

**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 May 5, 2025, 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, MAY 5, 2025.**

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 03312025-04292025	3 - 6
D) District Administrator Report -	
1) GEMS Financials 03 March 2025 BAG CHECK (Engine 1 2025-04-21)	7 - 30

[BAG CHECK \(R1 2025-04-21\)](#)

- E) **Trustee Comments**
- F) **Public Comments**
- G) **Consideration and appropriate action relating to a request for approval of the Consent Agenda. (All matters listed under "Consent" are considered by the GEMS Board to be routine and will be enacted by one motion. Any Trustee may, however, remove an item from the Consent Agenda by request. A motion to adopt the consent Agenda is non-debatable.)**
 - 1) To approve the minutes from the April 21, 2025, special meeting. 31 - 33
[GEMS Special Meeting- 21 Apr 2025 - Minutes - Pdf](#)
 - 2) To approve the purchase orders receiving report and payment claims as of April 20, 2025, totaling \$35,777.86. 34 - 46
[GEMS Packet 05-05-25](#)
- H) **Consideration and appropriate action relating to items removed from the Consent Agenda**
- I) **Scheduled Business**
 - 1) Public Hearing for the purpose of receiving public comments, if any, on the proposed FY 2025-2026 Annual Budget. 47 - 49
 - a. Open Public Hearing – (Joyce G. Calvert, Chair)
 - b. Presentation of Proposed Budget – (Josh Brannon, District Treasurer)
 - c. Facilitate Public Comments – (Joyce G. Calvert, Chair)
 - d. Close Public Hearing – (Joyce G. Calvert, Chair)[GEMS FY 25-26 Proposed Budget Letter 05-05-25](#)
[GEMS FY 25-26 Proposed Budget](#)
[GEMS FY 25-26 Exhibit A Calculation](#)

J) Adjournment

This notice and agenda was posted at Glenpool City Hall, 12205 S. Yukon Ave., Glenpool, Oklahoma, on May 2, 2025, 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

To: Honorable Chair and GEMS Board Members

From: Brian Cook, Chief Operating Officer

Date: April 30, 2025

Ref: EMS Report March 31, 2025 – April 29, 2025

We logged 144 calls for service during this period while maintaining a 94% response time compliance.

79 patients were treated and transported.

37 patients refused transport.

11 cancelled prior to arrival.

7 Mutual aid received.

5 mutual aid given.

