Jan 24           | 3110    | \$15,000.00 |
| 24-17826 | 31-6-01-6225 | City of Glenpool          | 1 <sup>st</sup> Responder Jan 2024 | Jan2024 | \$13,848.76 |
| 24-18224 | 31-6-01-6235 | Lesli Smith               | District Clerk                     | LS12024 | \$208.33    |
| 24-18136 | 31-6-01-6236 | Okla State Auditor & Insp | FY 2021 AUDIT SVC                  | 118816  | \$4,796.23  |
| 24-18136 | 31-6-01-6236 | Okla State Auditor & Insp | FY 2022 AUDIT SVC                  | 118817  | \$5,066.73  |
| 24-18223 | 31-6-01-6235 | Rosentein,Fist,&Ringold   | Legal Services                     | 161973  | \$28.50     |
| 24-18221 | 31-6-01-6235 | Susan White               | District Administration            | SW22024 | \$208.33    |
| Total    |              |                           |                                    |         | \$39,156.88 |

**Attachments:**

1. Purchase Order Claims Register dated 2/1/2024 totaling \$39,156.88.
2. PO Receipt Register dated 2/1/2024 totaling \$39,156.88.
3. Purchase Orders and Invoices totaling \$39,156.88.

2/01/2024 5:02 PM  
SEQUENCE: VENDOR NAME (ALPHA)

P O R E C E I P T R E G I S T E R  
AUDIT REPORT

PAGE: 1  
DETAIL LEVEL: INVOICE

| VENDOR    | NAME                            | INVOICE | POST DATE BANK | INVOICE AMOUNT    | VENDOR TOTAL |
|-----------|---------------------------------|---------|----------------|-------------------|--------------|
| 31-000004 | CENTURION HEALTH SYSTEMS, DBA M | 3110    | 2/05/2024 31   | 15,000.00         | 15,000.00    |
| 31-000005 | CITY OF GLENPOOL - GEMS         | JAN2024 | 2/05/2024 31   | 13,848.76         | 13,848.76    |
| 31-000032 | LESLI SMITH                     | LS12024 | 2/05/2024 31   | 208.33            | 208.33       |
| 31-000022 | OKLA STATE AUDITOR & INSPECTOR  | 118816  | 2/05/2024 31   | 4,796.23          | 9,862.96     |
|           |                                 | 118817  | 2/05/2024 31   | 5,066.73          |              |
| 31-000027 | ROSENSTEIN, FIST & RINGOLD, INC | 161973  | 2/05/2024 31   | 28.50             | 28.50        |
| 31-000000 | SUSAN WHITE                     | SW22024 | 2/05/2024 31   | 208.33            | 208.33       |
|           |                                 |         |                | <b>**TOTALS**</b> |              |
|           |                                 |         |                | 39,156.88         | 39,156.88    |

**APPROVED**

BY

Joyce Calvert, Chair  
February 5, 2024

2/01/2024 5:03 PM  
FUND: 31 - GEMS

PURCHASE ORDER CLAIM REGISTER  
SUMMARY REPORT

PAGE: 1

| PURCHASE ORDER                    | DESCRIPTION               | VENDOR #  | VENDOR NAME                    | DATE INVOICE   | AMOUNT    |
|-----------------------------------|---------------------------|-----------|--------------------------------|----------------|-----------|
| DEPARTMENT: 01 - NON-DEPARTMENTAL |                           |           |                                |                |           |
| 24-18221                          | GEMS CONTRACT SVC JAN 202 | 31-000000 | SUSAN WHITE                    | 2/2024 SW22024 | 208.33    |
| 24-18135                          | MERCY REGIONAL FEB 24 INV | 31-000004 | CENTURION HEALTH SYSTEMS, DBA  | 2/2024 3110    | 15,000.00 |
| 24-17826                          | GEMS FIRST RESPONDER RUN  | 31-000005 | CITY OF GLENPOOL - GEMS        | 2/2024 JAN2024 | 13,848.76 |
| 24-18136                          | FY 2022 AUDIT             | 31-000022 | OKLA STATE AUDITOR & INSPECTO  | 2/2024 118816  | 4,796.23  |
| 24-18136                          | FY 2022 AUDIT             | 31-000022 | OKLA STATE AUDITOR & INSPECTO  | 2/2024 118817  | 5,066.73  |
| 24-18223                          | LEGAL SERVICES DEC 2023   | 31-000027 | ROSENSTEIN, FIST & RINGOLD, IN | 2/2024 161973  | 28.50     |
| 24-18224                          | GEMS CONTRACT SVC JAN 202 | 31-000032 | LESLI SMITH                    | 2/2024 LS12024 | 208.33    |
| DEPARTMENT TOTAL:                 |                           |           |                                |                | 39,156.88 |
| FUND TOTAL:                       |                           |           |                                |                | 39,156.88 |
| GRAND TOTAL:                      |                           |           |                                |                | 39,156.88 |

