

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

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 April 1, 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=QzdFVjA1b0lKa1lSUFIKbUNrUUxtdz09>

Meeting ID: 897 5355 5435

Passcode: 974088

One tap mobile

+13462487799, US (Houston)

+14086380968, US (San Jose)

Dial by your location

+1 253 215 8782 US (Tacoma)

+1 346 248 7799 US (Houston)

Meeting ID: 897 5355 5435

Passcode: 974088

Find your local number: <https://us02web.zoom.us/j/89753555435?pwd=QzdFVjA1b0lKa1lSUFIKbUNrUUxtdz09>

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 **PRIOR TO 6:00 PM APRIL 1, 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) GEMS EMS REPORT 412024	3 - 6
D) District Administrator Report - Susan White, Administrator	
1) GEMS Financials 02 Feb 2024 (Signed) 03272024 GEMS INVENTORY (R-1 2024-03-27) 04012024 GEMS INVENTORY (Engine 1 2024-03-27) 04012024	7 - 30

- 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 March 4,2024, meeting. 31 - 33
[GEMS - 04 Mar 2024 - Minutes - Html](#)
 - 2) [GEMS Invoice packet 4-1-24](#) 34 - 48
 - 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 March 28, 2024, at 5:30 pm.
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

To: Honorable Chair and GEMS Board Members

From: Brian Cook, Chief Operating Officer

Date: March 25, 2024

Ref: EMS Report February 29, 2024 – March 24, 2024

We logged 153 calls for service during this period while maintaining a 94% response time compliance.

95 patients treated and transported.
36 patients refused transport.
3 cancelled prior to arrival.
4 Mutual aid received.
9 mutual aid given.
5 No patient found.
1 DOA