3 No patient found.

1 DOA

1 Scene Standby

Brian Cook,
Chief Operating Officer

CRun	Pick Up Location	Destination	Dispatched	En Route	On Scene	Transport	Arrived	Clear	Response Time	Unit	
25-10049	EMERGENCY SCENE	ST. FRANCIS TULSA	4/24/2025 09:39	4/24/2025 09:40	4/24/2025 09:44	4/24/2025 10:07	4/24/2025 10:30	4/24/2025 12:18	00:04:35	MEDIC 401	
25-10062	EMERGENCY SCENE	OSU MEDICAL CENTER	4/24/2025 12:17	4/24/2025 12:19	4/24/2025 12:23	4/24/2025 12:51	4/24/2025 13:12	4/24/2025 13:40	00:05:46	MEDIC 401	
25-10065	EMERGENCY SCENE	ST. FRANCIS TULSA	4/24/2025 13:06	4/24/2025 13:07	4/24/2025 13:10	4/24/2025 13:29	4/24/2025 13:53	4/24/2025 14:31	00:03:54	MEDIC 103	
25-10082	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	4/24/2025 16:16	4/24/2025 16:19	4/24/2025 16:20	4/24/2025 16:53	4/24/2025 16:53	4/24/2025 16:53	00:03:44	MEDIC 401	
25-10088	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	4/24/2025 17:15	4/24/2025 17:17	4/24/2025 17:19	4/24/2025 17:33	4/24/2025 17:33	4/24/2025 17:33	00:04:02	MEDIC 401	
25-10122	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	4/25/2025 05:37	4/25/2025 05:43	4/25/2025 05:47	4/25/2025 06:04	4/25/2025 06:04	4/25/2025 06:04	00:10:24	MEDIC 401	
25-10125	EMERGENCY SCENE	ST. FRANCIS GLENPOOL	4/25/2025 07:57	4/25/2025 08:00	4/25/2025 08:03	4/25/2025 08:16	4/25/2025 08:26	4/25/2025 08:41	00:06:00	MEDIC 401	
25-10132	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	4/25/2025 09:48	4/25/2025 09:51	4/25/2025 09:56	4/25/2025 10:15	4/25/2025 10:15	4/25/2025 10:15	00:08:17	MEDIC 401	
25-10163	EMERGENCY SCENE	ST. FRANCIS TULSA	4/25/2025 14:16	4/25/2025 14:20	4/25/2025 14:24	4/25/2025 14:47	4/25/2025 15:15	4/25/2025 15:38	00:08:40	MEDIC 401	
25-10170	EMERGENCY SCENE	UNK								MUTUAL AID RECIEVED	
25-10215	EMERGENCY SCENE	ST. FRANCIS SOUTH	4/26/2025 00:46	4/26/2025 00:50	4/26/2025 01:01	4/26/2025 01:11	4/26/2025 01:30	4/26/2025 01:48	00:14:59	MEDIC 401	
25-10232	EMERGENCY SCENE	ST. FRANCIS SOUTH	4/26/2025 06:23	4/26/2025 06:28	4/26/2025 06:31	4/26/2025 06:45	4/26/2025 07:04	4/26/2025 07:20	00:07:52	MEDIC 401	
25-10239	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	4/26/2025 10:02	4/26/2025 10:04	4/26/2025 10:06	4/26/2025 10:35	4/26/2025 10:35	4/26/2025 10:35	00:04:17	MEDIC 401	
25-10242	EMERGENCY SCENE	NO PATIENT FOUND	4/26/2025 10:47	4/26/2025 10:50	4/26/2025 10:51	4/26/2025 10:55	4/26/2025 10:55	4/26/2025 10:55	00:03:24	MEDIC 401	
25-10247	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	4/26/2025 12:25	4/26/2025 12:27	4/26/2025 12:33	4/26/2025 13:10	4/26/2025 13:10	4/26/2025 13:10	00:08:03	MEDIC 401	
25-10254	EMERGENCY SCENE	ST. FRANCIS SOUTH	4/26/2025 13:41	4/26/2025 13:44	4/26/2025 13:46	4/26/2025 14:13	4/26/2025 14:32	4/26/2025 14:51	00:05:09	MEDIC 401	
25-10276	EMERGENCY SCENE	CANCELLED BY PD OR OTHER SERVICE	4/26/2025 22:00	4/26/2025 22:03	4/26/2025 22:06	4/26/2025 22:29	4/26/2025 22:29	4/26/2025 22:30	00:05:34	MEDIC 401	
25-10298	EMERGENCY SCENE	ST. FRANCIS SOUTH	4/27/2025 06:52	4/27/2025 06:56	4/27/2025 07:01	4/27/2025 07:20	4/27/2025 07:34	4/27/2025 07:47	00:09:11	MEDIC 401	
25-10299	EMERGENCY SCENE	ST. FRANCIS TULSA	4/27/2025 07:33	4/27/2025 07:35	4/27/2025 07:39	4/27/2025 07:53	4/27/2025 08:14	4/27/2025 08:30	00:05:10	MEDIC 402	
25-10304	EMERGENCY SCENE	ST. FRANCIS TULSA	4/27/2025 09:27	4/27/2025 09:27	4/27/2025 09:34	4/27/2025 09:53	4/27/2025 10:20	4/27/2025 10:52	00:07:43	MEDIC 401	
25-10313	EMERGENCY SCENE	ST. FRANCIS TULSA	4/27/2025 12:02	4/27/2025 12:03	4/27/2025 12:08	4/27/2025 12:37	4/27/2025 13:03	4/27/2025 13:26	00:06:01	MEDIC 401	
25-10332	EMERGENCY SCENE	ST. FRANCIS TULSA	4/27/2025 15:23	4/27/2025 15:25	4/27/2025 15:35	4/27/2025 15:55	4/27/2025 16:14	4/27/2025 16:42	00:12:26	MEDIC 401	Mutual Aid Given
25-10337	EMERGENCY SCENE	UNK								MUTUAL AID RECIEVED	
25-10352	EMERGENCY SCENE	ST. FRANCIS TULSA	4/27/2025 21:31	4/27/2025 21:32	4/27/2025 21:41	4/27/2025 22:03	4/27/2025 22:27	4/27/2025 22:46	00:10:14	MEDIC 401	
25-10373	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	4/28/2025 07:53	4/28/2025 07:56	4/28/2025 08:02	4/28/2025 08:31	4/28/2025 08:31	4/28/2025 08:31	00:08:12	MEDIC 401	
25-10376	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	4/28/2025 07:53	4/28/2025 07:56	4/28/2025 08:02	4/28/2025 08:31	4/28/2025 08:31	4/28/2025 08:31	00:08:12	MEDIC 401	
25-10377	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	4/28/2025 07:53	4/28/2025 07:56	4/28/2025 08:02	4/28/2025 08:31	4/28/2025 08:31	4/28/2025 08:31	00:08:12	MEDIC 401	
25-10411	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	4/28/2025 12:38	4/28/2025 12:39	4/28/2025 12:43	4/28/2025 12:58	4/28/2025 12:58	4/28/2025 12:58	00:05:15	MEDIC 401	
25-10446	EMERGENCY SCENE	CANCELLED BY PD OR OTHER SERVICE	4/28/2025 18:29	4/28/2025 18:31	4/28/2025 18:33	4/28/2025 18:33	4/28/2025 18:33	4/28/2025 18:33	00:03:55	MEDIC 401	
25-10533	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	4/29/2025 17:01	4/29/2025 17:02	4/29/2025 17:11	4/29/2025 17:32	4/29/2025 17:32	4/29/2025 17:32	00:10:24	MEDIC 401	South of 181st
25-10540	EMERGENCY SCENE	CANCELLED ENROUTE	4/29/2025 18:47	4/29/2025 18:50	4/29/2025 18:51	4/29/2025 18:51	4/29/2025 18:51	4/29/2025 18:51	00:03:51	MEDIC 401	Mutual Aid Given
25-10541	EMERGENCY SCENE	ST. FRANCIS TULSA	4/29/2025 18:54	4/29/2025 18:55	4/29/2025 18:58	4/29/2025 19:10	4/29/2025 19:33	4/29/2025 20:06	00:03:51	MEDIC 401	
25-7830	EMERGENCY SCENE	ST. FRANCIS SOUTH	3/31/2025 02:15	3/31/2025 02:19	3/31/2025 02:24	3/31/2025 02:52	3/31/2025 03:13	3/31/2025 03:47	00:08:56	MEDIC 401	
25-7831	EMERGENCY SCENE	ST. FRANCIS SOUTH	3/31/2025 02:31	3/31/2025 02:34	3/31/2025 02:37	3/31/2025 02:46	3/31/2025 02:57	3/31/2025 03:11	00:05:55	MEDIC 402	
25-7843	EMERGENCY SCENE	ST. FRANCIS TULSA	3/31/2025 08:42	3/31/2025 08:45	3/31/2025 08:47	3/31/2025 09:01	3/31/2025 09:16	3/31/2025 09:31	00:04:27	MEDIC 401	
25-7860	EMERGENCY SCENE	CANCELLED BY PD OR OTHER SERVICE	3/31/2025 11:05	3/31/2025 11:07	3/31/2025 11:09	3/31/2025 11:09	3/31/2025 11:09	3/31/2025 11:09	00:03:40	MEDIC 401	
25-7892	EMERGENCY SCENE	HILLCREST SOUTH	3/31/2025 15:03	3/31/2025 15:05	3/31/2025 15:08	3/31/2025 15:24	3/31/2025 15:47	3/31/2025 16:59	00:05:09	MEDIC 401	
25-7913	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	3/31/2025 19:15	3/31/2025 19:16	3/31/2025 19:18	3/31/2025 19:32	3/31/2025 19:32	3/31/2025 19:32	00:03:12	MEDIC 401	
25-7962	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	4/1/2025 10:16	4/1/2025 10:17	4/1/2025 10:28	4/1/2025 11:02	4/1/2025 11:02	4/1/2025 11:02	00:11:25	MEDIC 103	Responded from Tulsa
25-8014	EMERGENCY SCENE	ST. FRANCIS GLENPOOL	4/1/2025 16:56	4/1/2025 16:58	4/1/2025 17:01	4/1/2025 17:11	4/1/2025 17:56	4/1/2025 17:56	00:04:55	MEDIC 401	
25-8044	EMERGENCY SCENE	ST. FRANCIS TULSA	4/1/2025 23:25	4/1/2025 23:29	4/1/2025 23:32	4/2/2025 00:09	4/2/2025 00:31	4/2/2025 01:03	00:07:37	MEDIC 401	
25-8076	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	4/2/2025 10:37	4/2/2025 10:39	4/2/2025 10:42	4/2/2025 11:05	4/2/2025 11:05	4/2/2025 11:05	00:05:11	MEDIC 401	
25-8085	EMERGENCY SCENE	HILLCREST MEDICAL CENTER	4/2/2025 11:48	4/2/2025 11:50	4/2/2025 11:53	4/2/2025 12:09	4/2/2025 12:34	4/2/2025 13:00	00:05:23	MEDIC 401	
25-8108	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	4/2/2025 16:51	4/2/2025 16:52	4/2/2025 16:57	4/2/2025 17:11	4/2/2025 17:11	4/2/2025 17:11	00:06:48	MEDIC 401	
25-8143	EMERGENCY SCENE	ST. FRANCIS TULSA	4/3/2025 07:06	4/3/2025 07:09	4/3/2025 07:12	4/3/2025 07:26	4/3/2025 07:47	4/3/2025 08:06	00:06:11	MEDIC 401	
25-8182	EMERGENCY SCENE	HILLCREST MEDICAL CENTER	4/3/2025 13:14	4/3/2025 13:16	4/3/2025 13:20	4/3/2025 13:50	4/3/2025 14:17	4/3/2025 15:00	00:05:47	MEDIC 401	
25-8205	EMERGENCY SCENE	ST. FRANCIS TULSA	4/3/2025 17:08	4/3/2025 17:11	4/3/2025 17:15	4/3/2025 17:38	4/3/2025 18:08	4/3/2025 18:35	00:07:18	MEDIC 401	
25-8262	EMERGENCY SCENE	ST. FRANCIS TULSA	4/4/2025 08:36	4/4/2025 08:42	4/4/2025 08:58	4/4/2025 09:27	4/4/2025 09:39	4/4/2025 10:00	00:22:05	MEDIC 402	Mutual Aid Given
25-8329	EMERGENCY SCENE	ST. FRANCIS GLENPOOL	4/4/2025 23:33	4/4/2025 23:36	4/4/2025 23:47	4/5/2025 00:11	4/5/2025 00:22	4/5/2025 00:33	00:14:18	MEDIC 401	
25-8372	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	4/5/2025 15:03	4/5/2025 15:06	4/5/2025 15:12	4/5/2025 15:21	4/5/2025 15:21	4/5/2025 15:21	00:08:58	MEDIC 401	
25-8374	EMERGENCY SCENE	CANCELLED BY PD OR OTHER SERVICE	4/5/2025 15:39	4/5/2025 15:41	4/5/2025 15:44	4/5/2025 15:50	4/5/2025 15:50	4/5/2025 15:50	00:04:51	MEDIC 401	
25-8380	EMERGENCY SCENE	ST. FRANCIS TULSA	4/5/2025 17:15	4/5/2025 17:18	4/5/2025 17:21	4/5/2025 17:35	4/5/2025 17:55	4/5/2025 18:21	00:05:15	MEDIC 401	
25-8396	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	4/5/2025 20:55	4/5/2025 20:58	4/5/2025 21:03	4/5/2025 21:28	4/5/2025 21:28	4/5/2025 21:28	00:08:47	MEDIC 401	
25-8402	EMERGENCY SCENE	ST. FRANCIS GLENPOOL	4/5/2025 21:28	4/5/2025 21:29	4/5/2025 21:33	4/5/2025 21:54	4/5/2025 22:02	4/5/2025 22:15	00:05:17	MEDIC 401	
25-8404	EMERGENCY SCENE	ST. FRANCIS TULSA	4/5/2025 22:13	4/5/2025 22:13	4/5/2025 22:18	4/5/2025 22:40	4/5/2025 23:00	4/5/2025 23:16	00:05:42	MEDIC 401	
25-8442	EMERGENCY SCENE	ST. FRANCIS SOUTH	4/6/2025 16:33	4/6/2025 16:36	4/6/2025 16:40	4/6/2025 17:12	4/6/2025 17:31	4/6/2025 17:54	00:06:17	MEDIC 401	
25-8467	EMERGENCY SCENE	ST. FRANCIS TULSA	4/7/2025 00:51	4/7/2025 00:53	4/7/2025 00:57	4/7/2025 01:40	4/7/2025 02:03	4/7/2025 02:28	00:06:11	MEDIC 401	
25-8474	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	4/7/2025 05:33	4/7/2025 05:38	4/7/2025 05:42	4/7/2025 06:09	4/7/2025 06:09	4/7/2025 06:09	00:08:44	MEDIC 401	
25-8477	EMERGENCY SCENE	ST. FRANCIS SOUTH	4/7/2025 07:21	4/7/2025 07:24	4/7/2025 07:27	4/7/2025 07:45	4/7/2025 08:12	4/7/2025 08:29	00:06:10	MEDIC 401	