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 # 24-18135

01/17/2024

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

SHIP TO:  
CITY HALL  
12205 S YUKON AVE  
GLENPOOL, OK 74033

I HEREBY APPROVE THE ISSUANCE OF THIS PURCHASE ORDER.

01/17/2024

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.

01/17/2024

PURCHASING OFFICER

DATE

ENCUMBERING OFFICER

DATE

| UNITS | DESCRIPTION                                                                              | INV PART NUMBER | REQUEST  | G/L ACCOUNT   | PROJ | PRICE | AMOUNT      |
|-------|------------------------------------------------------------------------------------------|-----------------|----------|---------------|------|-------|-------------|
| 0.00  | MERCY REGIONAL FEB 24 INVOICE<br>INVOICE #3110 FEB 2024<br>MERCY REGIONAL FEB 24 INVOICE |                 | 00034552 | 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.  
ANY VENDOR WHO SUBMITS AN INVOICE OR ACCEPTS PAYMENT PURSUANT TO THIS PURCHASE ORDER SHALL BE DEEMED TO ADOPT AND AFFIRM THE STATEMENT CONTAINED IN THIS  
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 IT'S PRICE, THE NUMBER OR  
VOLUME OF EACH ITEM, ITS TOTAL PRICE, THE TOTAL OF THE PURCHASE, AND DATE OF THE PURCHASE.

Reg# 00034 552

Mercy Regional Oklahoma

Owasso, OK 74055

# Invoice

|          |           |
|----------|-----------|
| Date     | Invoice # |
| 1/9/2024 | 3110      |

|                    |        |
|--------------------|--------|
| Bill To            |        |
| Glenpool City      | - GEMS |
| Accounts Payable   |        |
| 12205 S Yukon Ave  |        |
| Glenpool, Ok 74033 |        |

| P.O. No. | Terms | Project |
|----------|-------|---------|
|          |       |         |

| Quantity | Description                             | Rate      | Amount    |
|----------|-----------------------------------------|-----------|-----------|
| 1        | ALS Ambulance Subsidy for February 2024 | 15,000.00 | 15,000.00 |

|            |              |
|------------|--------------|
| Phone #    | Fax #        |
| 9186095829 | 918-609-5799 |

|              |             |
|--------------|-------------|
| <b>Total</b> | \$15,000.00 |
|--------------|-------------|

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 # 24-17826 12/06/2023

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.

12/06/2023

PURCHASING OFFICER

DATE

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.

12/06/2023

ENCUMBERING OFFICER

DATE

| UNITS | DESCRIPTION                                                    | INV PART NUMBER | REQUEST  | G/L ACCOUNT   | PROJ | PRICE | AMOUNT      |
|-------|----------------------------------------------------------------|-----------------|----------|---------------|------|-------|-------------|
| 0.00  | GEMS FIRST RESPONDER RUN CALC<br>GEMS FIRST RESPONDER RUN CALC |                 | 00034191 | 31 -6-01-6225 |      | 0.00  | 13,848.76 * |

\*\* TOTAL \*\* 13,848.76

\*\*\* 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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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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VENDOR IS FALSE.

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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:** JAN2024

**Invoice Date:** 1/31/2024

**Due Date:** 3/01/2024

**P.O. # :**

TREASURER  
GEMS-  
12205 S YUKON AVE  
GLENPOOL OK 74033

| ITEM DESCRIPTION           | UNITS | TYPE  | PRICE     | AMOUNT      |
|----------------------------|-------|-------|-----------|-------------|
| JAN 24 GEMS REIMBURSEMENTS | N/A   | MONTH | N/A       | 13,848.76   |
| JANUARY 2024               |       |       |           |             |
| *****THANK YOU*****        |       |       | TOTAL DUE | \$13,848.76 |