Brian Cook,
Chief Operating Officer

CRun	Call Date	Pick Up Location	Destination	Dispatched	En Route	On Scene	Transport	Arrived	Clear	Response Time	Unit
24-6003	2/29/2024 08:15	EMERGENCY SCENE	ST. FRANCIS SOUTH	2/29/2024 08:15	2/29/2024 08:18	2/29/2024 08:22	2/29/2024 08:41	2/29/2024 08:57	2/29/2024 07:14	00:06:48	MEDIC 401
24-6027	2/29/2024 11:34	EMERGENCY SCENE	ST. JOHN TULSA	2/29/2024 11:35	2/29/2024 11:37	2/29/2024 11:44	2/29/2024 12:05	2/29/2024 12:28	2/29/2024 12:44	00:09:23	MEDIC 401
24-6059	2/29/2024 16:48	EMERGENCY SCENE	ST. FRANCIS TULSA	2/29/2024 16:49	2/29/2024 16:51	2/29/2024 16:58	2/29/2024 17:35	2/29/2024 17:44	2/29/2024 18:01	00:09:37	MEDIC 402
24-6063	2/29/2024 17:29	EMERGENCY SCENE	ST. FRANCIS TULSA	2/29/2024 17:29	2/29/2024 17:30	2/29/2024 17:33	2/29/2024 18:07	2/29/2024 18:28	2/29/2024 18:42	00:04:26	MEDIC 401
24-6067	2/29/2024 18:38	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	2/29/2024 18:39	2/29/2024 18:39	2/29/2024 18:44	2/29/2024 18:54	2/29/2024 18:54	2/29/2024 18:52	00:06:05	MEDIC 501
24-6070	2/29/2024 18:38	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	2/29/2024 18:39	2/29/2024 18:39	2/29/2024 18:44	2/29/2024 18:54	2/29/2024 18:54	2/29/2024 18:52	00:06:05	MEDIC 501
24-6081	2/29/2024 23:28	EMERGENCY SCENE	ST. FRANCIS TULSA	2/29/2024 23:28	2/29/2024 23:30	2/29/2024 23:33	3/1/2024 00:07	3/1/2024 00:09	3/1/2024 01:03	00:05:35	MEDIC 401
24-6085	3/1/2024 01:56	EMERGENCY SCENE	ST. FRANCIS TULSA	3/1/2024 01:56	3/1/2024 01:58	3/1/2024 02:03	3/1/2024 02:41	3/1/2024 03:00	3/1/2024 03:00	00:07:03	MEDIC 401
24-6124	3/1/2024 12:33	EMERGENCY SCENE	ST. FRANCIS TULSA	3/1/2024 12:34	3/1/2024 12:35	3/1/2024 12:40	3/1/2024 13:03	3/1/2024 13:20	3/1/2024 14:05	00:06:12	MEDIC 401
24-6127	3/1/2024 12:36	EMERGENCY SCENE	ST. FRANCIS TULSA	3/1/2024 12:36	3/1/2024 12:38	3/1/2024 13:31	3/1/2024 13:50	3/1/2024 14:10	3/1/2024 14:24	00:05:13	MEDIC 402
24-6133	3/1/2024 14:25	EMERGENCY SCENE	ST. FRANCIS TULSA	3/1/2024 14:25	3/1/2024 14:28	3/1/2024 14:32	3/1/2024 14:48	3/1/2024 15:10	3/1/2024 16:10	00:08:31	MEDIC 401
24-6139	3/1/2024 15:13	EMERGENCY SCENE	ST. FRANCIS TULSA	3/1/2024 15:14	3/1/2024 15:15	3/1/2024 15:18	3/1/2024 15:48	3/1/2024 16:10	3/1/2024 16:40	00:04:40	MEDIC 402
24-6143	3/1/2024 17:05	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	3/1/2024 17:05	3/1/2024 17:07	3/1/2024 17:09	3/1/2024 17:23	3/1/2024 17:23	3/1/2024 17:23	00:03:58	MEDIC 401
24-6150	3/1/2024 18:13	EMERGENCY SCENE	ST. JOHN TULSA	3/1/2024 18:13	3/1/2024 18:15	3/1/2024 18:17	3/1/2024 18:34	3/1/2024 18:51	3/1/2024 19:23	00:04:11	MEDIC 402
24-6154	3/1/2024 19:36	EMERGENCY SCENE	UNK								MUTUAL AID RECEIVED
24-6161	3/1/2024 20:25	EMERGENCY SCENE	HILLCREST SOUTH	3/1/2024 20:26	3/1/2024 20:26	3/1/2024 20:26	3/1/2024 20:40	3/1/2024 21:08	3/1/2024 21:30	00:01:07	MEDIC 402
24-6162	3/1/2024 20:25	EMERGENCY SCENE	HILLCREST SOUTH	3/1/2024 20:27	3/1/2024 20:27	3/1/2024 20:36	3/1/2024 22:00	3/1/2024 22:18	3/1/2024 22:59	00:10:21	MUTUAL AID GIVEN
24-6163	3/1/2024 20:31	EMERGENCY SCENE	CANCELLED BY PD OR OTHER SERVICE								MUTUAL AID RECEIVED
24-6168	3/1/2024 21:46	EMERGENCY SCENE	UNK								MUTUAL AID RECEIVED
24-6180	3/2/2024 02:15	EMERGENCY SCENE	ST. FRANCIS TULSA	3/2/2024 02:16	3/2/2024 02:18	3/2/2024 02:22	3/2/2024 02:40	3/2/2024 03:29	3/2/2024 03:29	00:06:43	MEDIC 401
24-6184	3/2/2024 05:13	EMERGENCY SCENE	OSU MEDICAL CENTER	3/2/2024 05:14	3/2/2024 05:20	3/2/2024 05:27	3/2/2024 05:45	3/2/2024 06:01	3/2/2024 06:27	00:13:10	MEDIC 401
24-6191	3/2/2024 08:05	EMERGENCY SCENE	ST. FRANCIS TULSA	3/2/2024 08:05	3/2/2024 08:08	3/2/2024 08:10	3/2/2024 08:31	3/2/2024 08:51	3/2/2024 09:08	00:05:35	MEDIC 403
24-6203	3/2/2024 12:29	EMERGENCY SCENE	ST. FRANCIS SOUTH	3/2/2024 12:30	3/2/2024 12:32	3/2/2024 12:35	3/2/2024 12:53	3/2/2024 13:13	3/2/2024 13:31	00:05:11	MEDIC 401
24-6217	3/2/2024 17:20	EMERGENCY SCENE	ST. FRANCIS GLENPOOL	3/2/2024 17:20	3/2/2024 17:22	3/2/2024 17:25	3/2/2024 17:50	3/2/2024 17:57	3/2/2024 18:11	00:05:44	MEDIC 401
24-6220	3/2/2024 18:34	EMERGENCY SCENE	ST. JOHN TULSA	3/2/2024 18:34	3/2/2024 18:36	3/2/2024 18:39	3/2/2024 18:58	3/2/2024 19:20	3/2/2024 19:34	00:05:16	MEDIC 401
24-6231	3/2/2024 22:02	EMERGENCY SCENE	ST. FRANCIS TULSA	3/2/2024 22:03	3/2/2024 22:03	3/2/2024 22:08	3/2/2024 22:31	3/2/2024 22:54	3/2/2024 23:21	00:06:14	MEDIC 401
24-6238	3/2/2024 22:34	EMERGENCY SCENE	ST. FRANCIS TULSA	3/2/2024 22:34	3/2/2024 22:38	3/2/2024 22:39	3/2/2024 22:55	3/2/2024 23:11	3/2/2024 23:31	00:05:06	MEDIC 402
24-6244	3/3/2024 02:17	EMERGENCY SCENE	ST. FRANCIS GLENPOOL	3/3/2024 02:18	3/3/2024 02:20	3/3/2024 02:21	3/3/2024 02:45	3/3/2024 02:49	3/3/2024 03:13	00:03:46	MEDIC 401
24-6253	3/3/2024 05:32	EMERGENCY SCENE	ST. FRANCIS GLENPOOL	3/3/2024 05:33	3/3/2024 05:35	3/3/2024 05:40	3/3/2024 06:00	3/3/2024 06:03	3/3/2024 06:20	00:07:51	MEDIC 401
24-6258	3/3/2024 10:55	EMERGENCY SCENE	NO PATIENT FOUND	3/3/2024 10:56	3/3/2024 10:58	3/3/2024 11:02	3/3/2024 11:12	3/3/2024 11:12	3/3/2024 11:12	00:06:59	MEDIC 401
24-6283	3/3/2024 20:43	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	3/3/2024 20:44	3/3/2024 20:46	3/3/2024 20:50	3/3/2024 21:17	3/3/2024 21:17	3/3/2024 21:17	00:06:47	MEDIC 401
24-6315	3/4/2024 11:12	EMERGENCY SCENE	ST. FRANCIS TULSA	3/4/2024 11:12	3/4/2024 11:14	3/4/2024 11:17	3/4/2024 11:26	3/4/2024 11:48	3/4/2024 12:42	00:04:32	MEDIC 401
24-6323	3/4/2024 12:24	EMERGENCY SCENE	ST. FRANCIS TULSA	3/4/2024 12:24	3/4/2024 12:26	3/4/2024 12:34	3/4/2024 13:20	3/4/2024 13:46	3/4/2024 13:46	00:17:10	MUTUAL AID GIVEN
24-6347	3/4/2024 16:55	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	3/4/2024 16:56	3/4/2024 16:57	3/4/2024 17:02	3/4/2024 17:25	3/4/2024 17:25	3/4/2024 17:25	00:06:30	MEDIC 401
24-6365	3/4/2024 21:59	EMERGENCY SCENE	ST. FRANCIS GLENPOOL	3/4/2024 22:00	3/4/2024 22:02	3/4/2024 22:04	3/4/2024 22:24	3/4/2024 22:38	3/4/2024 22:38	00:04:49	MEDIC 401
24-6388	3/5/2024 08:27	EMERGENCY SCENE	ST. JOHN TULSA	3/5/2024 08:27	3/5/2024 08:29	3/5/2024 08:31	3/5/2024 08:49	3/5/2024 10:11	3/5/2024 10:42	00:04:31	MEDIC 401
24-6393	3/5/2024 10:18	EMERGENCY SCENE	ST. FRANCIS TULSA	3/5/2024 10:18	3/5/2024 10:20	3/5/2024 10:26	3/5/2024 10:39	3/5/2024 11:00	3/5/2024 11:16	00:06:49	MEDIC 402
24-6400	3/5/2024 11:57	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	3/5/2024 11:57	3/5/2024 11:59	3/5/2024 12:01	3/5/2024 12:04	3/5/2024 12:04	3/5/2024 12:04	00:03:46	MEDIC 401
24-6401	3/5/2024 12:56	EMERGENCY SCENE	HILLCREST MEDICAL CENTER	3/5/2024 12:57	3/5/2024 12:58	3/5/2024 13:01	3/5/2024 13:27	3/5/2024 13:50	3/5/2024 14:04	00:04:10	MEDIC 401
24-6409	3/5/2024 14:22	EMERGENCY SCENE	ST. JOHN TULSA	3/5/2024 14:22	3/5/2024 14:23	3/5/2024 14:26	3/5/2024 15:11	3/5/2024 15:33	3/5/2024 15:52	00:04:38	MEDIC 401
24-6414	3/5/2024 14:57	EMERGENCY SCENE	HILLCREST SOUTH	3/5/2024 14:57	3/5/2024 14:59	3/5/2024 15:03	3/5/2024 15:14	3/5/2024 15:30	3/5/2024 16:12	00:05:58	MEDIC 402
24-6417	3/5/2024 15:49	EMERGENCY SCENE	UNK								MUTUAL AID RECEIVED
24-6426	3/5/2024 17:57	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	3/5/2024 17:58	3/5/2024 17:59	3/5/2024 18:02	3/5/2024 18:16	3/5/2024 18:16	3/5/2024 18:16	00:05:01	MEDIC 401
24-6428	3/5/2024 18:07	EMERGENCY SCENE	CANCELLED BY PD OR OTHER SERVICE	3/5/2024 18:16	3/5/2024 18:16	3/5/2024 18:22	3/5/2024 18:31	3/5/2024 18:31	3/5/2024 18:31	00:15:31	MUTUAL AID GIVEN
24-6430	3/5/2024 19:16	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	3/5/2024 19:16	3/5/2024 19:18	3/5/2024 19:21	3/5/2024 19:46	3/5/2024 19:46	3/5/2024 19:46	00:05:08	MEDIC 401
24-6436	3/5/2024 21:20	EMERGENCY SCENE	ST. FRANCIS SOUTH	3/5/2024 21:20	3/5/2024 21:22	3/5/2024 21:27	3/5/2024 21:47	3/5/2024 22:13	1/1/1900	00:07:19	MEDIC 401
24-6440	3/5/2024 22:31	EMERGENCY SCENE	ST. FRANCIS GLENPOOL	3/5/2024 22:31	3/5/2024 22:33	3/5/2024 22:36	3/5/2024 22:51	3/5/2024 22:58	3/5/2024 22:58	00:04:52	MEDIC 402
24-6458	3/6/2024 06:29	EMERGENCY SCENE	CANCELLED BY PD OR OTHER SERVICE	3/6/2024 06:30	3/6/2024 06:30	3/6/2024 06:30	3/6/2024 06:44	3/6/2024 06:44	3/6/2024 06:44	00:01:23	S11 S. WATKINS
24-6459	3/6/2024 07:10	EMERGENCY SCENE	ST. JOHN TULSA	3/6/2024 07:11	3/6/2024 07:12	3/6/2024 07:16	3/6/2024 07:40	3/6/2024 08:08	3/6/2024 08:30	00:05:17	MEDIC 401
24-6462	3/6/2024 07:54	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	3/6/2024 07:55	3/6/2024 07:57	3/6/2024 08:02	3/6/2024 08:16	3/6/2024 08:16	3/6/2024 08:16	00:07:33	MEDIC 401
24-6475	3/6/2024 09:57	EMERGENCY SCENE	ST. JOHN TULSA	3/6/2024 09:58	3/6/2024 09:58	3/6/2024 10:02	3/6/2024 10:19	3/6/2024 10:43	3/6/2024 11:11	00:05:02	MEDIC 401
24-6479	3/6/2024 11:03	EMERGENCY SCENE	ST. FRANCIS SOUTH	3/6/2024 11:04	3/6/2024 11:06	3/6/2024 11:12	3/6/2024 11:35	3/6/2024 11:53	3/6/2024 12:28	00:08:12	MEDIC 402
24-6480	3/6/2024 13:48	EMERGENCY SCENE	ST. FRANCIS SOUTH	3/6/2024 13:48	3/6/2024 13:50	3/6/2024 13:51	3/6/2024 14:21	3/6/2024 14:41	3/6/2024 14:56	00:03:14	MEDIC 401
24-6508	3/6/2024 19:00	EMERGENCY SCENE	HILLCREST SOUTH	3/6/2024 19:00	3/6/2024 19:03	3/6/2024 19:06	3/6/2024 19:35	3/6/2024 19:54	3/6/2024 20:11	00:05:46	MEDIC 401
24-6514	3/6/2024 20:41	EMERGENCY SCENE	ST. FRANCIS SOUTH	3/6/2024 20:41	3/6/2024 20:43	3/6/2024 20:47	3/6/2024 21:18	3/6/2024 21:35	3/6/2024 21:50	00:05:33	MEDIC 401
24-6515	3/6/2024 20:43	EMERGENCY SCENE	UNK								MUTUAL AID RECEIVED
24-6543	3/7/2024 08:53	EMERGENCY SCENE	ST. JOHN TULSA	3/7/2024 08:54	3/7/2024 08:55	3/7/2024 08:59	3/7/2024 09:12	3/7/2024 09:29	3/7/2024 09:53	00:06:05	MEDIC 401
24-6575	3/7/2024 15:20	EMERGENCY SCENE	ST. FRANCIS SOUTH	3/7/2024 15:21	3/7/2024 15:22	3/7/2024 15:34	3/7/2024 15:49	3/7/2024 16:09	3/7/2024 16:35	00:13:15	MEDIC 401
24-6576	3/7/2024 15:25	EMERGENCY SCENE	ST. FRANCIS SOUTH	3/7/2024 15:26	3/7/2024 15:27	3/7/2024 15:30	3/7/2024 16:14	3/7/2024 16:36		00:05:05	MEDIC 402
24-6583	3/7/2024 17:18	EMERGENCY SCENE	ST. FRANCIS TULSA	3/7/2024 17:19	3/7/2024 17:20	3/7/2024 17:25	3/7/2024 17:35	3/7/2024 18:01	3/7/2024 18:17	00:06:23	MEDIC 401
24-6584	3/7/2024 18:49	EMERGENCY SCENE	CANCELLED ENROUTE	3/7/2024 18:51	3/7/2024 18:59	3/7/2024 19:02	3/7/2024 19:02	3/7/2024 19:02	3/7/2024 19:02	00:09:18	MUTUAL AID GIVEN
24-6585	3/7/2024 19:29	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	3/7/2024 19:29	3/7/2024 19:30	3/7/2024 19:36	3/7/2024 20:11	3/7/2024 20:11	3/7/2024 20:11	00:07:21	MEDIC 401
24-6590	3/7/2024 21:14	EMERGENCY SCENE	ST. JOHN TULSA	3/7/2024 21:14	3/7/2024 21:16	3/7/2024 21:19	3/7/2024 22:20	3/7/2024 22:37	3/7/2024 22:37	00:05:09	MEDIC 401
24-6591	3/7/2024 21:36	EMERGENCY SCENE	HILLCREST SOUTH	3/7/2024 21:36	3/7/2024 21:38	3/7/2024 21:47	3/7/2024 22:47	3/7/2024 23:12	3/7/2024 23:25	00:11:04	MUTUAL AID GIVEN
24-6653	3/8/2024 16:53	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	3/8/2024 16:53	3/8/2024 16:55	3/8/2024 16:55	3/8/2024 16:55	3/8/2024 16:55	3/8/2024 16:55	00:02:04	MEDIC 402
24-6655	3/8/2024 17:25	EMERGENCY SCENE	HILLCREST SOUTH	3/8/2024 17:25	3/8/2024 17						