25-8500	EMERGENCY SCENE	DOA - DEAD ON ARRIVAL	4/7/2025 11:14	4/7/2025 11:16	4/7/2025 11:21	4/7/2025 11:43	4/7/2025 11:43	4/7/2025 11:43	00:06:49	MEDIC 401	
25-8543	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	4/7/2025 18:02	4/7/2025 18:03	4/7/2025 18:06	4/7/2025 18:22	4/7/2025 18:22	4/7/2025 18:22	00:04:37	MEDIC 401	
25-8554	EMERGENCY SCENE	ST. FRANCIS SOUTH	4/7/2025 20:42	4/7/2025 20:43	4/7/2025 20:45	4/7/2025 21:00	4/7/2025 21:21	4/7/2025 21:40	00:03:29	MEDIC 401	
25-8629	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	4/8/2025 14:37	4/8/2025 14:38	4/8/2025 14:41	4/8/2025 15:12	4/8/2025 15:12	4/8/2025 15:12	00:03:46	MEDIC 401	
25-8645	EMERGENCY SCENE	HILLCREST SOUTH	4/8/2025 20:23	4/8/2025 20:24	4/8/2025 20:28	4/8/2025 20:42	4/8/2025 21:01	4/8/2025 21:32	00:05:06	MEDIC 401	
25-8655	EMERGENCY SCENE	ST. FRANCIS SOUTH	4/9/2025 00:36	4/9/2025 00:37	4/9/2025 00:40	4/9/2025 01:19	4/9/2025 01:41	4/9/2025 02:02	00:03:39	MEDIC 401	
25-8657	EMERGENCY SCENE	ST. FRANCIS SOUTH	4/9/2025 01:00	4/9/2025 01:02	4/9/2025 01:07	4/9/2025 01:21	4/9/2025 01:40	4/9/2025 02:03	00:07:12	MEDIC 402	
25-8682	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	4/9/2025 09:06	4/9/2025 09:08	4/9/2025 09:11	4/9/2025 09:20	4/9/2025 09:20	4/9/2025 09:20	00:04:53	MEDIC 401	
25-8692	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	4/9/2025 11:39	4/9/2025 11:40	4/9/2025 11:44	4/9/2025 12:12	4/9/2025 12:12	4/9/2025 12:12	00:04:58	MEDIC 401	
25-8718	EMERGENCY SCENE	ST. FRANCIS TULSA	4/9/2025 15:21	4/9/2025 15:22	4/9/2025 15:26	4/9/2025 15:38	4/9/2025 16:08	4/9/2025 16:20	00:04:59	MEDIC 401	
25-8748	EMERGENCY SCENE	ST. FRANCIS SOUTH	4/9/2025 20:46	4/9/2025 20:48	4/9/2025 20:53	4/9/2025 21:07	4/9/2025 21:30	4/9/2025 21:50	00:06:54	MEDIC 401	
25-8801	EMERGENCY SCENE	ST. FRANCIS SOUTH	4/10/2025 14:58	4/10/2025 15:00	4/10/2025 15:02	4/10/2025 15:23	4/10/2025 15:40	4/10/2025 15:59	00:04:45	MEDIC 401	
25-8811	EMERGENCY SCENE	NO PATIENT FOUND	4/10/2025 16:57	4/10/2025 17:00	4/10/2025 17:01	4/10/2025 17:02	4/10/2025 17:02	4/10/2025 17:02	00:03:54	MEDIC 401	
25-8818	EMERGENCY SCENE	HILLCREST SOUTH	4/10/2025 19:36	4/10/2025 19:38	4/10/2025 19:44	4/10/2025 20:09	4/10/2025 20:27	4/10/2025 20:40	00:08:05	MEDIC 401	
25-8826	EMERGENCY SCENE	ST. FRANCIS TULSA	4/10/2025 21:31	4/10/2025 21:33	4/10/2025 21:36	4/10/2025 21:55	4/10/2025 22:21	4/10/2025 22:56	00:05:14	MEDIC 401	
25-8827	EMERGENCY SCENE	UNK								MUTUAL AID RECIEVED	
25-8835	EMERGENCY SCENE	CANCELLED BY PD OR OTHER SERVICE	4/11/2025 01:49	4/11/2025 01:54	4/11/2025 01:55	4/11/2025 02:03	4/11/2025 02:03	4/11/2025 02:03	00:06:33	MEDIC 401	
25-8839	EMERGENCY SCENE	HILLCREST SOUTH	4/11/2025 03:08	4/11/2025 03:03	4/11/2025 03:07	4/11/2025 03:22	4/11/2025 03:40	4/11/2025 03:56	00:08:57	MEDIC 401	
25-8857	EMERGENCY SCENE	ST. FRANCIS TULSA	4/11/2025 07:15	4/11/2025 07:19	4/11/2025 07:22	4/11/2025 07:56	4/11/2025 08:15	4/11/2025 08:41	00:07:36	MEDIC 401	
25-8915	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	4/11/2025 16:08	4/11/2025 16:12	4/11/2025 16:17	4/11/2025 16:32	4/11/2025 16:32	4/11/2025 16:32	00:08:24	MEDIC 401	
25-8918	EMERGENCY SCENE	UNK								MUTUAL AID RECIEVED	
25-8945	EMERGENCY SCENE	ST. FRANCIS TULSA	4/11/2025 23:05	4/11/2025 23:07	4/11/2025 23:10	4/11/2025 23:31	4/11/2025 23:47	4/12/2025 00:06	00:04:56	MEDIC 401	
25-8948	EMERGENCY SCENE	ST. FRANCIS TULSA	4/12/2025 00:02	4/12/2025 00:05	4/12/2025 00:10	4/12/2025 00:27	4/12/2025 00:44	4/12/2025 01:17	00:08:31	MEDIC 402	
25-8996	EMERGENCY SCENE	HILLCREST SOUTH	4/12/2025 15:38	4/12/2025 15:40	4/12/2025 15:42	4/12/2025 15:58	4/12/2025 16:13	4/12/2025 16:39	00:04:03	MEDIC 401	
25-8998	EMERGENCY SCENE	ST. JOHN TULSA	4/12/2025 15:51	4/12/2025 15:52	4/12/2025 15:56	4/12/2025 16:06	4/12/2025 16:26	4/12/2025 16:50	00:05:12	MEDIC 402	
25-9024	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	4/12/2025 23:01	4/12/2025 23:06	4/12/2025 23:06	4/12/2025 23:19	4/12/2025 23:19	4/12/2025 23:19	00:04:31	MEDIC 402	
25-9033	EMERGENCY SCENE	ST. FRANCIS SOUTH	4/13/2025 03:04	4/13/2025 03:10	4/13/2025 03:17	4/13/2025 03:37	4/13/2025 04:01	4/13/2025 04:20	00:13:18	MEDIC 402	
25-9064	EMERGENCY SCENE	HILLCREST SOUTH	4/13/2025 16:39	4/13/2025 16:41	4/13/2025 16:45	4/13/2025 17:11	4/13/2025 17:30	4/13/2025 18:00	00:05:46	MEDIC 401	
25-9073	EMERGENCY SCENE	HILLCREST SOUTH	4/13/2025 19:25	4/13/2025 19:27	4/13/2025 19:30	4/13/2025 19:57	4/13/2025 20:19	4/13/2025 20:44	00:04:14	MEDIC 401	
25-9074	EMERGENCY SCENE	ST. JOHN TULSA	4/13/2025 20:02	4/13/2025 20:03	4/13/2025 20:06	4/13/2025 20:27	4/13/2025 20:47	4/13/2025 21:17	00:04:15	MEDIC 402	
25-9088	EMERGENCY SCENE	HILLCREST SOUTH	4/14/2025 01:19	4/14/2025 01:22	4/14/2025 01:25	4/14/2025 01:53	4/14/2025 02:11	4/14/2025 02:23	00:06:15	MEDIC 401	
25-9120	EMERGENCY SCENE	HILLCREST SOUTH	4/14/2025 10:12	4/14/2025 10:13	4/14/2025 10:18	4/14/2025 10:30	4/14/2025 10:49	4/14/2025 11:03	00:06:15	MEDIC 401	
25-9234	EMERGENCY SCENE	ST. FRANCIS TULSA	4/15/2025 12:57	4/15/2025 12:59	4/15/2025 13:00	4/15/2025 13:27	4/15/2025 13:51	4/15/2025 14:36	00:02:45	MEDIC 401	
25-9275	EMERGENCY SCENE	ST. FRANCIS TULSA	4/16/2025 00:28	4/16/2025 00:30	4/16/2025 00:34	4/16/2025 00:56	4/16/2025 01:17	4/16/2025 01:54	00:05:28	MEDIC 401	
25-9280	EMERGENCY SCENE	HILLCREST SOUTH	4/16/2025 04:17	4/16/2025 04:19	4/16/2025 04:24	4/16/2025 04:47	4/16/2025 05:03	4/16/2025 05:28	00:07:01	MEDIC 401	
25-9288	EMERGENCY SCENE	ST. FRANCIS TULSA	4/16/2025 08:27	4/16/2025 08:28	4/16/2025 08:31	4/16/2025 08:53	4/16/2025 09:19	4/16/2025 09:58	00:03:31	MEDIC 401	
25-9290	EMERGENCY SCENE	CANCELLED BY PD OR OTHER SERVICE	4/16/2025 08:35	4/16/2025 08:37	4/16/2025 08:38	4/16/2025 08:38	4/16/2025 08:38	4/16/2025 08:38	00:03:23	MEDIC 402	
25-9292	EMERGENCY SCENE	ST. FRANCIS TULSA	4/16/2025 08:43	4/16/2025 08:46	4/16/2025 08:48	4/16/2025 09:01	4/16/2025 09:25	4/16/2025 10:02	00:05:44	MEDIC 402	
25-9307	EMERGENCY SCENE	UNK								MUTUAL AID RECIEVED	
25-9355	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	4/16/2025 18:31	4/16/2025 18:33	4/16/2025 18:37	4/16/2025 18:48	4/16/2025 18:48	4/16/2025 18:48	00:05:17	MEDIC 401	
25-9356	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	4/16/2025 18:31	4/16/2025 18:33	4/16/2025 18:37	4/16/2025 18:48	4/16/2025 18:48	4/16/2025 18:48	00:05:17	MEDIC 401	
25-9365	EMERGENCY SCENE	ST. FRANCIS CHILDRENS HOSPITAL	4/16/2025 21:30	4/16/2025 21:32	4/16/2025 21:36	4/16/2025 21:43	4/16/2025 22:06	4/16/2025 22:24	00:06:27	MEDIC 401	
25-9368	EMERGENCY SCENE	HILLCREST SOUTH	4/16/2025 21:50	4/16/2025 21:51	4/16/2025 21:56	4/16/2025 22:25	4/16/2025 22:41	4/16/2025 23:13	00:06:07	MEDIC 103	
25-9371	EMERGENCY SCENE	ST. JOHN TULSA	4/16/2025 22:59	4/16/2025 23:01	4/16/2025 23:05	4/16/2025 23:18	4/16/2025 23:41	4/17/2025 00:07	00:06:04	MEDIC 401	
25-9419	EMERGENCY SCENE	ST. FRANCIS TULSA	4/17/2025 12:38	4/17/2025 12:40	4/17/2025 12:43	4/17/2025 12:59	4/17/2025 13:23	4/17/2025 13:38	00:05:20	MEDIC 401	
25-9441	EMERGENCY SCENE	CANCELLED BY PD OR OTHER SERVICE	4/17/2025 17:27	4/17/2025 17:29	4/17/2025 17:32	4/17/2025 17:35	4/17/2025 17:35	4/17/2025 17:35	00:05:12	MEDIC 401	
25-9460	EMERGENCY SCENE	HILLCREST SOUTH	4/17/2025 23:03	4/17/2025 23:06	4/17/2025 23:10	4/17/2025 23:19	4/17/2025 23:37	4/17/2025 23:56	00:06:43	MEDIC 401	
25-9490	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	4/18/2025 10:44	4/18/2025 10:47	4/18/2025 10:54	4/18/2025 11:14	4/18/2025 11:14	4/18/2025 11:14	00:09:19	MEDIC 401	
25-9538	EMERGENCY SCENE	NO PATIENT FOUND	4/18/2025 19:22	4/18/2025 19:25	4/18/2025 19:26	4/18/2025 19:32	4/18/2025 19:32	4/18/2025 19:32	00:04:05	MEDIC 401	
25-9546	EMERGENCY SCENE	ST. FRANCIS TULSA	4/18/2025 23:30	4/18/2025 23:34	4/18/2025 23:37	4/18/2025 23:51	4/19/2025 00:16	4/19/2025 00:35	00:07:00	MEDIC 401	
25-9551	EMERGENCY SCENE	ST. FRANCIS TULSA	4/19/2025 00:24	4/19/2025 00:27	4/19/2025 00:34	4/19/2025 01:15	4/19/2025 01:39	4/19/2025 02:00	00:10:07	MEDIC 402	
25-9557	EMERGENCY SCENE	CANCELLED BY PD OR OTHER SERVICE	4/19/2025 02:21	4/19/2025 02:23	4/19/2025 02:31	4/19/2025 03:51	4/19/2025 03:51	4/19/2025 03:51	00:10:06	MEDIC 401	South of 181st
25-9562	EMERGENCY SCENE	ST. FRANCIS TULSA	4/19/2025 05:05	4/19/2025 05:09	4/19/2025 05:23	4/19/2025 05:31	4/19/2025 05:48	4/19/2025 06:08	00:18:38	MEDIC 401	
25-9565	SCENE STANDBY	SCENE STANDBY	4/19/2025 07:44	4/19/2025 07:44	4/19/2025 07:44	4/19/2025 07:44	4/19/2025 07:44	4/19/2025 07:44	00:00:00	MEDIC 401	
25-9599	EMERGENCY SCENE	CANCELLED BY PD OR OTHER SERVICE	4/19/2025 13:34	4/19/2025 13:38	4/19/2025 13:41	4/19/2025 13:55	4/19/2025 13:55	4/19/2025 13:55	00:06:19	MEDIC 401	
25-9611	EMERGENCY SCENE	CANCELLED BY PD OR OTHER SERVICE	4/19/2025 15:13	4/19/2025 15:14	4/19/2025 15:14	4/19/2025 15:14	4/19/2025 15:14	4/19/2025 15:14	00:00:54	MEDIC 401	Mutual Aid Given
25-9634	EMERGENCY SCENE	ST. FRANCIS TULSA	4/19/2025 21:25	4/19/2025 21:26	4/19/2025 21:33	4/19/2025 22:06	4/19/2025 22:23	4/19/2025 22:45	00:07:55	MEDIC 401	
25-9636	EMERGENCY SCENE	CANCELLED BY PD OR OTHER SERVICE	4/19/2025 21:31	4/19/2025 21:33	4/19/2025 21:34	4/19/2025 21:34	4/19/2025 21:34	4/19/2025 21:34	00:03:39	MEDIC 402	
25-9644	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	4/19/2025 23:09	4/19/2025 23:09	4/19/2025 23:14	4/19/2025 23:14	4/19/2025 23:14	4/19/2025 23:14	00:05:15	MEDIC 401	
25-9645	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	4/19/2025 23:16	4/19/2025 23:16	4/19/2025 23:17	4/19/2025 23:35	4/19/2025 23:35	4/19/2025 23:35	00:00:58	MEDIC 401	