Reg# 34737

FY 23/24 GEMS Admin/First Responder Reimbursements

January 2024

Total Runs 192

Fire Runs 65

EMR Runs 127

EMR Ratio 66.15%

Run Rate \$106.88

Admin \$275.00

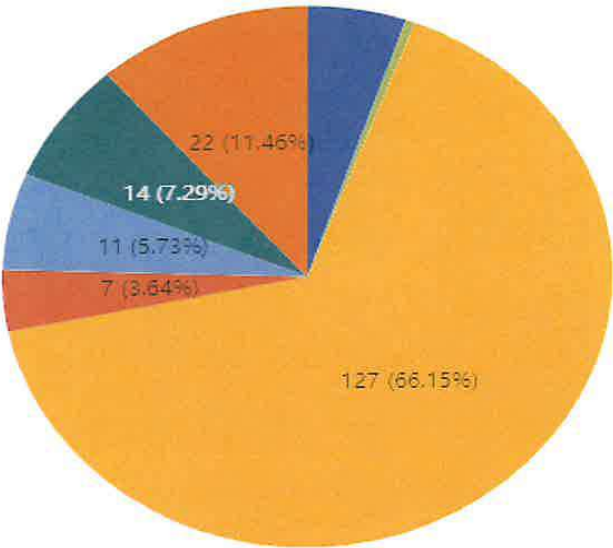
---

Total \$13,848.76

Glenpool Fire Department Operations January 2024  
Complete Month

| Run Type    | # of Calls | Totals Calls |
|-------------|------------|--------------|
| EMS Runs    | 127        | 192          |
| Fire Runs   | 65         |              |
| Overlapping | 53         |              |

Total (192)



Incident Type Major

- 10 1 - Fire
- 1 2 - Overpressure Rupture, Explosion, Overheat(no fire)
- 127 3 - Rescue & Emergency Medical Service Incident
- 7 4 - Hazardous Condition (No Fire)
- 11 5 - Service Call
- 14 6 - Good Intent Call
- 22 7 - False Alarm & False Call

192

## 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 # 24-18224

02/01/2024

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.

02/01/2024

PURCHASING OFFICER

DATE

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.

02/01/2024

ENCUMBERING OFFICER

DATE

| UNITS | DESCRIPTION                | INV PART NUMBER | REQUEST  | G/L ACCOUNT   | PROJ | PRICE | AMOUNT   |
|-------|----------------------------|-----------------|----------|---------------|------|-------|----------|
| 0.00  | GEMS CONTRACT SVC JAN 2024 |                 | 00034727 | 31 -6-01-6235 |      | 0.00  | 208.33 * |
|       | GEMS CONTRACT SVC JAN 2024 |                 |          |               |      |       |          |

\*\* 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  
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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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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VENDOR IS FALSE.

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

Reg# 34727

## INVOICE

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

**INVOICE #: LS12024**  
**DATE: 2/1/2024**

**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</b> |                 |
| <b>JANUARY 2024</b>                 | <b>\$208.33</b> |

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

If you have any questions concerning this invoice, Darrell Colbert / 918-209-4633 / Email:  
[dcolbert@cityofglenpool.com](mailto:dcolbert@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 # 24-18136

01/17/2024

ISSUED TO: VEND #: 31-000022  
OKLA STATE AUDITOR & INSPE  
RM 123, STATE CAPITAL  
2300 N LINCOLN BLVD  
OKLAHOMA CITY, OK 73105-48

SHIP TO:  
CITY HALL  
12205 S YUKON AVE  
GLENPOOL, OK 74033

I HEREBY APPROVE THE ISSUANCE OF THIS PURCHASE ORDER.

01/17/2024

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SAID APPROPRIATION.

01/17/2024

PURCHASING OFFICER

DATE

ENCUMBERING OFFICER

DATE

| UNITS | DESCRIPTION   | INV PART NUMBER       | REQUEST  | G/L ACCOUNT   | PROJ | PRICE | AMOUNT     |
|-------|---------------|-----------------------|----------|---------------|------|-------|------------|
| 0.00  | FY 2021 AUDIT |                       | 00034528 | 31 -6-01-6236 |      | 0.00  | 4,796.23 * |
|       |               | INVOICE NUMBER 118816 |          |               |      |       |            |
| 0.00  | FY 2022 AUDIT |                       | 00034528 | 31 -6-01-6236 |      | 0.00  | 5,066.73 * |
|       |               | INVOICE NUMBER 118817 |          |               |      |       |            |
|       |               | FY 2022 AUDIT         |          |               |      |       |            |

\*\* TOTAL \*\* 9,862.96

\*\*\* 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.