24-4705	3/9/2024 17:58	EMERGENCY SCENE	ST. FRANCIS TULSA	3/9/2024 17:58	3/9/2024 18:01	3/9/2024 18:04	3/9/2024 18:32	3/9/2024 18:53	3/9/2024 18:53	00:06:45	MEDIC 401	
24-4711	3/9/2024 20:26	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	3/9/2024 20:27	3/9/2024 20:29	3/9/2024 20:31	3/9/2024 20:44	3/9/2024 20:44	3/9/2024 20:44	00:04:27	MEDIC 401	
24-4726	3/10/2024 03:02	EMERGENCY SCENE	ST. FRANCIS TULSA	3/10/2024 03:02	3/10/2024 03:04	3/10/2024 03:09	3/10/2024 03:38	3/10/2024 03:55	3/10/2024 03:55	00:07:31	MEDIC 401	
24-4727	3/10/2024 03:09	EMERGENCY SCENE	CANCELLED BY PD OR OTHER SERVICE	3/10/2024 03:10	3/10/2024 03:13	3/10/2024 03:22	3/10/2024 03:25	3/10/2024 03:25	3/10/2024 03:25	00:12:10	MUTUAL AID GIVEN	
24-4732	3/10/2024 08:15	EMERGENCY SCENE	DOA - DEAD ON ARRIVAL	3/10/2024 08:15	3/10/2024 08:18	3/10/2024 08:20	3/10/2024 08:35	3/10/2024 08:35	3/10/2024 08:35	00:04:34	MEDIC 401	
24-4743	3/10/2024 13:40	EMERGENCY SCENE	ST. FRANCIS TULSA	3/10/2024 13:40	3/10/2024 13:42	3/10/2024 13:46	3/10/2024 14:17	3/10/2024 14:42	3/10/2024 14:42	00:05:49	MEDIC 401	
24-4748	3/10/2024 15:39	EMERGENCY SCENE	ST. FRANCIS TULSA	3/10/2024 15:40	3/10/2024 15:42	3/10/2024 15:43	3/10/2024 16:04	3/10/2024 16:27	3/10/2024 16:40	00:04:18	MUTUAL AID GIVEN	
24-4761	3/10/2024 19:23	EMERGENCY SCENE	ST. FRANCIS TULSA	3/10/2024 19:23	3/10/2024 19:25	3/10/2024 19:36	3/10/2024 20:40	3/10/2024 20:40	3/10/2024 20:40	00:13:11	MUTUAL AID GIVEN	
24-4774	3/11/2024 03:35	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	3/11/2024 03:35	3/11/2024 03:39	3/11/2024 03:40	3/11/2024 03:55	3/11/2024 03:55	3/11/2024 03:55	00:05:29	MEDIC 401	
24-4777	3/11/2024 07:07	EMERGENCY SCENE	ST. FRANCIS TULSA	3/11/2024 07:07	3/11/2024 07:10	3/11/2024 07:14	3/11/2024 07:37	3/11/2024 08:05	3/11/2024 08:17	00:07:06	MEDIC 401	
24-4778	3/11/2024 07:07	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	3/11/2024 07:07	3/11/2024 07:10	3/11/2024 07:14	3/11/2024 07:24	3/11/2024 07:24	3/11/2024 07:24	00:07:06	611 S. WATSONS	
24-4796	3/11/2024 11:39	EMERGENCY SCENE	HILLCREST SOUTH	3/11/2024 11:40	3/11/2024 11:41	3/11/2024 11:44	3/11/2024 11:58	3/11/2024 12:17	3/11/2024 12:17	00:05:16	MEDIC 401	
24-4810	3/11/2024 13:08	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	3/11/2024 13:09	3/11/2024 13:10	3/11/2024 13:12	3/11/2024 13:12	3/11/2024 13:12	3/11/2024 13:12	00:04:05	MEDIC 401	
24-4818	3/11/2024 15:31	EMERGENCY SCENE	ST. FRANCIS TULSA	3/11/2024 15:31	3/11/2024 15:33	3/11/2024 15:35	3/11/2024 15:51	3/11/2024 16:11	3/11/2024 16:11	00:04:13	MEDIC 401	
24-4819	3/11/2024 15:50	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	3/11/2024 15:50	3/11/2024 15:52	3/11/2024 15:53	3/11/2024 16:06	3/11/2024 16:06	3/11/2024 16:06	00:03:15	MEDIC 402	
24-4837	3/11/2024 17:42	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	3/11/2024 17:42	3/11/2024 17:44	3/11/2024 17:48	3/11/2024 17:58	3/11/2024 18:06	3/11/2024 18:06	00:05:59	MEDIC 401	
24-4854	3/11/2024 22:12	EMERGENCY SCENE	ST. FRANCIS SOUTH	3/11/2024 22:12	3/11/2024 22:14	3/11/2024 22:17	3/11/2024 22:28	3/11/2024 22:45	3/11/2024 23:38	00:05:20	MEDIC 401	
24-4886	3/12/2024 08:58	EMERGENCY SCENE	ST. FRANCIS TULSA	3/12/2024 08:58	3/12/2024 09:01	3/12/2024 09:06	3/12/2024 09:35	3/12/2024 09:57	3/12/2024 10:16	00:06:45	MEDIC 401	
24-4896	3/12/2024 08:59	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	3/12/2024 09:00	3/12/2024 09:01	3/12/2024 09:06	3/12/2024 09:35	3/12/2024 09:57	3/12/2024 10:16	00:06:45	MEDIC 401	
24-4923	3/12/2024 20:11	EMERGENCY SCENE	HILLCREST SOUTH	3/12/2024 20:12	3/12/2024 20:13	3/12/2024 20:17	3/12/2024 20:50	3/12/2024 21:13	3/12/2024 21:40	00:05:45	MEDIC 401	
24-4938	3/13/2024 09:12	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	3/13/2024 09:12	3/13/2024 09:13	3/13/2024 09:17	3/13/2024 09:40	3/13/2024 09:40	3/13/2024 09:40	00:04:28	MEDIC 401	
24-4943	3/13/2024 10:43	EMERGENCY SCENE	ST. FRANCIS TULSA	3/13/2024 10:43	3/13/2024 10:45	3/13/2024 10:50	3/13/2024 11:05	3/13/2024 11:25	3/13/2024 11:36	00:07:09	MEDIC 401	
24-4969	3/13/2024 17:13	EMERGENCY SCENE	ST. FRANCIS GLENPOOL	3/13/2024 17:14	3/13/2024 17:16	3/13/2024 17:19	3/13/2024 17:30	3/13/2024 17:37	3/13/2024 18:03	00:05:19	MEDIC 401	
24-4979	3/13/2024 19:10	EMERGENCY SCENE	HILLCREST SOUTH	3/13/2024 19:10	3/13/2024 19:11	3/13/2024 19:28	3/13/2024 19:38	3/13/2024 20:00	3/13/2024 20:28	00:05:51	MEDIC 402	
24-4987	3/13/2024 22:12	EMERGENCY SCENE	HILLCREST SOUTH	3/13/2024 22:13	3/13/2024 22:15	3/13/2024 22:17	3/13/2024 22:34	3/13/2024 22:52	3/14/2024 00:00	00:04:17	MEDIC 401	
24-5011	3/14/2024 08:35	EMERGENCY SCENE	OSU MEDICAL CENTER	3/14/2024 08:35	3/14/2024 08:36	3/14/2024 08:40	3/14/2024 09:36	3/14/2024 10:20	3/14/2024 10:20	00:05:14	MEDIC 401	
24-5013	3/14/2024 08:43	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	3/14/2024 08:43	3/14/2024 08:45	3/14/2024 08:50	3/14/2024 10:02	3/14/2024 10:02	3/14/2024 10:02	00:06:48	MEDIC 402	
24-5016	3/14/2024 10:00	EMERGENCY SCENE	ST. FRANCIS CHILDREN'S HOSPITAL	3/14/2024 10:02	3/14/2024 10:02	3/14/2024 10:07	3/14/2024 10:46	3/14/2024 11:07	3/14/2024 11:07	00:07:10	MEDIC 402	
24-5025	3/14/2024 11:53	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	3/14/2024 11:53	3/14/2024 11:55	3/14/2024 12:00	3/14/2024 12:21	3/14/2024 12:21	3/14/2024 12:24	00:07:26	MEDIC 401	
24-5033	3/14/2024 14:40	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	3/14/2024 14:40	3/14/2024 14:42	3/14/2024 14:45	3/14/2024 14:54	3/14/2024 14:54	3/14/2024 14:54	00:04:34	MEDIC 401	
24-5037	3/14/2024 16:32	EMERGENCY SCENE	ST. FRANCIS TULSA	3/14/2024 16:32	3/14/2024 16:35	3/14/2024 16:37	3/14/2024 16:50	3/14/2024 17:17	3/14/2024 17:32	00:05:27	MEDIC 401	
24-5053	3/14/2024 20:05	EMERGENCY SCENE	ST. FRANCIS GLENPOOL	3/14/2024 20:05	3/14/2024 20:10	3/14/2024 20:25	3/14/2024 20:28	3/14/2024 20:48	3/14/2024 20:48	00:05:35	MEDIC 401	
24-5057	3/14/2024 21:50	EMERGENCY SCENE	ST. FRANCIS SOUTH	3/14/2024 21:51	3/14/2024 21:53	3/14/2024 22:06	3/14/2024 22:20	3/14/2024 22:51	3/14/2024 22:51	00:15:29	MUTUAL AID GIVEN	
24-5059	3/14/2024 22:12	EMERGENCY SCENE	ST. JOHN TULSA	3/14/2024 22:12	3/14/2024 22:14	3/14/2024 22:14	3/14/2024 23:20	3/14/2024 23:52	3/14/2024 23:52	00:18:15	MEDIC 501	3rd truck
24-5063	3/15/2024 00:47	EMERGENCY SCENE	HILLCREST SOUTH	3/15/2024 00:47	3/15/2024 00:51	3/15/2024 00:55	3/15/2024 01:19	3/15/2024 01:38	3/15/2024 01:38	00:08:04	MEDIC 401	
24-5073	3/15/2024 08:22	EMERGENCY SCENE	ST. FRANCIS SOUTH	3/15/2024 08:22	3/15/2024 08:24	3/15/2024 08:29	3/15/2024 09:01	3/15/2024 09:27	3/15/2024 09:43	00:07:23	MEDIC 401	
24-5091	3/15/2024 13:20	EMERGENCY SCENE	ST. FRANCIS TULSA	3/15/2024 13:20	3/15/2024 13:32	3/15/2024 13:38	3/15/2024 13:55	3/15/2024 14:24	3/15/2024 15:08	00:06:33	MEDIC 401	
24-5094	3/15/2024 13:45	EMERGENCY SCENE	ST. FRANCIS CHILDREN'S HOSPITAL	3/15/2024 13:45	3/15/2024 13:47	3/15/2024 13:58	3/15/2024 14:18	3/15/2024 14:43	3/15/2024 15:00	00:13:41	MEDIC 402	
24-5122	3/15/2024 20:55	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	3/15/2024 20:56	3/15/2024 20:58	3/15/2024 21:03	3/15/2024 21:28	3/15/2024 21:28	3/15/2024 21:28	00:07:09	MEDIC 401	
24-5128	3/16/2024 00:00	EMERGENCY SCENE	ST. FRANCIS TULSA	3/16/2024 00:01	3/16/2024 00:01	3/16/2024 00:46	3/16/2024 01:00	3/16/2024 01:17	3/16/2024 01:17	00:06:40	MEDIC 401	
24-5142	3/16/2024 11:09	EMERGENCY SCENE	HILLCREST SOUTH	3/16/2024 11:10	3/16/2024 11:12	3/16/2024 11:15	3/16/2024 11:53	3/16/2024 12:11	3/16/2024 12:26	00:06:48	MEDIC 401	
24-5143	3/16/2024 12:31	EMERGENCY SCENE	HILLCREST SOUTH	3/16/2024 12:32	3/16/2024 12:33	3/16/2024 12:39	3/16/2024 13:07	3/16/2024 13:23	3/16/2024 13:44	00:07:10	MEDIC 401	
24-5148	3/16/2024 14:12	EMERGENCY SCENE	NO PATIENT FOUND	3/16/2024 14:13	3/16/2024 14:13	3/16/2024 14:14	3/16/2024 14:22	3/16/2024 14:22	3/16/2024 14:22	00:01:32	MEDIC 401	
24-5156	3/16/2024 16:19	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	3/16/2024 16:20	3/16/2024 16:22	3/16/2024 16:27	3/16/2024 16:47	3/16/2024 16:47	3/16/2024 17:16	00:07:23	MEDIC 401	
24-5158	3/16/2024 16:19	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	3/16/2024 16:20	3/16/2024 16:22	3/16/2024 16:27	3/16/2024 16:47	3/16/2024 16:47	3/16/2024 17:17	00:07:23	MEDIC 401	
24-5159	3/16/2024 16:19	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	3/16/2024 16:22	3/16/2024 16:22	3/16/2024 16:27	3/16/2024 16:47	3/16/2024 16:47	3/16/2024 17:17	00:07:23	MEDIC 401	
24-5162	3/16/2024 17:59	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	3/16/2024 17:59	3/16/2024 17:40	3/16/2024 17:50	3/16/2024 17:59	3/16/2024 17:59	3/16/2024 17:59	00:11:36	MEDIC 402	Resp from Tulsa, closest ambulance
24-5165	3/16/2024 19:31	EMERGENCY SCENE	CANCELLED ENROUTE	3/16/2024 19:31	3/16/2024 19:34	3/16/2024 19:34	3/16/2024 19:34	3/16/2024 19:34	3/16/2024 19:34	00:03:12	MEDIC 402	
24-5186	3/17/2024 01:48	EMERGENCY SCENE	ST. JOHN TULSA	3/17/2024 01:49	3/17/2024 01:52	3/17/2024 01:55	3/17/2024 02:05	3/17/2024 02:34	3/17/2024 02:58	00:06:57	MEDIC 401	
24-5187	3/17/2024 02:25	EMERGENCY SCENE	ST. FRANCIS SOUTH	3/17/2024 02:26	3/17/2024 02:26	3/17/2024 02:31	3/17/2024 02:43	3/17/2024 02:57	3/17/2024 03:18	00:06:06	MEDIC 501	
24-5196	3/17/2024 08:36	EMERGENCY SCENE	NO PATIENT FOUND	3/17/2024 08:36	3/17/2024 08:38	3/17/2024 08:42	3/17/2024 08:46	3/17/2024 08:46	3/17/2024 08:46	00:05:58	MEDIC 401	
24-5210	3/17/2024 13:18	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	3/17/2024 13:19	3/17/2024 13:20	3/17/2024 13:24	3/17/2024 13:43	3/17/2024 13:43	3/17/2024 13:43	00:05:18	MEDIC 401	
24-5220	3/17/2024 18:19	EMERGENCY SCENE	ST. JOHN TULSA	3/17/2024 18:19	3/17/2024 18:21	3/17/2024 18:24	3/17/2024 18:48	3/17/2024 19:12	3/17/2024 19:38	00:05:16	MEDIC 401	
24-5262	3/18/2024 10:56	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	3/18/2024 10:56	3/18/2024 10:58	3/18/2024 11:02	3/18/2024 11:12	3/18/2024 11:12	3/18/2024 11:12	00:06:02	MEDIC 401	
24-5267	3/18/2024 11:46	EMERGENCY SCENE	ST. JOHN TULSA	3/18/2024 11:46	3/18/2024 11:48	3/18/2024 11:51	3/18/2024 12:01	3/18/2024 12:25	3/18/2024 12:42	00:05:04	MEDIC 401	
24-5344	3/19/2024 12:23	EMERGENCY SCENE	HILLCREST SOUTH	3/19/2024 12:24	3/19/2024 12:26	3/19/2024 12:31	3/19/2024 13:02	3/19/2024 13:26	3/19/2024 13:40	00:07:46	MEDIC 401	
24-5369	3/19/2024 19:16	EMERGENCY SCENE	ST. FRANCIS TULSA	3/19/2024 19:17	3/19/2024 19:19	3/19/2024 19:22	3/19/2024 19:48	3/19/2024 20:35	3/19/2024 20:35	00:05:45	MEDIC 401	
24-5371	3/19/2024 19:55	EMERGENCY SCENE	ST. FRANCIS SOUTH	3/19/2024 19:55	3/19/2024 19:57	3/19/2024 20:00	3/19/2024 20:21	3/19/2024 20:42	3/19/2024 21:00	00:05:44	MEDIC 402	
24-5381	3/20/2024 01:25	EMERGENCY SCENE	ST. FRANCIS SOUTH	3/20/2024 01:26	3/20/2024 01:28	3/20/2024 01:33	3/20/2024 01:51	3/20/2024 02:10	3/20/2024 02:10	00:07:26	MEDIC 401	
24-5385	3/20/2024 04:43	EMERGENCY SCENE	ST. FRANCIS TULSA	3/20/2024 04:43	3/20/2024 04:45	3/20/2024 04:48	3/20/2024 05:08	3/20/2024 05:26	3/20/2024 05:32	00:05:42	MEDIC 401	