25-9646	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	4/19/2025 23:16	4/19/2025 23:16	4/19/2025 23:17	4/19/2025 23:35	4/19/2025 23:35	4/19/2025 23:35	00:00:58	MEDIC 401	
25-9647	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	4/19/2025 23:16	4/19/2025 23:16	4/19/2025 23:17	4/19/2025 23:35	4/19/2025 23:35	4/19/2025 23:35	00:00:58	MEDIC 401	
25-9680	EMERGENCY SCENE	HILLCREST SOUTH	4/20/2025 13:37	4/20/2025 13:39	4/20/2025 13:42	4/20/2025 14:16	4/20/2025 14:34	4/20/2025 15:27	00:05:38	MEDIC 401	
25-9708	EMERGENCY SCENE	ST. FRANCIS GLENPOOL	4/20/2025 20:51	4/20/2025 20:52	4/20/2025 21:00	4/20/2025 21:19	4/20/2025 21:24	4/20/2025 21:49	00:09:07	MEDIC 402	Mutual Aid Given
25-9719	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	4/21/2025 03:44	4/21/2025 03:47	4/21/2025 03:51	4/21/2025 04:08	4/21/2025 04:08	4/21/2025 04:08	00:07:14	MEDIC 401	
25-9720	EMERGENCY SCENE	HILLCREST MEDICAL CENTER	4/21/2025 03:58	4/21/2025 04:03	4/21/2025 04:05	4/21/2025 04:23	4/21/2025 04:41	4/21/2025 04:56	00:06:47	MEDIC 402	
25-9724	EMERGENCY SCENE	ST. FRANCIS TULSA	4/21/2025 07:58	4/21/2025 08:00	4/21/2025 08:04	4/21/2025 08:10	4/21/2025 08:51	4/21/2025 09:13	00:06:07	MEDIC 401	
25-9735	EMERGENCY SCENE	ST. FRANCIS SOUTH	4/21/2025 09:42	4/21/2025 09:43	4/21/2025 09:45	4/21/2025 09:52	4/21/2025 10:10	4/21/2025 10:32	00:02:43	MEDIC 401	
25-9736	EMERGENCY SCENE	UNK								MUTUAL AID RECIEVED	
25-9757	EMERGENCY SCENE	ST. FRANCIS GLENPOOL	4/21/2025 12:48	4/21/2025 12:50	4/21/2025 12:52	4/21/2025 13:01	4/21/2025 13:08	4/21/2025 13:26	00:04:06	MEDIC 401	
25-9770	EMERGENCY SCENE	ST. FRANCIS TULSA	4/21/2025 14:56	4/21/2025 14:57	4/21/2025 15:01	4/21/2025 15:18	4/21/2025 15:34	4/21/2025 16:11	00:05:18	MEDIC 401	
25-9774	EMERGENCY SCENE	UNK								MUTUAL AID RECIEVED	
25-9788	EMERGENCY SCENE	ST. JOHN TULSA	4/21/2025 16:32	4/21/2025 16:33	4/21/2025 16:38	4/21/2025 16:46	4/21/2025 17:11	4/21/2025 17:30	00:05:09	MEDIC 401	
25-9798	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	4/21/2025 17:52	4/21/2025 17:53	4/21/2025 17:58	4/21/2025 18:33	4/21/2025 18:33	4/21/2025 18:33	00:05:35	MEDIC 401	
25-9803	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	4/21/2025 17:52	4/21/2025 17:53	4/21/2025 17:58	4/21/2025 18:33	4/21/2025 18:33	4/21/2025 18:33	00:05:35	MEDIC 401	
25-9817	EMERGENCY SCENE	ST. FRANCIS TULSA	4/21/2025 21:20	4/21/2025 21:21	4/21/2025 21:25	4/21/2025 22:00	4/21/2025 22:20	4/21/2025 22:31	00:05:06	MEDIC 401	
25-9833	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	4/22/2025 02:22	4/22/2025 02:25	4/22/2025 02:28	4/22/2025 02:50	4/22/2025 02:50	4/22/2025 02:50	00:05:29	MEDIC 401	
25-9857	EMERGENCY SCENE	HILLCREST MEDICAL CENTER	4/22/2025 09:27	4/22/2025 09:30	4/22/2025 09:33	4/22/2025 09:53	4/22/2025 10:17	4/22/2025 10:49	00:05:46	MEDIC 401	
25-9858	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	4/22/2025 09:28	4/22/2025 09:30	4/22/2025 09:32	4/22/2025 09:55	4/22/2025 09:55	4/22/2025 09:55	00:03:23	MEDIC 402	
25-9905	EMERGENCY SCENE	ST. FRANCIS TULSA	4/22/2025 16:44	4/22/2025 16:44	4/22/2025 16:49	4/22/2025 16:57	4/22/2025 17:16	4/22/2025 17:41	00:05:29	MEDIC 401	
25-9914	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	4/22/2025 18:52	4/22/2025 18:54	4/22/2025 18:55	4/22/2025 19:27	4/22/2025 19:27	4/22/2025 19:27	00:02:58	MEDIC 401	
25-9932	EMERGENCY SCENE	HILLCREST SOUTH	4/23/2025 03:17	4/23/2025 03:19	4/23/2025 03:22	4/23/2025 03:49	4/23/2025 04:08	4/23/2025 04:26	00:05:05	MEDIC 401	
25-9939	EMERGENCY SCENE	HILLCREST MEDICAL CENTER	4/23/2025 07:19	4/23/2025 07:21	4/23/2025 07:24	4/23/2025 07:45	4/23/2025 08:20	4/23/2025 08:54	00:05:15	MEDIC 401	
25-9990	EMERGENCY SCENE	CANCELLED BY NURSING STAFF	4/23/2025 16:14	4/23/2025 16:17	4/23/2025 16:18	4/23/2025 16:18	4/23/2025 16:18	4/23/2025 16:18	00:03:24	MEDIC 103	
25-9996	EMERGENCY SCENE	ST. FRANCIS SOUTH	4/23/2025 17:31	4/23/2025 17:32	4/23/2025 17:36	4/23/2025 17:50	4/23/2025 18:11	4/23/2025 18:29	00:04:51	MEDIC 401	

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



To Oklahoma & You.™

Dir 1 251 3

9113X0C.004 BNCF:0008469



24-Hour
Automated
Account Information

1-877-602-2262

2 *0008469
GLENPOOL AREA EMERGENCY MEDICAL
SERVICE DISTRICT
12205 S YUKON AVE
GLENPOOL OK 74033-6635

PAGE 1

ACCOUNT NUMBER
STATEMENT DATE
3/31/25

Credit Score

720⁺

VantageScore 3.0 from TransUnion

Updated: June 30, 2022

Refresh Score

★ Recommended for You

Pay as low as \$262 / 60 months.
Consolidate your credit cards
into one monthly payment.

NOW AVAILABLE

Credit Monitoring
Inside Online Banking!