Reg# 00034528



**OKLAHOMA**  
Office of the State Auditor & Inspector

**Cindy Byrd, CPA | State Auditor & Inspector**

2300 N. Lincoln Blvd., Room 123, Oklahoma City, OK 73105 | 405.521.3495 | www.sai.ok.gov

December 19, 2023

Invoice: 118816

Susan White  
Glenpool Area EMS District  
12205 S Yukon  
Glenpool, OK 74033

**INVOICE FOR AUDITING SERVICES**

*DUE UPON RECEIPT*

Glenpool Area EMS District  
GlenpoolEMS.5304921  
FY: June 30, 2021

Services For The Period:

4/1/2023 TO 10/31/2023

|                                            | <u>Hours</u> | <u>Amount</u>     |
|--------------------------------------------|--------------|-------------------|
| Total Professional Services                | 63:00        | \$4,500.25        |
| Travel and Misc                            |              | \$295.98          |
| <b>Audit costs for this billing period</b> |              | <b>\$4,796.23</b> |
| Ref. 19 Okl.St.Ann. § 176.1                |              |                   |

**Total Amount Payable From EMS Budget To The State Auditor's Office** **\$4,796.23**

For billing inquiries, please contact Rachael Ward, 580-332-3845 or rward@sai.ok.gov

Posting Date: 12/19/2023 Fund Type: 1000 Business Unit: 30000 Class Funding: 20000 Account: 454103 53

*Please return a copy of this invoice with payment to:*

2300 North Lincoln Boulevard, Room 123 State Capitol, Oklahoma City, OK 73105-4801, (405) 521-3495, Fax (405) 521-3426

Reg# 00034528



**OKLAHOMA**  
Office of the State Auditor & Inspector

**Cindy Byrd, CPA | State Auditor & Inspector**

2300 N. Lincoln Blvd., Room 123, Oklahoma City, OK 73105 | 405.521.3495 | www.sai.ok.gov

December 19, 2023

Invoice: 118817

Susan White  
Glenpool Area EMS District  
12205 S Yukon  
Glenpool, OK 74033

**INVOICE FOR AUDITING SERVICES**

*DUE UPON RECEIPT*

Glenpool Area EMS District  
GlenpoolEMS.5304922  
FY: June 30, 2022

Services For The Period:  
4/1/2023 TO 10/31/2023

|                                     | <u>Hours</u> | <u>Amount</u>     |
|-------------------------------------|--------------|-------------------|
| Total Professional Services         | 66:15        | \$4,770.75        |
| Travel and Misc                     |              | \$295.98          |
| Audit costs for this billing period |              | <u>\$5,066.73</u> |
| Ref. 19 Okl.St. Ann. § 176.1        |              |                   |

**Total Amount Payable From EMS Budget To The State Auditor's Office** **\$5,066.73**

For billing inquiries, please contact Rachael Ward, 580-332-3845 or rward@sai.ok.gov

Posting Date: 12/19/2023 Fund Type: 1000 Business Unit: 30000 Class Funding: 20000 Account: 454103 53

*Please return a copy of this invoice with payment to:*

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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 # 24-18223 02/01/2024

ISSUED TO:                      VEND #: 31-000027  
ROSENSTEIN, FIST & RINGOLD,  
SUITE 700  
525 SOUTH MAIN STREET  
TULSA, OK 74103-4508

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

I HEREBY APPROVE THE ISSUANCE OF THIS PURCHASE ORDER.

02/01/2024

PURCHASING OFFICER

DATE

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.

02/01/2024

ENCUMBERING OFFICER

DATE

| UNITS | DESCRIPTION                                                            | INV PART NUMBER | REQUEST  | G/L ACCOUNT   | PROJ | PRICE | AMOUNT  |
|-------|------------------------------------------------------------------------|-----------------|----------|---------------|------|-------|---------|
| 0.00  | LEGAL SERVICES DEC 2023<br>INVOICE # 161973<br>LEGAL SERVICES DEC 2023 |                 | 00034728 | 31 -6-01-6235 |      | 0.00  | 28.50 * |

\*\* TOTAL \*\*

28.50

\*\*\* 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.  
ANY VENDOR WHO SUBMITS AND INVOICE OR ACCEPTS PAYMENT PURSUANT TO THIS PURCHASE ORDER SHALL BE DEEMED TO ADOPT AND AFFIRM THE STATEMENT CONTAINED IN THIS  
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 IT'S PRICE, THE NUMBER OR  
VOLUME OF EACH ITEM, ITS TOTAL PRICE, THE TOTAL OF THE PURCHASE, AND DATE OF THE PURCHASE.