24-5589	3/22/2024 15:53	EMERGENCY SCENE	NO PATIENT FOUND	3/22/2024 15:53	3/22/2024 15:55	3/22/2024 16:00	3/22/2024 16:12	3/22/2024 16:12	3/22/2024 16:12	00:07:49	MEDIC 402	
24-5591	3/22/2024 15:59	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	3/22/2024 16:03	3/22/2024 16:07	3/22/2024 16:13	3/22/2024 16:40	3/22/2024 16:40	3/22/2024 16:40	00:13:40	MEDIC 402	No MA avail, had to wait for 402
24-5617	3/22/2024 23:08	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	3/22/2024 23:08	3/22/2024 23:11	3/22/2024 23:15	3/22/2024 23:28	3/22/2024 23:28	3/22/2024 23:28	00:07:14	MEDIC 401	
24-5631	3/23/2024 09:20	EMERGENCY SCENE	ST. FRANCIS TULSA	3/23/2024 09:21	3/23/2024 09:23	3/23/2024 09:26	3/23/2024 10:02	3/23/2024 10:02	3/23/2024 10:07	00:05:16	MEDIC 401	
24-5632	3/23/2024 09:58	EMERGENCY SCENE	ST. FRANCIS SOUTH	3/23/2024 09:58	3/23/2024 10:01	3/23/2024 10:04	3/23/2024 10:27	3/23/2024 10:47	3/23/2024 11:10	00:06:18	MEDIC 402	
24-5673	3/24/2024 12:36	EMERGENCY SCENE	ST. FRANCIS TULSA	3/24/2024 12:37	3/24/2024 12:40	3/24/2024 12:42	3/24/2024 13:01	3/24/2024 13:25	3/24/2024 13:48	00:05:05	MEDIC 401	
24-5690	3/24/2024 19:03	EMERGENCY SCENE	ST. FRANCIS TULSA	3/24/2024 19:03	3/24/2024 19:03	3/24/2024 19:08	3/24/2024 19:30	3/24/2024 19:52	3/24/2024 19:52	00:09:06	MEDIC 401	

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



To Oklahoma & You™

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8747X0C.004 BNCF:0008308



24-Hour
Automated
Account Information

1-877-602-2262

SM 3/27/24
John 3/27/24

2 *0008308
GLENPOOL AREA EMERGENCY MEDICAL
SERVICE DISTRICT
12205 S YUKON AVE
GLENPOOL OK 74033-6635



PAGE 1

ACCOUNT NUMBER
STATEMENT DATE
2/29/24

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ACCOUNT ANALYSIS

Beginning Balance	2/01/24	412,216.15
Deposits / Misc Credits	1	28,726.78
Withdrawals / Misc Debits	6	39,156.88
** Ending Balance	2/29/24	401,786.05 **