ACCOUNT ANALYSIS

Beginning Balance	3/01/25	437,632.29
Deposits / Misc Credits	1	4,755.06
Withdrawals / Misc Debits	3	31,775.47
** Ending Balance	3/31/25	410,611.88 **

Service Charge	.00
Enclosures	3

DEPOSITS			CHECKS		
Date	Deposits	Withdrawals	Activity Description		
3/13	4,755.06		TULSA COUNTY/REMIT		
DAILY BALANCE SUMMARY			DAILY BALANCE SUMMARY		
Date	Check No.	Amount	Date	Check No.	Amount
3/14	2244	15,000.00	3/12	2245	16,567.14
3/12		421,065.15	3/13		425,820.21
3/14		410,611.88	3/14		410,611.88



MSI REV 7/17

www.bancfirst.bank

5727-STMT

Member
FDIC

Statement Date: 3/31/25

PAGE 2

FOR DEPOSIT ONLY: THIS CHECK IS PRINTED WITH A COLOR BACKGROUND. CONTAINS A VOID PATTERN ON THE FRONT AND BACK. IT PRINTS ON THE REVERSE SIDE.

GLENPOOL AREA EMERGENCY 01/03
MEDICAL SERVICE DISTRICT
12205 S YUKON AVE. PH. 918-322-5409
GLENPOOL, OK 74033-6635

BancFirst
Glenpool, Oklahoma
39-363/1030

002244

PAY ----- FIFTEEN THOUSAND & 00/100 DOLLARS ----- DATE 03/04/2025 CHECK AMOUNT \$*****15,000.00

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

BY *[Signature]*
BY *[Signature]* AUTHORIZED SIGNATURES

⑆002244⑆ ⑆103003632⑆

FOR DEPOSIT ONLY: THIS CHECK IS PRINTED WITH A COLOR BACKGROUND. CONTAINS A VOID PATTERN ON THE FRONT AND BACK. IT PRINTS ON THE REVERSE SIDE.

GLENPOOL AREA EMERGENCY 01/03
MEDICAL SERVICE DISTRICT
12205 S YUKON AVE. PH. 918-322-5409
GLENPOOL, OK 74033-6635

BancFirst
Glenpool, Oklahoma
39-363/1030

002245

PAY ----- SIXTEEN THOUSAND FIVE HUNDRED SIXTY SEVEN & 00/100 DOLLARS ----- DATE 03/04/2025 CHECK AMOUNT \$*****16,567.14

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

BY *[Signature]*
BY *[Signature]* AUTHORIZED SIGNATURES

⑆002245⑆ ⑆103003632⑆

Number: 2244 Date: 3/14/2025 Amount: \$15000.00

FOR DEPOSIT ONLY: THIS CHECK IS PRINTED WITH A COLOR BACKGROUND. CONTAINS A VOID PATTERN ON THE FRONT AND BACK. IT PRINTS ON THE REVERSE SIDE.

GLENPOOL AREA EMERGENCY 01/03
MEDICAL SERVICE DISTRICT
12205 S YUKON AVE. PH. 918-322-5409
GLENPOOL, OK 74033-6635

BancFirst
Glenpool, Oklahoma
39-363/1030

002247

PAY ----- TWO HUNDRED EIGHT & 33/100 DOLLARS ----- DATE 03/04/2025 CHECK AMOUNT \$*****208.33

TO THE ORDER OF ** LESLI SMITH **

BY *[Signature]*
BY *[Signature]* AUTHORIZED SIGNATURES

⑆002247⑆ ⑆103003632⑆

Number: 2245 Date: 3/12/2025 Amount: \$16567.14

Number: 2247 Date: 3/14/2025 Amount: \$208.33

4022-00000



PERIOD: 3/01/2025 - 3/31/2025

ACCOUNT: 31-1001 GEMS CASH IN BANK

RECONCILIATION SUMMARY

BEGINNING STATEMENT BALANCE:	437,632.29
DEPOSITS:	+ 4,755.06
WITHDRAWALS:	+ 31,775.47CR
ADJUSTMENTS:	+ <u>0.00</u>
ENDING STATEMENT BALANCE:	410,611.88

GL ACCOUNT BALANCE:	410,403.55
OUTSTANDING DEPOSITS:	- 0.00
OUTSTANDING CHECKS:	- 208.33CR
ADJUSTMENTS:	+ <u>0.00</u>
ADJUSTED GL ACCOUNT BALANCE:	410,611.88

STATEMENT BALANCE:	410,611.88
BANK DIFFERENCE:	0.00
G/L DIFFERENCE:	0.00

CLEARED DEPOSITS:

3/13/2025	JULY GEMS TAX DEP FROM TC	<u>4,755.06</u>
TOTAL CLEARED DEPOSITS:		<u>4,755.06</u>
=====		

CLEARED CHECKS:

3/04/2025	002244	CENTURION HEALTH SYSTEMS, DBA M	15,000.00CR
3/04/2025	002245	CITY OF GLENPOOL - GEMS	16,567.14CR
3/04/2025	002247	LESLI SMITH	<u>208.33CR</u>
TOTAL CLEARED CHECKS:			<u>31,775.47CR</u>
=====			

CLEARED OTHER:

No Items.

4-29-2025 07:49 AM

CITY OF GLENPOOL
BALANCE SHEET
AS OF: MARCH 31ST, 2025

PAGE: 1

31 -GEMS

ACCOUNT #	ACCOUNT DESCRIPTION	BALANCE
ASSETS		
=====		
31-1001	GEMS CASH IN BANK	410,403.55
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>438,837.61</u>
TOTAL ASSETS		438,837.61
		=====
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	<u>334,818.20</u>
	TOTAL BEGINNING EQUITY	334,818.20
TOTAL REVENUE		380,163.98
TOTAL EXPENSES		<u>276,144.57</u>
TOTAL REVENUE OVER/(UNDER) EXPENSES		104,019.41
TOTAL EQUITY & REV. OVER/(UNDER) EXP.		<u>438,837.61</u>
TOTAL LIABILITIES, EQUITY & REV.OVER/(UNDER) EXP.		438,837.61
		=====

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

31 -GEMS

FINANCIAL SUMMARY

% OF YEAR COMPLETED: 75.00

	CURRENT BUDGET	CURRENT PERIOD	PRIOR YEAR PO ADJUST.	Y-T-D ACTUAL	Y-T-D ENCUMBRANCE	BUDGET BALANCE	% OF BUDGET
<u>REVENUE SUMMARY</u>							
NON-DEPARTMENTAL	<u>423,904.00</u>	<u>4,755.06</u>	<u>0.00</u>	<u>380,163.98</u>	<u>0.00</u>	<u>43,740.02</u>	<u>89.68</u>
TOTAL REVENUES	423,904.00	4,755.06	0.00	380,163.98	0.00	43,740.02	89.68
	=====	=====	=====	=====	=====	=====	=====
<u>EXPENDITURE SUMMARY</u>							
GEMS	<u>423,904.00</u>	<u>31,983.80</u>	<u>0.00</u>	<u>276,144.57</u>	<u>0.00</u>	<u>147,759.43</u>	<u>65.14</u>
TOTAL EXPENDITURES	423,904.00	31,983.80	0.00	276,144.57	0.00	147,759.43	65.14
	=====	=====	=====	=====	=====	=====	=====
REVENUE OVER/(UNDER) EXPENDITURES	0.00	(27,228.74)	0.00	104,019.41	0.00	0.00	0.00

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

31 -GEMS

% OF YEAR COMPLETED: 75.00

REVENUES	CURRENT BUDGET	CURRENT PERIOD	PRIOR YEAR PO ADJUST.	Y-T-D ACTUAL	Y-T-D ENCUMBRANCE	BUDGET BALANCE	% OF BUDGET
<u>NON-DEPARTMENTAL</u>							
<u>TAXES</u>							
31-5-00-5006 TAXES	385,000.00	4,755.06	0.00	380,163.98	0.00	4,836.02	98.74
TOTAL TAXES	385,000.00	4,755.06	0.00	380,163.98	0.00	4,836.02	98.74
<u>INVESTMENT INCOME</u>							
31-5-00-5301 INTEREST	0.00	0.00	0.00	0.00	0.00	0.00	0.00
31-5-00-5306 MISCELLANEOUS	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL INVESTMENT INCOME	0.00	0.00	0.00	0.00	0.00	0.00	0.00
<u>OTHER FINANCING SOURCES</u>							
31-5-00-5409 USE OF FUND BALANCE	38,904.00	0.00	0.00	0.00	0.00	38,904.00	0.00
TOTAL OTHER FINANCING SOURCES	38,904.00	0.00	0.00	0.00	0.00	38,904.00	0.00
TOTAL NON-DEPARTMENTAL	423,904.00	4,755.06	0.00	380,163.98	0.00	43,740.02	89.68
 ** TOTAL REVENUES **	 423,904.00	 4,755.06	 0.00	 380,163.98	 0.00	 43,740.02	 89.68