Reg# 34728

Rosenstein, Fist & Ringold  
525 S. Main, Suite 700  
Tulsa, OK 74103-4508  
Telephone No. (918) 585-9211  
Facsimile No. (918) 583-5617  
Internet Web Site - www.rfllaw.com

Glenpool Emergency Medical Svc  
12205 S. Yukon Ave.  
Glenpool, OK 74033

January 17, 2024  
Invoice No.: 161973

Regarding: General

Our File No.: 301908 - 0001

Total fees for professional services rendered through:  
December 31, 2023 \$28.50

Total expense advances made to your account through:  
December 31, 2023 \$0.00

Total Amount Due This Invoice ..... \$28.50

To ensure proper credit to your account, please include this invoice  
number on your check.

Federal Tax ID: 73-0787744

OK  
BP

Rosenstein, Fist & Ringold  
525 S. Main, Suite 700  
Tulsa, OK 74103-4508

Telephone No. (918) 585-9211  
Facsimile No. (918) 583-5617  
Internet Web Site - www.rfirlaw.com

Invoice Number: 161973  
Invoice Date: 01/17/2024  
Activity Billed Through: 12/31/2023  
Billing Attorney Initials: EDW

Glenpool Emergency Medical Svc  
12205 S. Yukon Ave.  
Glenpool, OK 74033

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|                    |               |               |
|--------------------|---------------|---------------|
| Regarding: General | Our File No.: | 301908 - 0001 |
|--------------------|---------------|---------------|

|                                     |     |     |                                                                          | <u>Hours</u> | <u>Fees</u> |
|-------------------------------------|-----|-----|--------------------------------------------------------------------------|--------------|-------------|
| For professional services rendered: |     |     |                                                                          |              |             |
| 12/29/2023                          | EDW | 238 | Review agenda for regular meeting, and email to L. Smith regarding same. | 0.10         | 28.50       |

|                              |         |
|------------------------------|---------|
| Total professional services: | \$28.50 |
|------------------------------|---------|

For expenses advanced or incurred:

|                          |        |
|--------------------------|--------|
| Total expenses advanced: | \$0.00 |
|--------------------------|--------|

|                            |                |
|----------------------------|----------------|
| Total billed this invoice: | <u>\$28.50</u> |
|----------------------------|----------------|

Account Summary:

|                                            |        |
|--------------------------------------------|--------|
| Unpaid balance forward as of invoice date: | \$0.00 |
|--------------------------------------------|--------|

|                            |       |
|----------------------------|-------|
| Total billed this invoice: | 28.50 |
|----------------------------|-------|

|                         |                |
|-------------------------|----------------|
| Please pay this amount: | <u>\$28.50</u> |
|-------------------------|----------------|

## 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 # 24-18221

02/01/2024

ISSUED TO:                      VEND #: 31-0000000  
                    SUSAN WHITE  
                    210 SOUTH OAK GROVE ROAD  
                    CUSHING, OK 74023

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

I HEREBY APPROVE THE ISSUANCE OF THIS PURCHASE ORDER.

02/01/2024

PURCHASING OFFICER

DATE

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.

02/01/2024

ENCUMBERING OFFICER

DATE

| UNITS | DESCRIPTION                | INV PART NUMBER | REQUEST  | G/L ACCOUNT   | PROJ | PRICE | AMOUNT   |
|-------|----------------------------|-----------------|----------|---------------|------|-------|----------|
| 0.00  | GEMS CONTRACT SVC JAN 2024 |                 | 00034726 | 31 -6-01-6235 |      | 0.00  | 208.33 * |
|       | GEMS CONTRACT SVC JAN 2024 |                 |          |               |      |       |          |

\*\* 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  
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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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  
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VENDOR IS FALSE.

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

# INVOICE

**Susan White**  
12205 S. Yukon Ave.  
Glenpool, OK 74033  
Phone: 918-322-3403  
Email:

**INVOICE #:** SW22024

**DATE: 2/1/2024**

**BILL TO:**

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

| Description              | Amount   |
|--------------------------|----------|
| Contract Fees & Services |          |
| JANUARY 2024             | \$208.33 |
| Total                    | \$208.33 |

If you have any questions concerning this invoice, Darrell Colbert / 918-209-4633 / Email: [dcolbert@cityofglenpool.com](mailto:dcolbert@cityofglenpool.com)