Service Charge	.00
Enclosures	6

DEPOSITS								
Date	Deposits	Withdrawals	Activity Description					
2/13	28,726.78		TULSA COUNTY/REMIT					
CHECKS								
* indicates skip in check numbers								
Date	Check No.	Amount	Date	Check No.	Amount	Date	Check No.	Amount
2/09	2176	15,000.00	2/12	2178	208.33	2/08	2180	28.50
2/08	2177	13,848.76	2/08	2179	9,862.96	2/28	2181	208.33
DAILY BALANCE SUMMARY								
Date	Balance		Date	Balance		Date	Balance	
2/08	388,475.93		2/12	373,267.60		2/28	401,786.05	
2/09	373,475.93		2/13	401,994.38				



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8748X0C.004 BNCF:0008308

Statement Date: 2/29/24

PAGE 2

GLENPOOL AREA EMERGENCY 0163
MEDICAL SERVICE DISTRICT
12205 S. YUKON AVE. PH 918-322-5409
GLENPOOL, OK 74033-6635

BankFirst
Glenpool, Oklahoma
39-363/1030

002176

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

DATE 02/05/2024 CHECK AMOUNT \$*****15,000.00

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

BY [Signature]
AUTHORIZED SIGNATURE

#002176# 103003632# 0070041624#

GLENPOOL AREA EMERGENCY 0163
MEDICAL SERVICE DISTRICT
12205 S. YUKON AVE. PH 918-322-5409
GLENPOOL, OK 74033-6635

BankFirst
Glenpool, Oklahoma
39-363/1030

002177

PAY **** THIRTEEN THOUSAND EIGHT HUNDRED FORTY EIGHT & 00/100 DOLLARS ****

DATE 02/05/2024 CHECK AMOUNT \$*****13,848.76

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

BY [Signature]
AUTHORIZED SIGNATURE

#002177# 103003632# 0070041624#

Number: 2176 Date: 2/9/2024 Amount: \$15000.00

Number: 2177 Date: 2/8/2024 Amount: \$13848.76

GLENPOOL AREA EMERGENCY 0163
MEDICAL SERVICE DISTRICT
12205 S. YUKON AVE. PH 918-322-5409
GLENPOOL, OK 74033-6635

BankFirst
Glenpool, Oklahoma
39-363/1030

002178

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

DATE 02/05/2024 CHECK AMOUNT \$*****208.33

TO THE ORDER OF ** SPILT ENTER **

BY [Signature]
AUTHORIZED SIGNATURE

#002178# 103003632# 0070041624#

GLENPOOL AREA EMERGENCY 0163
MEDICAL SERVICE DISTRICT
12205 S. YUKON AVE. PH 918-322-5409
GLENPOOL, OK 74033-6635

BankFirst
Glenpool, Oklahoma
39-363/1030

002179

PAY **** NINE THOUSAND EIGHT HUNDRED SIXTY TWO & 96/100 DOLLARS ****

DATE 02/05/2024 CHECK AMOUNT \$*****9,862.96

TO THE ORDER OF ** OKLA STATE AUDITOR & INSPECTORS OFFICE **
RM 123, STATE CAPITAL
2300 N LINCOLN BLVD
OKLAHOMA CITY, OK 73105-4801

BY [Signature]
AUTHORIZED SIGNATURE

#002179# 103003632# 0070041624#

Number: 2178 Date: 2/12/2024 Amount: \$208.33

Number: 2179 Date: 2/8/2024 Amount: \$9862.96

GLENPOOL AREA EMERGENCY 0163
MEDICAL SERVICE DISTRICT
12205 S. YUKON AVE. PH 918-322-5409
GLENPOOL, OK 74033-6635

BankFirst
Glenpool, Oklahoma
39-363/1030

002180

PAY **** TWENTY EIGHT & 59/100 DOLLARS ****

DATE 02/05/2024 CHECK AMOUNT \$*****208.33

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

BY [Signature]
AUTHORIZED SIGNATURE

#002180# 103003632# 0070041624#

GLENPOOL AREA EMERGENCY 0163
MEDICAL SERVICE DISTRICT
12205 S. YUKON AVE. PH 918-322-5409
GLENPOOL, OK 74033-6635

BankFirst
Glenpool, Oklahoma
39-363/1030

002181

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

DATE 02/05/2024 CHECK AMOUNT \$*****208.33

TO THE ORDER OF ** [REDACTED] **

BY [Signature]
AUTHORIZED SIGNATURE

#002181# 103003632# 0070041624#

Number: 2180 Date: 2/8/2024 Amount: \$28.50

Number: 2181 Date: 2/28/2024 Amount: \$208.33

4022-00000



3-27-2024 10:48 AM

CITY OF GLENPOOL
BALANCE SHEET
AS OF: FEBRUARY 29TH, 2024

PAGE: 1

31 -GEMS

ACCOUNT #	ACCOUNT DESCRIPTION	BALANCE	
ASSETS			
=====			
31-1001	GEMS CASH IN BANK	401,786.05	
31-1302	PREPAID PAYROLL TAXES	0.00	
31-1303	TAXES RECEIVABLE	0.00	
31-1353	EQUIPMENT	71,085.14	
31-1354	ACCUM DEPREC - EQUIPMENT	(42,651.08)	
			<u>430,220.11</u>
	TOTAL ASSETS		430,220.11
			=====
LIABILITIES			
=====			
31-2001	ACCOUNTS PAYABLE	0.00	
31-2101	FICA LIABILITY	0.00	
31-2102	MED TAX LIABILITY	0.00	
31-2103	FEDERAL W/H PAYABLE	0.00	
31-2104	STATE W/H PAYABLE	0.00	
31-2130	OPEB LIABILITY	0.00	
31-2131	DEFERRED INFLOWS	0.00	
	TOTAL LIABILITIES		<u>0.00</u>
EQUITY			
=====			
31-3001	FUND BALANCE	312,061.28	
	TOTAL BEGINNING EQUITY	312,061.28	
	TOTAL REVENUE	343,830.27	
	TOTAL EXPENSES	<u>225,671.44</u>	
	TOTAL REVENUE OVER/(UNDER) EXPENSES	118,158.83	
	TOTAL EQUITY & REV. OVER/(UNDER) EXP.		<u>430,220.11</u>
	TOTAL LIABILITIES, EQUITY & REV.OVER/(UNDER) EXP.		430,220.11
			=====

3-27-2024 10:50 AM

CITY OF GLENPOOL
REVENUE & EXPENSE REPORT (UNAUDITED)
AS OF: FEBRUARY 29TH, 2024

PAGE: 1

31 -GEMS

FINANCIAL SUMMARY

% OF YEAR COMPLETED: 66.67

	CURRENT BUDGET	CURRENT PERIOD	YEAR TO DATE ACTUAL	TOTAL ENCUMBERED	BUDGET BALANCE	% YTD BUDGET
REVENUE SUMMARY						
NON-DEPARTMENTAL	409,981	28,726.78	343,830.27	0.00	66,150.73	83.86
TOTAL REVENUES	409,981	28,726.78	343,830.27	0.00	66,150.73	83.86

3-27-2024 10:50 AM

CITY OF GLENPOOL
REVENUE & EXPENSE REPORT (UNAUDITED)
AS OF: FEBRUARY 29TH, 2024

PAGE: 2

31 -GEMS

FINANCIAL SUMMARY

% OF YEAR COMPLETED: 66.67

	CURRENT BUDGET	CURRENT PERIOD	YEAR TO DATE ACTUAL	TOTAL ENCUMBERED	BUDGET BALANCE	% YTD BUDGET
<u>EXPENDITURE SUMMARY</u>						
<u>GEMS</u>						
PERSONAL SERVICES	0	0.00	0.00	0.00	0.00	0.00
SUPPLIES	7,000	0.00	3,794.92	0.00	3,205.08	54.21
OTHER CHARGES & SERVICES	396,481	39,156.88	221,876.52	27,769.10	146,835.38	62.97
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	<u>0</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>
TOTAL GEMS	409,981	39,156.88	225,671.44	27,769.10	156,540.46	61.82
TOTAL EXPENDITURES	409,981	39,156.88	225,671.44	27,769.10	156,540.46	61.82
REVENUE OVER/(UNDER) EXPENDITURES	0 (	10,430.10)	118,158.83 (	27,769.10) (	90,389.73)	0.00

3-27-2024 10:50 AM

CITY OF GLENPOOL
REVENUE & EXPENSE REPORT (UNAUDITED)
AS OF: FEBRUARY 29TH, 2024

PAGE: 3

31 -GEMS

% OF YEAR COMPLETED: 66.67

REVENUES	CURRENT BUDGET	CURRENT PERIOD	YEAR TO DATE ACTUAL	TOTAL ENCUMBERED	BUDGET BALANCE	% YTD BUDGET
NON-DEPARTMENTAL						
=====						
<u>TAXES</u>						
31-5-00-5006 TAXES	<u>350,000</u>	<u>28,726.78</u>	<u>343,830.27</u>	<u>0.00</u>	<u>6,169.73</u>	<u>98.24</u>
TOTAL TAXES	350,000	28,726.78	343,830.27	0.00	6,169.73	98.24
<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	<u>0</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>
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	<u>59,981</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>59,981.00</u>	<u>0.00</u>
TOTAL OTHER FINANCING SOURCES	59,981	0.00	0.00	0.00	59,981.00	0.00
TOTAL NON-DEPARTMENTAL	409,981	28,726.78	343,830.27	0.00	66,150.73	83.86
TOTAL REVENUE	409,981	28,726.78	343,830.27	0.00	66,150.73	83.86