31 -GEMS

% OF YEAR COMPLETED: 75.00

DEPARTMENTAL EXPENDITURES	CURRENT BUDGET	CURRENT PERIOD	PRIOR YEAR PO ADJUST.	Y-T-D ACTUAL	Y-T-D ENCUMBRANCE	BUDGET BALANCE	% OF BUDGET
<u>GEMS</u>							
=====							
<u>PERSONAL SERVICES</u>							
31-6-01-6101 SALARIES & WAGES	0.00	0.00	0.00	0.00	0.00	0.00	0.00
31-6-01-6102 INSURANCE	0.00	0.00	0.00	0.00	0.00	0.00	0.00
31-6-01-6111 FICA	0.00	0.00	0.00	0.00	0.00	0.00	0.00
31-6-01-6113 WORKMANS COMP	0.00	0.00	0.00	0.00	0.00	0.00	0.00
31-6-01-6114 UNEMPLOYMENT	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL PERSONAL SERVICES	0.00	0.00	0.00	0.00	0.00	0.00	0.00
<u>SUPPLIES</u>							
31-6-01-6202 OPERATING SUPPLIES	4,500.00	0.00	0.00	3,919.03	0.00	580.97	87.09
31-6-01-6206 MINOR EQUIPMENT	2,500.00	0.00	0.00	0.00	0.00	2,500.00	0.00
TOTAL SUPPLIES	7,000.00	0.00	0.00	3,919.03	0.00	3,080.97	55.99
<u>OTHER CHARGES & SERVICES</u>							
31-6-01-6210 AMBULANCE CONTRACT	180,000.00	15,000.00	0.00	135,000.00	0.00	45,000.00	75.00
31-6-01-6225 FIRST RESPONDER/ADMIN FEES	177,379.00	16,567.14	0.00	133,541.43	0.00	43,837.57	75.29
31-6-01-6235 CONTRACT SERVICES	13,800.00	416.66	0.00	3,684.11	0.00	10,115.89	26.70
31-6-01-6236 AUDIT FEES	39,225.00	0.00	0.00	0.00	0.00	39,225.00	0.00
31-6-01-6254 MISC SERVICES & CHARGES	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL OTHER CHARGES & SERVICES	410,404.00	31,983.80	0.00	272,225.54	0.00	138,178.46	66.33
<u>TRAVEL & TRAINING</u>							
31-6-01-6262 TRAVEL AND TRAINING	6,500.00	0.00	0.00	0.00	0.00	6,500.00	0.00
TOTAL TRAVEL & TRAINING	6,500.00	0.00	0.00	0.00	0.00	6,500.00	0.00
<u>MISCELLANEOUS</u>							
31-6-01-6283 INVESTMENT EXPENSES	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL MISCELLANEOUS	0.00	0.00	0.00	0.00	0.00	0.00	0.00
<u>CAPITAL EXPENDITURES</u>							
31-6-01-6333 CAPITAL PURCHASES	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL CAPITAL EXPENDITURES	0.00	0.00	0.00	0.00	0.00	0.00	0.00
<u>OTHER FINANCING USES</u>							
31-6-01-6745 TSF TO RESERVES	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL OTHER FINANCING USES	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL GEMS	423,904.00	31,983.80	0.00	276,144.57	0.00	147,759.43	65.14
TOTAL EXPENDITURES	423,904.00	31,983.80	0.00	276,144.57	0.00	147,759.43	65.14
=====							
REVENUE OVER/ (UNDER) EXPENDITURES	0.00 (	27,228.74)	0.00	104,019.41	0.00 (	104,019.41)	0.00

Month	FY2025	FY2024	FY2023	FY2022	FY2021	FY2020	FY2019
July	0.2%	0.1%	0.3%	0.4%	0.5%	0.3%	0.3%
August	0.5%	0.3%	0.4%	0.6%	0.6%	0.7%	0.5%
September	0.8%	0.6%	0.5%	0.8%	0.8%	0.7%	1.0%
October	1.0%	1.0%	1.4%	1.2%	1.0%	1.1%	1.3%
November	1.2%	1.3%	1.5%	1.3%	1.2%	1.2%	1.4%
December	7.0%	6.1%	5.4%	4.6%	5.9%	4.6%	9.2%
January	91.3%	90.0%	91.3%	85.8%	80.3%	80.8%	82.7%
February	97.5%	98.2%	100.7%	92.1%	90.7%	85.6%	91.0%
March	98.7%	100.2%	103.2%	94.0%	92.4%	87.6%	93.3%
April		108.6%	110.9%	101.8%	101.7%	93.3%	100.7%
May		112.7%	114.2%	104.9%	105.2%	97.9%	104.4%
June		113.7%	115.0%	105.3%	105.7%	99.1%	105.2%

As of March 31, 2025 GEMS has received 98.7% of tax revenue budgeted.

In other words, \$380,163.98 has been received of the \$385,000.00 tax revenue budgeted.



GLENPOOL FIRE DEPARTMENT
MED BAG CHECKLIST

Unit: Engine 1

Date: 21 April 2025

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: 10 March 2027
☒ 1 - Thomas Tube Holder Pink Exp. Date: 13 September 2026
☒ 1 - Airtraq Blade Grey Exp. Date: 31 March 2027

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: 17 October 2025
☒ 1-Tube Glucose 31g Exp. Date: 30 September 2026
☒ 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:	20 October 2026	Exp. Date:	20 October 2026
2-20g IV	Exp. Date:	25 March 2025	Exp. Date:	02 May 2027
2-22g IV	Exp. Date:	11 March 2027	Exp. Date:	15 April 2027
2-24g IV	Exp. Date:	10 July 2025	Exp. Date:	10 July 2025
4-Saline Flushes {	Exp. Date:	01 April 2026	Exp. Date:	01 April 2026
	{ Exp. Date:	01 April 2026	Exp. Date:	01 April 2026

2-IV Start Kits ☒

2-EZ Stabilizers Exp. Date: 15 September 2025 Exp. Date: 02 May 2027

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

2-25mm 15g IO Needle Set Exp. Date: 31 March 2027 Exp. Date: 30 June 2025

1-IV Bag Exp. Date: 28 February 2026

1 Pressure Bag ☒**AIRWAY COMPARTMENT**

1-2.5 ET Tube	Exp. Date:	28 February 2025	1-7.0 ET Tube	Exp. Date:	21 January 2027
1-3.0 ET Tube	Exp. Date:	04 December 2025	1-7.5 ET Tube	Exp. Date:	17 December 2026
1-3.5 ET Tube	Exp. Date:	07 May 2026	1-8.0 ET Tube	Exp. Date:	04 December 2025
1-4.0 ET Tube	Exp. Date:	14 April 2027	1-8.5 ET Tube	Exp. Date:	19 December 2024
1-4.5 ET Tube	Exp. Date:	24 May 2027	1-9.0 ET Tube	Exp. Date:	14 August 2026
1-5.0 ET Tube	Exp. Date:	19 December 2024	1-OPA Kit		☒
1-5.5 ET Tube	Exp. Date:	16 July 2026	K-Y Lube Gel	Exp. Date:	29 July 2028
1-6.0 ET Tube	Exp. Date:	20 August 2026			
1-6.5 ET Tube	Exp. Date:	06 August 2026			

AIRWAY COMPARTMENT CONT.

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

Size 8.7	Exp. Date:	28 November 2027	4 KAD	
Size 9.3	Exp. Date:	07 December 2026	Green	Exp. Date: 01 October 2026
Size 10	Exp. Date:	28 April 2027	Purple	Exp. Date: 30 April 2027
Size 10.7	Exp. Date:	29 April 2027	Yellow	Exp. Date: 01 November 2027
Size 11.3	Exp. Date:	10 February 2026	Red	Exp. Date: 01 August 2025

MEDICINE COMPARTMENT

1-Glucagon Kit 1mg	Exp. Date:	01 May 2025		
1-50% Dextrose	Exp. Date:	01 March 2024		
2 - Epinephrine Injection 1mg/mL	Exp. Date:	30 September 2025	Exp. Date:	30 September 2025
2 - 18g Filter Needles	Exp. Date:	14 June 2028	Exp. Date:	25 November 2028
2 - 23g Eclipse Needle	Exp. Date:	31 March 2025	Exp. Date:	31 March 2025
2 - 1mL Syringe	Exp. Date:	31 December 2026	Exp. Date:	31 December 2026
2 - 4x4 Gauze	☒			
2 - Naloxone Hydrochloride 2mg per 2mL (1 Kit)	Exp. Date:	30 April 2025	Exp. Date:	31 December 2025
1 - 2% Lidocaine Hcl	Exp. Date:	28 February 2026		
1 - Nebulizer Kit	☒			
3 - Albuterol 2.5mg	Exp:	30 March 2025	Exp:	30 March 2025
			Exp:	30 June 2025
1 - Levalbuterol 1.25	Exp. Date:	29 February 2024		
1 - Levalbuterol 0.31	Exp. Date:	30 November 2025		
2 - Ipratropium Bromide 0.5mg (Atrovent)	Exp. Date:	31 August 2025	Exp. Date:	31 August 2025
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 21 April 2025

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





GLENPOOL FIRE DEPARTMENT
MED BAG CHECKLIST

Unit:

R1

Date:

21 April 2025

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 | 1400 |
| ☒ 2-Adult NRB | | |
| ☒ 2-Adult NC | | |
| ☒ 1-Adult BVM | | |

INSIDE POCKET

- | | | |
|---|---|------------------|
| ☒ 1-Blood Glucose Kit/Test Strips | Exp. Date: | 10 October 2025 |
| ☒ 1-Tube Glucose 31g | Exp. Date: | 26 December 2026 |
| ☒ 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:	27 October 2027	Exp. Date:	10 May 2026
2-20g IV	Exp. Date:	03 May 2027	Exp. Date:	12 October 2024
2-22g IV	Exp. Date:	13 November 2025	Exp. Date:	20 June 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: 16 September 2026 Exp. Date: 21 September 2026

2-45mm 15g IO Needle Set Exp. Date: 30 June 2025 Exp. Date: 30 June 2026

2-25mm 15g IO Needle Set Exp. Date: 29 September 2026 Exp. Date: 30 May 2026

1-IV Bag Exp. Date: 25 March 2027

1 Pressure Bag ☒**AIRWAY COMPARTMENT**

1-2.5 ET Tube	Exp. Date:	19 February 2025	1-7.0 ET Tube	Exp. Date:	19 April 2026
1-3.0 ET Tube	Exp. Date:	31 December 2025	1-7.5 ET Tube	Exp. Date:	19 October 2026
1-3.5 ET Tube	Exp. Date:	18 July 2027	1-8.0 ET Tube	Exp. Date:	30 December 2025
1-4.0 ET Tube	Exp. Date:	19 April 2027	1-8.5 ET Tube	Exp. Date:	22 October 2026
1-4.5 ET Tube	Exp. Date:	17 July 2027	1-9.0 ET Tube	Exp. Date:	29 August 2026
1-5.0 ET Tube	Exp. Date:	08 February 2025	1-OPA Kit		☒
1-5.5 ET Tube	Exp. Date:	13 July 2027	K-Y Lube Gel	Exp. Date:	29 July 2028
1-6.0 ET Tube	Exp. Date:	30 October 2024			
1-6.5 ET Tube	Exp. Date:	29 December 2025			

AIRWAY COMPARTMENT CONT.