3-27-2024 10:50 AM

CITY OF GLENPOOL
REVENUE & EXPENSE REPORT (UNAUDITED)
AS OF: FEBRUARY 29TH, 2024

PAGE: 4

31 -GEMS

% OF YEAR COMPLETED: 66.67

DEPARTMENTAL EXPENDITURES	CURRENT BUDGET	CURRENT PERIOD	YEAR TO DATE ACTUAL	TOTAL ENCUMBERED	BUDGET BALANCE	% YTD 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	<u>0</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>
TOTAL PERSONAL SERVICES	0	0.00	0.00	0.00	0.00	0.00
<u>SUPPLIES</u>						
31-6-01-6202 OPERATING SUPPLIES	4,500	0.00	3,794.92	0.00	705.08	84.33
31-6-01-6206 MINOR EQUIPMENT	<u>2,500</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>2,500.00</u>	<u>0.00</u>
TOTAL SUPPLIES	7,000	0.00	3,794.92	0.00	3,205.08	54.21
<u>OTHER CHARGES & SERVICES</u>						
31-6-01-6210 AMBULANCE CONTRACT	180,000	15,000.00	120,000.00	15,000.00	45,000.00	75.00
31-6-01-6225 FIRST RESPONDER/ADMIN FEES	166,505	13,848.76	84,695.76	12,352.44	69,456.80	58.29
31-6-01-6235 CONTRACT SERVICES	13,800	445.16	7,317.80	416.66	6,065.54	56.05
31-6-01-6236 AUDIT FEES	36,176	9,862.96	9,862.96	0.00	26,313.04	27.26
31-6-01-6254 MISC SERVICES & CHARGES	<u>0</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>
TOTAL OTHER CHARGES & SERVICES	396,481	39,156.88	221,876.52	27,769.10	146,835.38	62.97
<u>TRAVEL & TRAINING</u>						
31-6-01-6262 TRAVEL AND TRAINING	<u>6,500</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>6,500.00</u>	<u>0.00</u>
TOTAL TRAVEL & TRAINING	6,500	0.00	0.00	0.00	6,500.00	0.00
<u>MISCELLANEOUS</u>						
31-6-01-6283 INVESTMENT EXPENSES	<u>0</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>
TOTAL MISCELLANEOUS	0	0.00	0.00	0.00	0.00	0.00
<u>CAPITAL EXPENDITURES</u>						
31-6-01-6333 CAPITAL PURCHASES	<u>0</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>
TOTAL CAPITAL EXPENDITURES	0	0.00	0.00	0.00	0.00	0.00
<u>OTHER FINANCING USES</u>						
31-6-01-6745 TSF TO RESERVES	<u>0</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>
TOTAL OTHER FINANCING USES	0	0.00	0.00	0.00	0.00	0.00
TOTAL GEMS	409,981	39,156.88	225,671.44	27,769.10	156,540.46	61.82
TOTAL EXPENDITURES	409,981	39,156.88	225,671.44	27,769.10	156,540.46	61.82
REVENUE OVER/(UNDER) EXPENDITURES	0 (	10,430.10)	118,158.83 (	27,769.10) (	90,389.73)	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	90.0%	91.3%	85.8%	80.3%	80.8%	82.7%
February	98.2%	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 February 29, 2024 GEMS has received 98.2% of tax revenue budgeted.
In other words, \$343,830.27 has been received of the \$350,000 tax revenue budgeted.



GLENPOOL FIRE DEPARTMENT
MED BAG CHECKLIST

Unit:

R-1

Date:

27 March 2024

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

O2 LEFT SIDE POCKET

- | | | |
|---|-----|------|
| ☒ 1-O2 Cylinder | psi | 2200 |
| ☒ 2-Adult NRB | | |
| ☒ 2-Adult NC | | |
| ☒ 1-Adult BVM | | |

INSIDE POCKET

- | | | |
|---|---|---------------|
| ☒ 1-Blood Glucose Kit/Test Strips | Exp. Date: | 30 April 2024 |
| ☒ 1-Tube Glucose 31g | Exp. Date: | 26 May 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:	31 July 2025	Exp. Date:	31 July 2025
2-18g IV	Exp. Date:	01 May 2026	Exp. Date:	30 October 2027
2-20g IV	Exp. Date:	03 December 2024	Exp. Date:	12 December 2026
2-22g IV	Exp. Date:	13 December 2024	Exp. Date:	25 February 2025
2-24g IV	Exp. Date:	27 July 2025	Exp. Date:	27 July 2025
4-Saline Flushes {	Exp. Date:	30 January 2026	Exp. Date:	31 January 2026
	{ Exp. Date:	31 January 2026	Exp. Date:	31 January 2026

2-IV Start Kits ☒

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

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

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

1-IV Bag Exp. Date: 25 August 2025

1 Pressure Bag ☒**AIRWAY COMPARTMENT**

1-2.5 ET Tube	Exp. Date:	19 January 2024	1-7.0 ET Tube	Exp. Date:	19 February 2025
1-3.0 ET Tube	Exp. Date:	31 December 2024	1-7.5 ET Tube	Exp. Date:	31 May 2024
1-3.5 ET Tube	Exp. Date:	18 July 2024	1-8.0 ET Tube	Exp. Date:	30 June 2024
1-4.0 ET Tube	Exp. Date:	19 April 2027	1-8.5 ET Tube	Exp. Date:	22 January 2024
1-4.5 ET Tube	Exp. Date:	17 July 2027	1-9.0 ET Tube	Exp. Date:	29 June 2024
1-5.0 ET Tube	Exp. Date:	08 March 2023	1-OPA Kit		☒
1-5.5 ET Tube	Exp. Date:	13 October 2024	K-Y Lube Gel	Exp. Date:	29 February 2024
1-6.0 ET Tube	Exp. Date:	30 March 2024			
1-6.5 ET Tube	Exp. Date:	29 March 2024			

AIRWAY COMPARTMENT CONT.

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

Size 8.7	Exp. Date:	30 April 2024	4 KAD	
Size 9.3	Exp. Date:	30 November 2024	Green	Exp. Date: 12 October 2023
Size 10	Exp. Date:	30 April 2024	Purple	Exp. Date: 06 October 2023
Size 10.7	Exp. Date:	30 June 2024	Yellow	Exp. Date: 01 July 2026
Size 11.3	Exp. Date:	28 February 2026	Red	Exp. Date: 01 April 2024

MEDICINE COMPARTMENT

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

LIFEPAK MONITOR

Pedi AED Pads	Exp. Date:	07 November 2025
Child/ Adult AED Pads	Exp. Date:	04 March 2025
Capno	☒	
PEDI Pulse OX	Exp. Date:	01 August 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	27 March 2024
-----------------	----------	-----------	----------	------	---------------

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. | ☒ Pass | ☐ Fail |
| Two fully charged batteries | ☒ Pass | ☐ Fail |
| Service indicator | ☒ Pass | ☐ 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 | ☒ Pass | ☐ Fail |
| Auxiliary power LED on device is illuminated | ☒ Pass | ☐ Fail |
| Battery charging LED on device is illuminating or flashing. | ☒ Pass | ☐ 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. | ☒ Pass | ☐ Fail |
| Connect therapy cable to defibrillator and test load. | ☒ Pass | ☐ Fail |
| Select LEAD then PADDLES | ☒ Pass | ☐ Fail |
| Select 200 JOULES and press CHARGE. | ☒ Pass | ☐ Fail |
| Press SHOCK button | ☒ Pass | ☐ Fail |
| Confirm ENERGY DELIVERED message appears. | ☒ Pass | ☐ Fail |
| Remove test load from cable and verify PADDLES LEAD OFF appears. | ☒ Pass | ☐ Fail |

8. Energy

- | | | |
|--|--|-------------------------------|
| Press only one (shock) button and release. Confirm that energy was not discharged. | ☒ Pass | ☐ Fail |
| Press the other (shock) button. Confirm that energy was not discharged. | ☒ Pass | ☐ Fail |
| Press both (shock) buttons and confirm ABNORMAL ENERGY DELIVERY message appears. | ☒ Pass | ☐ Fail |

8. Cont.

Remove paddles from wells, and confirm artifact on screen.

☒ Pass ☐ Fail

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

☒ Pass ☐ Fail

Return paddles securely to paddle wells.

☒ Pass ☐ Fail

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

Press OPTIONS.

Select USER TEST in menu.

☒ Pass ☐ Fail

Confirm test results printed.

10. Check ECG printer for:

Adequate paper supply.

☒ Pass ☐ Fail

Ability to print.

☒ Pass ☐ Fail

11. If using wireless data transmission, test transmission method

Establish Bluetooth connection.

☒ N/A ☐ Pass ☐ Fail

Send a test transmission.

☒ N/A ☐ Pass ☐ Fail

12. Turn off defibrillator.

(Press and hold ON for up to 2 seconds)

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

☒ Pass ☐ Fail

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

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

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

Glucose Monitor

Clean monitor

☒ Pass ☐ Fail

Laerdal Scope

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

AirTraq Videoscope

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

2% Bag

Top Left Pocket (IV Fluids)

- | | | |
|-------------------------|-------------------------------------|----------------------|
| 2 IV bags | Seal: 875 | New Seal: 858 |
| | Exp.: 28 August 2025 | Exp.: 31 August 2024 |
| 2 IV/IO drop admin sets | ☒ | |
-

Center Pocket

- | | | |
|------------------------|-------------------------------------|-----------------------|
| 2-Asherman chest seals | Seal: 866 | New Seal: 822 |
| | Exp.: 31 January 2025 | Exp.: 31 January 2025 |
| 2- 4X4 Gauze | ☒ | |
| 1-Roll white duct tape | ☒ | |
| 1-Tactical Tourniquet | ☒ | |
| 3- 5X9 Gauze | ☒ | |
| 2-Rolls Coban | ☒ | |
| 2- Ice packs | ☒ | |
| 2- Stretch Gauze | ☒ | |

Center Pocket Cont.

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

Bottom Right Pocket

Seal:

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





GLENPOOL FIRE DEPARTMENT
MED BAG CHECKLIST

Unit: Engine 1

Date: 27 March 2024

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: 30 November 2022
☒ 1 - Thomas Tube Holder Pink Exp. Date: 01 April 2023
☒ 1 - Airtraq Blade Grey Exp. Date: 31 December 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: 13 April 2024
☒ 1-Tube Glucose 31g Exp. Date: 28 February 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:	27 July 2025	Exp. Date:	27 July 2025
2-18g IV	Exp. Date:	16 December 2024	Exp. Date:	06 October 2025
2-20g IV	Exp. Date:	01 October 2024	Exp. Date:	01 July 2024
2-22g IV	Exp. Date:	23 February 2025	Exp. Date:	25 February 2025
2-24g IV	Exp. Date:	10 July 2025	Exp. Date:	10 July 2025
4-Saline Flushes {	Exp. Date:	28 January 2026	Exp. Date:	28 June 2025
	{ Exp. Date:	28 January 2026	Exp. Date:	28 June 2026

2-IV Start Kits ☒

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

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

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

1-IV Bag Exp. Date: 28 August 2025

1 Pressure Bag ☒**AIRWAY COMPARTMENT**

1-2.5 ET Tube	Exp. Date:	28 February 2025	1-7.0 ET Tube	Exp. Date:	14 March 2024
1-3.0 ET Tube	Exp. Date:	31 December 2025	1-7.5 ET Tube	Exp. Date:	17 October 2024
1-3.5 ET Tube	Exp. Date:	06 June 2024	1-8.0 ET Tube	Exp. Date:	30 June 2024
1-4.0 ET Tube	Exp. Date:	14 April 2027	1-8.5 ET Tube	Exp. Date:	31 December 2024
1-4.5 ET Tube	Exp. Date:	24 May 2027	1-9.0 ET Tube	Exp. Date:	14 November 2024
1-5.0 ET Tube	Exp. Date:	02 February 2025	1-OPA Kit		☒
1-5.5 ET Tube	Exp. Date:	24 October 2024	K-Y Lube Gel	Exp. Date:	29 February 2024
1-6.0 ET Tube	Exp. Date:	14 March 2024			
1-6.5 ET Tube	Exp. Date:	01 December 2024			

AIRWAY COMPARTMENT CONT.

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

Size 8.7 Exp. Date: 10 February 2025

Size 9.3 Exp. Date: 22 January 2024

Size 10 Exp. Date: 09 December 2024

Size 10.7 Exp. Date: 30 November 2024

Size 11.3 Exp. Date: 10 February 2026

4 KAD

Green Exp. Date: 12 October 2026

Purple Exp. Date:

Yellow Exp. Date: 30 July 2024

Red Exp. Date: 01 August 2025

MEDICINE COMPARTMENT

1-Glucagon Kit 1mg Exp. Date: 01 May 2025

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

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

2 - 18g Filter Needles Exp. Date: 01 May 2025 Exp. Date: 15 December 2024

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

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

2 - 4x4 Gauze



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

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

1 - Nebulizer Kit



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

1 - Levalbuterol 1.25 Exp. Date: 29 February 2024

1 - Levalbuterol 0.31 Exp. Date: 29 February 2024

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

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

1 - Roll Med Tape



LIFEPAK MONITOR

Child/ Adult AED Pads Exp. Date: 30 April 2025

Capno ☒

PEDI Pulse OX Exp. Date: 30 November 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: 45886287 Location: E-1 DATE 27 March 2024

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. | ☒ Pass | ☐ Fail |
| Two fully charged batteries | ☒ Pass | ☐ Fail |
| Service indicator | ☒ Pass | ☐ 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 | ☒ Pass | ☐ Fail |
| Auxiliary power LED on device is illuminated | ☒ Pass | ☐ Fail |
| Battery charging LED on device is illuminating or flashing. | ☒ Pass | ☐ 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. | ☒ Pass | ☐ Fail |
| Connect therapy cable to defibrillator and test load. | ☒ Pass | ☐ Fail |
| Select LEAD then PADDLES | ☒ Pass | ☐ Fail |
| Select 200 JOULES and press CHARGE. | ☒ Pass | ☐ Fail |
| Press SHOCK button | ☒ Pass | ☐ Fail |
| Confirm ENERGY DELIVERED message appears. | ☒ Pass | ☐ Fail |
| Remove test load from cable and verify PADDLES LEAD OFF appears. | ☒ Pass | ☐ Fail |

8. Energy

- | | | |
|--|--|-------------------------------|
| Press only one (shock) button and release. Confirm that energy was not discharged. | ☒ Pass | ☐ Fail |
| Press the other (shock) button. Confirm that energy was not discharged. | ☒ Pass | ☐ Fail |
| Press both (shock) buttons and confirm ABNORMAL ENERGY DELIVERY message appears. | ☒ Pass | ☐ Fail |

8. Cont.

Remove paddles from wells, and confirm artifact on screen.

☒ Pass ☐ Fail

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

☒ Pass ☐ Fail

Return paddles securely to paddle wells.

☒ Pass ☐ Fail

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

Press OPTIONS.

Select USER TEST in menu.

☒ Pass ☐ Fail

Confirm test results printed.

10. Check ECG printer for:

Adequate paper supply.

☒ Pass ☐ Fail

Ability to print.

☒ Pass ☐ Fail

11. If using wireless data transmission, test transmission method

Establish Bluetooth connection.

☒ N/A ☐ Pass ☐ Fail

Send a test transmission.

☒ N/A ☐ Pass ☐ Fail

12. Turn off defibrillator.

(Press and hold ON for up to 2 seconds)

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

☒ Pass ☐ Fail

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

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

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

Glucose Monitor

Clean monitor

☒ Pass ☐ Fail

Laerdal Scope

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

AirTraq Videoscope

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

2% Bag

Top Left Pocket (IV Fluids)

- | | | |
|-------------------------|-------------------------------------|------------------------|
| 2 IV bags | Seal: 851 | New Seal: 315 |
| | Exp.: 31 August 2025 | Exp.: 31 December 2025 |
| 2 IV/IO drop admin sets | ☒ | |
-

Center Pocket

- | | | |
|------------------------|-------------------------------------|-----------------------|
| 2-Asherman chest seals | Seal: 888 | New Seal: 872 |
| | Exp.: 31 January 2025 | Exp.: 31 January 2025 |
| 2- 4X4 Gauze | ☒ | |
| 1-Roll white duct tape | ☒ | |
| 1-Tactical Tourniquet | ☒ | |
| 3- 5X9 Gauze | ☒ | |
| 2-Rolls Coban | ☒ | |
| 2- Ice packs | ☒ | |
| 2- Stretch Gauze | ☒ | |

Center Pocket Cont.

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

Bottom Right Pocket

Seal:

815

New Seal:

852

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

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

Insert H



MINUTES
GEMS Meeting
Monday, March 4, 2024 Council Chambers 6:00 PM

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

TRUSTEES ABSENT:

STAFF PRESENT: Susan White
Joshua Brannon
Lesli Smith

STAFF ABSENT:

- A) Call to Order - Joyce G. Calvert, Chair**
Chair Calvert called the meeting to order at 6:50 p.m.
- B) Roll Call, Declaration of Quorum – Lesli Smith, Clerk; Joyce G. Calvert, Chair**
Lesli Smith called the roll; Chair 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**
Brian Cook reported that there were approximately 164 calls for service this past month.
[GEMS EMS REPORT 01312024-02282024 Brian Cook](#)
- D) District Administrator Report - Susan White, Administrator**
District Administrator Susan White advised the board that we are on track for revenue collection.
[GEMS Financials Jan 2024](#)
[GEMS INVENTORY \(Engine 1 2024-02-29\) 03042024](#)
[GEMS INVENTORY \(R-1 2024-02-29\) 03042024](#)
- E) Trustee Comments**

No Trustee Comments.

F) Public Comments

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 February 5, 2024, meeting.
[GEMS - 05 Feb 2024 - Minutes - Html](#)

GEMS Invoice 3-4-24

- 3) Resolution No. 2024001GEMS, updating signatories of Bancfirst accounts.
[Staff Report- GEMS Banc Signatory 03.04.24](#)
- 4) Appointment of Joshua Brannon as GEMS Treasurer/Finance Officer.
[Staff Report- GEMS Treas. Appointment 03.04.24](#)
- 5) Professional Services Contract with Joshua Brannon to perform, as an independent contractor, the duties of GEMS Treasurer/Finance Officer.

Moved by Jacqueline Triplett-Lund, seconded by Brandon Kearns

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.

[Staff Report-GEMS Treas. Contract 03.04.24](#)
[Pro Svcs Con - Treas. 03.04.24 Joshua Brannon](#)

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

No items were removed.

I) Scheduled Business

No scheduled business.

J) Adjournment

Chair Calvert declared the meeting adjourned at 6:52 p.m.



To: HONORABLE CHAIR AND GEMS DISTRICT BOARD MEMBERS

From: JOSHUA BRANNON, DISTRICT TREASURER

Date: March 27, 2024

Subject: Approval of Purchase Orders Receiving Report and Payment Claims as of 3/27/2024 totaling \$29,473.75.

Staff Recommendation:

Staff recommends a motion to accept the PO Receipt Register report dated 3/27/2024 and approve the following payments:

P.O. #	ACCOUNT	VENDOR	DESCRIPTION	INV #	AMOUNT
24-18588	31-6-01-6210	Centurion Health System	Ambulance Service APR 24	3134	\$15,000.00
24-18589	31-6-01-6225	City of Glenpool	1 st Responder Mar 2024	MAR2024	\$13,848.76
24-18591	31-6-01-6235	Joshua Brannon	District Treasurer	JB42024	\$208.33
24-18590	31-6-01-6235	Lesi Smith	District Clerk	LS42024	\$208.33
24-18587	31-6-01-6235	Susan White	District Administration	SW22024	\$208.33
Total					\$29,473.75

Attachments:

1. Purchase Order Claims Register dated 3/27/2024 totaling \$29,473.75.
2. PO Receipt Register dated 3/27/2024 totaling \$29,473.75.
3. Purchase Orders and Invoices totaling \$29,473.75.