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

Size 8.7	Exp. Date:	30 July 2028	4 KAD	
Size 9.3	Exp. Date:	30 March 2028	Green	Exp. Date: 01 March 2026
Size 10	Exp. Date:	30 July 2029	Purple	Exp. Date: 06 May 2027
Size 10.7	Exp. Date:	25 July 2026	Yellow	Exp. Date: 01 July 2026
Size 11.3	Exp. Date:	28 February 2026	Red	Exp. Date: 01 October 2027

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:	30 September 2025	Exp. Date: 30 September 2025
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:	04 April 2025	Exp. Date: 30 March 2026
1 - 2% Lidocaine Hcl	Exp. Date:	28 February 2026	
1 - Nebulizer Kit	☒		
3 - Albuterol 2.5mg	Exp:	30 March 2025	Exp: 28 March 2025
1 - Levalbuterol 1.25mg	Exp. Date:	28 November 2025	Exp: 30 March 2025
1 - Levalbuterol 0.31mg	Exp. Date:	28 September 2025	
2 - Ipratropium Bromide 0.5mg (Atrovent)	Exp. Date:	28 August 2025	Exp. Date: 28 August 2025
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	21 April 2025
-----------------	----------	-----------	----------	------	---------------

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: <input type="text" value="326"/> | New Seal: <input type="text" value="320"/> |
| | Exp.: <input type="text" value="28 August 2025"/> | Exp.: <input type="text" value="31 August 2024"/> |
| 2 IV/IO drop admin sets | ☒ | |
-

Center Pocket

- | | | |
|------------------------|--|--|
| 2-Asherman chest seals | Seal: <input type="text" value="329"/> | New Seal: <input type="text" value="357"/> |
| | Exp.: <input type="text" value="31 October 2026"/> | Exp.: <input type="text" value="31 October 2026"/> |
| 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:

818

New Seal:

810

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

Bottom Left Pocket

Seal:

321

New Seal:

803

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

Bop Right Pocket: (Ped/Infant)

Seal:

834

New Seal:

890

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

GDF STAFF





MINUTES
GEMS Special Meeting
Monday, April 21, 2025 Council Chambers 6:00 PM

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

TRUSTEES ABSENT: Shayne Buchanan

STAFF PRESENT: Lesli Smith
Lea Ann Reed
Joe Wuest
Joshua Brannon
Paul Newton
Jeremy Plane

STAFF ABSENT:

- A) **Call to Order - Joyce G. Calvert, Chair**
Chair Calvert called the special meeting to order at 6:25 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. Jana Burk, Attorney, of Rosenstein, Fist & Ringold, were also in attendance.
- C) **Trustee Comments**
There were no trustee comments.
- D) **Public Comments**
There were no public comments.
- E) **Consideration and appropriate action relating to a request for approval of the Consent Agenda. (All matters listed under "Consent" are considered by the GEMS Board to be routine and will be enacted by one motion. Any Trustee may, however, remove an item from the Consent Agenda by request. A motion to adopt the consent Agenda is non-debatable.)**
- 1) To approve the minutes from the April 7, 2025, meeting.
- Moved by Chris Brobst, seconded by Joyce Calvert

To approve the consent agenda.

	For	Against	Abstained	Absent
Joyce Calvert	x			
Tim Fox	x			
Chris Brobst	x			
Jacqueline Triplett-Lund	x			
Shayne Buchanan				x
	4	0	0	1

CARRIED.

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

No items were removed from the consent agenda.

G) Scheduled Business

- 1) Discussion and possible action to elect a Vice-Chairman.
(Chairman)

Moved by Chris Brobst, seconded by Jacqueline Triplett-Lund

To elect Joyce G. Calvert as Chairman.

	For	Against	Abstained	Absent
Joyce Calvert	x			
Tim Fox		x		
Chris Brobst	x			
Jacqueline Triplett-Lund	x			
Shayne Buchanan				x
	3	1	0	1

CARRIED.

- 2) Discussion and possible action to elect a Chairman.
(Joyce G. Calvert, Chairman)

Moved by Chris Brobst, seconded by Joyce Calvert

To elect Jacqueline Triplett- Lund as Vice- Chairman.

	For	Against	Abstained	Absent
--	------------	----------------	------------------	---------------

GEMS
April 21, 2025

Joyce Calvert	x			
Tim Fox		x		
Chris Brobst	x			
Jacqueline Triplett-Lund	x			
Shayne Buchanan				x
	3	1	0	1

CARRIED.

H) Adjournment

The special meeting was adjourned at 6:27 p.m.



To: HONORABLE CHAIR AND GEMS DISTRICT BOARD MEMBERS

From: JOSHUA BRANNON, DISTRICT TREASURER

Date: May 5, 2025

Subject: Approval of Purchase Orders Receiving Report and Payment Claims as of 5/1/2025 totaling \$35,777.86

Staff Recommendation:

Staff recommends a motion to accept the PO Receipt Register report dated 5/1/2025 and approve the following payments:

P.O. #	ACCOUNT	VENDOR	DESCRIPTION	INV #	AMOUNT
25-21477	31-6-01-6210	Centurion Health Systems	Ambulance Service MAY 25	3348	\$15,000.00
25-21478	31-6-01-6225	City of Glenpool	1 st Responder APR 2025	202504019672	\$20,361.20
25-21479	31-6-01-6235	Lesli Smith	District Clerk	LS52025	\$208.33
25-21480	31-6-01-6235	Joshua Brannon	District Treasurer	JB52025	\$208.33
Total					\$35,777.86

Attachments:

1. Purchase Order Claim Register dated 5/1/2025 totaling \$35,777.86
2. PO Receipt Register dated 5/1/2025 totaling \$35,777.86
3. Purchase Orders and Invoices totaling \$35,777.86

5/01/2025 7:58 AM
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	3348	5/05/2025	31	15,000.00	15,000.00
31-000005	CITY OF GLENPOOL ~ GEMS	APR2025	5/05/2025	31	20,361.20	20,361.20
31-000033	JOSHUA M. BRANNON	JB2025	5/05/2025	31	208.33	208.33
31-000032	LESLI SMITH	LS52025	5/05/2025	31	208.33	208.33
TOTALS					35,777.86	35,777.86

APPROVED

BY

Joyce G. Calvert, May 5, 2025

5/01/2025 7:59 AM
FUND: 31 - GEMS

PURCHASE ORDER CLAIM REGISTER
SUMMARY REPORT

PAGE: 1

PURCHASE ORDER	DESCRIPTION	VENDOR #	VENDOR NAME	DATE INVOICE	AMOUNT
DEPARTMENT: 01 - NON-DEPARTMENTAL					
25-21477	AMBULANCE SERVICE APRIL 2	31-000004	CENTURION HEALTH SYSTEMS, DBA	5/2025 3348	15,000.00
25-21478	GEMS 1ST RESPONDER APRIL	31-000005	CITY OF GLENPOOL - GEMS	5/2025 APR2025	20,361.20
25-21479	GEMS DIST SEC SMITH APRIL	31-000032	LESLI SMITH	5/2025 L652025	208.33
25-21480	GEMS DIST TREA BRANNON AP	31-000033	JOSHUA M. BRANNON	5/2025 JB2025	208.33
DEPARTMENT TOTAL:					35,777.86
FUND TOTAL:					35,777.86
GRAND TOTAL:					35,777.86

Reg # 000 39028

Mercy Regional Oklahoma

P.O. Box 2398
Owasso, OK 74055

Invoice

Date	Invoice #
4/9/2025	3348

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 May 2025	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 # 25-21478

04/30/2025

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

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

I HEREBY APPROVE THE ISSUANCE OF THIS PURCHASE ORDER.

04/30/2025

I HEREBY CERTIFY THAT THE AMOUNT OF THIS ENCUMBRANCE HAS BEEN
ENTERED AGAINST THE DESIGNATED APPROPRIATION ACCOUNTS AND THAT
THIS ENCUMBRANCE IS WITHIN THE AUTHORIZED AVAILABLE BALANCE OF
SAID APPROPRIATION. 04/30/2025

PURCHASING OFFICER

DATE

ENCUMBERING OFFICER

DATE

UNITS	DESCRIPTION	INV PART NUMBER	REQUEST	G/L ACCOUNT	PROJ	PRICE	AMOUNT
0.00	GEMS 1ST RESPONDER APRIL 2025		00039029	31 -6-01-6225		0.00	20,361.20 *
	GEMS 1ST RESPONDER APRIL 2025						

*** TOTAL *** 20,361.20

*** 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.



INVOICE

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

TREASURER
GEMS-
12205 S YUKON AVE
GLENPOOL OK 74033

Customer Number: 01-0172

Invoice Number: APR2025

Invoice Date: 4/29/2025

Due Date: 5/29/2025

P.O. # :

ITEM DESCRIPTION	UNITS	TYPE	PRICE	AMOUNT
APRIL 2025 1ST RESP REIMB	N/A	MONTH	N/A	20,361.20
APRIL 2025				
*****THANK YOU*****			TOTAL DUE	\$20,361.20

Reg# 0003 9029

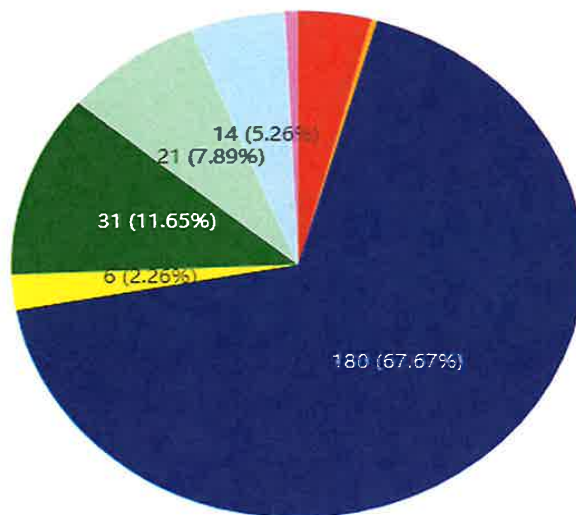
Glenpool Fire Department Operations April 2025

3/14/25-4/20/25

GEMS

Run Type	# of Calls	Totals Calls
EMS Runs	180	266
Fire Runs	86	
Overlapping	81	

Total (266)



Incident Type Series

- 11 1 - Fire
- 1 2 - Overpressure Rupture, Explosion, Overheat(no fire)
- 180 3 - Rescue & Emergency Medical Service Incident
- 6 4 - Hazardous Condition (No Fire)
- 31 5 - Service Call
- 21 6 - Good Intent Call
- 14 7 - False Alarm & False Call
- 2 9 - Special Incident Type

GEMS ADMIN/FIRST RESPONDER REIMBURSEMENTS

3/14/2025 - 4/20/2025

TOTAL RUNS	266
EMR RUNS	180
FIRE RUNS	86
EMR RATIO	67.67%
RUN RATE	\$111.59
ADMIN	\$275.00
OVERTIME	\$0.00

TOTAL	\$20,361.20
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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 # 25-21479

04/30/2025

ISSUED TO: VEND #: 31-000032

LESLI SMITH
14714 COURTNEY LANE
GLENPOOL, OK 74033

SHIP TO:

GEMS
14566 S. ELWOOD
GLENPOOL, OK 74033

I HEREBY APPROVE THE ISSUANCE OF THIS PURCHASE ORDER.

04/30/2025

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.

04/30/2025

ENCUMBERING OFFICER

DATE

UNITS	DESCRIPTION	INV PART NUMBER	REQUEST	G/L ACCOUNT	PROJ	PRICE	AMOUNT
0.00	GEMS DIST SEC SMITH APRIL 25 INVOICE LS52025 GEMS DIST SEC SMITH APRIL 25		00039031	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# 000 39 031

INVOICE

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

INVOICE #: LS52025

DATE: 5/1/2025

BILL TO:

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

Description	Amount
Contract Fees & Services	
APRIL 2025	\$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

Email invoices: AP@cityofglenpool.com

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

PURCHASE ORDER # 25-21480

04/30/2025

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

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

I HEREBY APPROVE THE ISSUANCE OF THIS PURCHASE ORDER.

04/30/2025

I HEREBY CERTIFY THAT THE AMOUNT OF THIS ENCUMBRANCE HAS BEEN
ENTERED AGAINST THE DESIGNATED APPROPRIATION ACCOUNTS AND THAT
THIS ENCUMBRANCE IS WITHIN THE AUTHORIZED AVAILABLE BALANCE OF
SAID APPROPRIATION. 04/30/2025

PURCHASING OFFICER

DATE

ENCUMBERING OFFICER

DATE

UNITS	DESCRIPTION	INV PART NUMBER	REQUEST	G/L ACCOUNT	PROJ	PRICE	AMOUNT
0.00	GEMS DIST TREA BRANNON APR 25 INVOICE JB52025 GEMS DIST TREA BRANNON APR 25		00039030	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 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 # 00039030

INVOICE

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

INVOICE #: JB52025

DATE: 5/1/2025

BILL TO:

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

Description	Amount
Contract Fees & Services	
APRIL 2025	\$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



GEMS

Glenpool Area Medical Service District
Glenpool, Oklahoma

12205 South Yukon Avenue
Glenpool, Oklahoma 74033

May 5, 2025

Honorable Chair and Board Members:

The accompanying Glenpool Area Emergency Medical Service District (GEMS) proposed balanced budget for fiscal year 2025-2026 is submitted for your review and discussion. The annual budget process provides GEMS Board Members with the opportunity to review past budgets and utilize that data to plan for the upcoming year.

Highlights of the proposed budget include:

- Revenues from ad valorem taxes totaling \$410,059
- Operations totaling \$441,223.00
- Use of Fund Balance totaling \$31,164.00

The FY 2025-2026 proposed budget is prepared and presented in accordance with the Oklahoma Emergency Medical Service District Budget Act.

Respectfully,

Joshua M. Brannon,
District Treasurer

12205 S. Yukon, Glenpool, OK 74033 • OFFICE: 918-209-4630 FAX: 918-209-4626

Fund Name	Department Name	ACCOUNT ID	Description	FY 2023-2024 Actuals	FY 2024-2025 Adopted Budget	FY 2024-2025 Amended Budget	FY 2024-2025 Projection	FY 2025-2026 Proposed Budget	\$ Change from FY 2025 Amended	% Change from FY 2025 Amended
Glenpool Area Emergency Medical Service District	General Revenues	31-5-00-5006	TAXES	\$ 397,991.13	\$ 385,000.00	\$ 385,000.00	\$ 395,163.98	\$ 410,059.00	\$ 25,059.00	6%
Glenpool Area Emergency Medical Service District	General Revenues	31-5-00-5301	INTEREST	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Glenpool Area Emergency Medical Service District	General Revenues	31-5-00-5306	MISCELLANEOUS	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Glenpool Area Emergency Medical Service District	General Revenues	31-5-00-5409	TRANSFER FROM FUND BALANCE	\$ -	\$ 38,904.00	\$ 38,904.00	\$ 3,515.02	\$ 31,164.00	\$ (7,740.00)	-25%
Glenpool Area Emergency Medical Service District	Gems	31-6-01-6119	TECHNOLOGY/PHONE	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Glenpool Area Emergency Medical Service District	Gems	31-6-01-6202	OPERATING SUPPLIES	\$ 3,829.92	\$ 4,500.00	\$ 4,500.00	\$ 4,500.00	\$ 5,500.00	\$ 1,000.00	18%
Glenpool Area Emergency Medical Service District	Gems	31-6-01-6204	FUEL	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Glenpool Area Emergency Medical Service District	Gems	31-6-01-6206	MINOR EQUIPMENT	\$ -	\$ 2,500.00	\$ 2,500.00	\$ 2,500.00	\$ 2,500.00	\$ -	0%
Glenpool Area Emergency Medical Service District	Gems	31-6-01-6210	AMBULANCE CONTRACT	\$ 180,000.00	\$ 180,000.00	\$ 180,000.00	\$ 180,000.00	\$ 180,000.00	\$ -	0%
Glenpool Area Emergency Medical Service District	Gems	31-6-01-6215	FIRST RESPONDER SUPPLIES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Glenpool Area Emergency Medical Service District	Gems	31-6-01-6220	RENT EXPENSE	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Glenpool Area Emergency Medical Service District	Gems	31-6-01-6225	FIRST RESPONDER/ADMIN FEES	\$ 171,278.41	\$ 177,379.00	\$ 177,379.00	\$ 177,379.00	\$ 207,005.00	\$ 29,626.00	14%
Glenpool Area Emergency Medical Service District	Gems	31-6-01-6235	CONTRACT SERVICES	\$ 10,262.92	\$ 13,800.00	\$ 13,800.00	\$ 13,800.00	\$ 13,800.00	\$ -	0%
Glenpool Area Emergency Medical Service District	Gems	31-6-01-6236	AUDIT FEES	\$ 9,862.96	\$ 39,225.00	\$ 39,225.00	\$ 14,000.00	\$ 25,918.00	\$ (13,307.00)	-51%
Glenpool Area Emergency Medical Service District	Gems	31-6-01-6254	MISCELLANEOUS	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Glenpool Area Emergency Medical Service District	Gems	31-6-01-6262	TRAVEL AND TRAINING	\$ -	\$ 6,500.00	\$ 6,500.00	\$ 6,500.00	\$ 6,500.00	\$ -	0%
Glenpool Area Emergency Medical Service District	Gems	31-6-01-6283	INVESTMENT EXPENSES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Glenpool Area Emergency Medical Service District	Gems	31-6-01-6333	CAPITAL PURCHASES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Glenpool Area Emergency Medical Service District	Gems	31-6-01-6337	TRANSFER TO GUSA	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Glenpool Area Emergency Medical Service District	Gems	31-6-01-6351	TRANSFER OUT	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Glenpool Area Emergency Medical Service District	Gems	31-6-01-6355	CAPITAL - COMPUTERS	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Glenpool Area Emergency Medical Service District	Gems	31-6-01-6745	OPERATING RESERVE	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
			TOTAL REVENUES	\$ 397,991.13	\$ 423,904.00	\$ 423,904.00	\$ 398,679.00	\$ 441,223.00	\$ 17,319.00	4%
			TOTAL EXPENDITURES	\$ 375,234.21	\$ 423,904.00	\$ 423,904.00	\$ 398,679.00	\$ 441,223.00	\$ 17,319.00	4%
			Revenues Over/(Under) Expenditures	\$ 22,756.92	\$ -	\$ -	\$ -	\$ -	\$ -	

Exhibit A
Emergency Medical Response Service Rate Summary

Runs Trailing 12 Previous Months		Ratio
EMR	1,725	75.4%
Fire	564	24.6%
Total	2,289	

Based on FY 2025-2026 Proposed Budget:

	EMR Calls vs. Fire:		75%
	Total		EMR
Total Compensation/Benefits for EMR personnel	\$ 3,445,608	\$	2,596,624
Average per person (total/28)	\$ 123,057	\$	92,737
Annual hours per person	2,912		
Avg hourly personnel cost	\$ 42.26	\$	31.85
Three person crew (\$29.67 X 3)	\$ 126.78	\$	95.54

Fire Truck Expenses

	FY 2025-2026
Maintenance	48,759
Fuel	19,736
Total truck expenses	\$ 68,495

	EMR Calls vs Fire	75%
Estimated number of runs FY 2025-2026	2,289	
Average cost per run for truck (constant)	\$ 29.92	

	Total		EMR
Total rate per run (\$126.78 crew, \$29.92 truck)	\$ 156.70	\$	118.09
Add'l Reimbursement for Accounting Services (12 months x \$275)	\$	\$	3,300.00
Total Estimated EMR Reimbursement FY 2025-2026	\$	\$	207,005.00