3/27/2024 1:46 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	3134	4/02/2024	31	15,000.00	15,000.00
31-000005	CITY OF GLENPOOL - GEMS	MAR2024	4/02/2024	31	13,848.76	13,848.76
31-000033	JOSHUA M. BRANNON	JB42024	4/02/2024	31	208.33	208.33
31-000032	LESLI SMITH	LS42024	4/02/2024	31	208.33	208.33
31-000000	SUSAN WHITE	SW42024	4/02/2024	31	208.33	208.33
TOTALS					29,473.75	29,473.75

APPROVED

BY

Joyce G. Calvert, Chair
April 1, 2024

3/27/2024 1:47 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					
24-18587	GEMS CONTRACT SERVICES MA	31-000000	SUSAN WHITE	4/2024 SW42024	208.33
24-18588	AMBULANCE SUBSIDY APRIL 2	31-000004	CENTURION HEALTH SYSTEMS, DBA	4/2024 3134	15,000.00
24-18589	GEMS MARCH 24 1ST RESP RE	31-000005	CITY OF GLENPOOL - GEMS	4/2024 MAR2024	13,848.76
24-18590	GEMS CONTRACT SERVICES MA	31-000032	LESLI SMITH	4/2024 LS42024	208.33
24-18591	GEMS CONTRACT SERVICES MA	31-000033	JOSHUA M. BRANNON	4/2024 JB42024	208.33
DEPARTMENT TOTAL:					29,473.75
FUND TOTAL:					29,473.75
GRAND TOTAL:					29,473.75

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 # 24-18588 03/27/2024

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.

03/27/2024

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. 03/27/2024

ENCUMBERING OFFICER

DATE

UNITS	DESCRIPTION	INV PART NUMBER	REQUEST	G/L ACCOUNT	PROJ	PRICE	AMOUNT
0.00	AMBULANCE SUBSIDY APRIL 2024 INVOICE NO. 3134 APRIL 2024 MERCY REGIONAL CONTRACT SERVICES FEE. GEMS AMBULANCE SUBSIDY APRIL 2024		00035159	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 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 # 00035159

Mercy Regional Oklahoma
Owasso, OK 74055

Invoice

Date	Invoice #
3/11/2024	3134

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

P.O. No.	Terms	Project

Quantity	Description	Rate	Amount
1	ALS Ambulance Subsidy for April 2024	15,000.00	15,000.00
		Total	\$15,000.00

Phone #	Fax #
9186095829	918-609-5799

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 # 24-18589 03/27/2024

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

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

I HEREBY APPROVE THE ISSUANCE OF THIS PURCHASE ORDER.

03/27/2024

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. 03/27/2024

PURCHASING OFFICER

DATE

ENCUMBERING OFFICER

DATE

UNITS	DESCRIPTION	INV PART NUMBER	REQUEST	G/L ACCOUNT	PROJ	PRICE	AMOUNT
0.00	GEMS MARCH 24 1ST RESP REIMB GEMS MARCH 24 1ST RESP REIMB		00035236	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

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 ITS PRICE, THE NUMBER OR
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: MAR2024

Invoice Date: 3/27/2024

Due Date: 4/26/2024

P.O. # :

TREASURER
GEMS-
12205 S YUKON AVE
GLENPOOL OK 74033

ITEM	DESCRIPTION	UNITS	TYPE	PRICE	AMOUNT
MAR 2024	GEMS REIMBURSEMENT	N/A	MONTH	N/A	13,848.76
MARCH 2024					
*****THANK YOU*****				TOTAL DUE	\$13,848.76

Reg# 00035236

FY 23/24 GEMS ADMIN/FIRST RESPONDER REIMBURSEMENTS

MARCH 2024

3-1-24 THROUGH 3-25-24

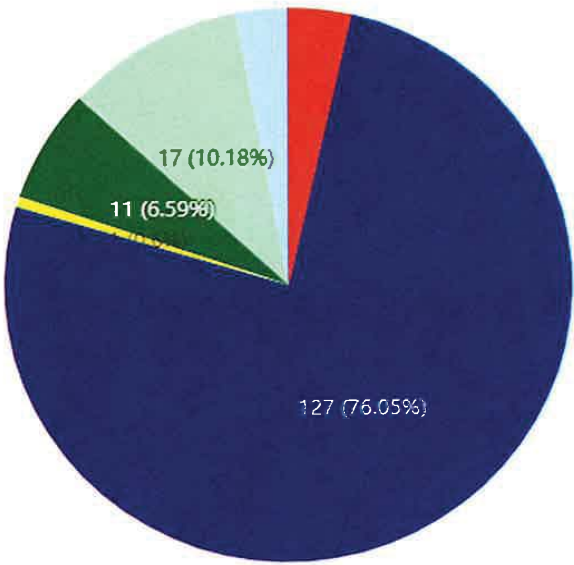
TOTAL RUNS	167
EMR RUNS	127
FIRE RUNS	40
EMR RATIO	76.05%
RUN RATE	\$ 106.88
ADMIN	\$ 275.00
OVERTIME	\$ <u> </u>
TOTAL	\$ 13,848.76

Glenpool Fire Department Operations March 2024

3/1/24-3/25/24

Run Type	# of Calls	Totals Calls
EMS Runs	127	167
Fire Runs	40	
Overlapping	47	

Total (167)



Incident Type Series

- 6 1 - Fire
- 127 3 - Rescue & Emergency Medical Service Incident
- 1 4 - Hazardous Condition (No Fire)
- 11 5 - Service Call
- 17 6 - Good Intent Call
- 5 7 - False Alarm & False Call

167

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 # 24-18591 03/27/2024

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

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

I HEREBY APPROVE THE ISSUANCE OF THIS PURCHASE ORDER.

03/27/2024

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.

03/27/2024

ENCUMBERING OFFICER

DATE

UNITS	DESCRIPTION	INV PART NUMBER	REQUEST	G/L ACCOUNT	PROJ	PRICE	AMOUNT
0.00	GEMS CONTRACT SERVICES MAR 24 JOSH BRANNON INV NO. JB42024 GEMS CONTRACT SERVICES MAR 24 GEMS TREAS. GEMS CONTRACT SERVICES MAR 24		00035222	31 -6-01-6235		0.00	208.33 *

** TOTAL **

208.33

*** APPROVAL FOR PURCHASE ***

I HEREBY CERTIFY THAT THE MERCHANDISE AND/OR SERVICES DESCRIBED ABOVE HAVE BEEN SATISFACTORILY RECEIVED AND THAT THIS PURCHASE
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# 00035222

INVOICE

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

INVOICE #: JB42024

DATE: 4/1/2024

BILL TO:

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

Description	Amount
Contract Fees & Services	
MARCH 2024	\$208.33

Total	\$208.33
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If you have any questions concerning this invoice, Darrell Colbert / 918-209-4633 / Email:
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

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PURCHASE ORDER # 24-18590

03/27/2024

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

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

I HEREBY APPROVE THE ISSUANCE OF THIS PURCHASE ORDER.

03/27/2024

I HEREBY CERTIFY THAT THE AMOUNT OF THIS ENCUMBRANCE HAS BEEN
 ENTERED AGAINST THE DESIGNATED APPROPRIATION ACCOUNTS AND THAT
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 SAID APPROPRIATION.

03/27/2024

 PURCHASING OFFICER

 DATE

 ENCUMBERING OFFICER

 DATE

UNITS	DESCRIPTION	INV PART NUMBER	REQUEST	G/L ACCOUNT	PROJ	PRICE	AMOUNT
0.00	GEMS CONTRACT SERVICES MAR 24 LESLI SMITH INVOICE LS42024 GEMS CLERK MARCH 2024 GEMS CONTRACT SERVICES MAR 24		00035219	31 -6-01-6235		0.00	208.33 *

*** TOTAL ***

208.33

*** APPROVAL FOR PURCHASE ***

I HEREBY CERTIFY THAT THE MERCHANDISE AND/OR SERVICES DESCRIBED ABOVE HAVE BEEN SATISFACTORILY RECEIVED AND THAT THIS PURCHASE
 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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 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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 VOLUME OF EACH ITEM, ITS TOTAL PRICE, THE TOTAL OF THE PURCHASE, AND DATE OF THE PURCHASE.

Reg# 00035219

INVOICE

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

INVOICE #: LS42024

DATE: 4/1/2024

BILL TO:

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

Description	Amount
Contract Fees & Services	
MARCH 2024	\$208.33

Total **\$208.33**

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

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

CITY OF GLENPOOL, OK

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Subject line must include PO and Vendor name or emails will be rejected

PURCHASE ORDER # 24-18587

03/27/2024

ISSUED TO: VEND #: 31-000000
 SUSAN WHITE
 210 SOUTH OAK GROVE ROAD
 CUSHING, OK 74023

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

I HEREBY APPROVE THE ISSUANCE OF THIS PURCHASE ORDER.

03/27/2024

PURCHASING OFFICER

DATE

I HEREBY CERTIFY THAT THE AMOUNT OF THIS ENCUMBRANCE HAS BEEN
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 SAID APPROPRIATION.

03/27/2024

ENCUMBERING OFFICER

DATE

UNITS	DESCRIPTION	INV PART NUMBER	REQUEST	G/L ACCOUNT	PROJ	PRICE	AMOUNT
0.00	GEMS CONTRACT SERVICES MAR 24 SUSAN WHITE INVOICE SW42024 GEMS CONTRACT SERVICES MAR 24 DISTRICT ADMIN GEMS CONTRACT SERVICES MAR 24		00035221	31 -6-01-6235		0.00	208.33 *

** TOTAL **

208.33

*** APPROVAL FOR PURCHASE ***

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

Reg# 00035221

INVOICE

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

INVOICE #: SW42024

DATE: 4/1/2024

BILL TO:

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

Description	Amount
Contract Fees & Services	
MARCH 2024	\$208.33

Total	\$208.33
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