

**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, August 4, 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/u/kdrY6w7ABX>

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

- Speakers attending in **PERSON** are required to complete the Request to Speak form located on the agenda table and return to the City Clerk **PRIOR TO THE CALL TO ORDER.**
- Speakers attending via **ZOOM** are required to complete the Request to Speak form located on our website: <https://glenpoolonline.civicweb.net/document/19057/Request%20to%20Speak%20Form.pdf> and email it to the City Clerk: [lasmith@cityofglenpool.com](mailto:lasmith@cityofglenpool.com) **PRIOR TO 6:00 PM, AUGUST 4, 2025.**

**AGENDA**

	Page
A) <b>Call to Order - Joyce G. Calvert, Chair</b>	
B) <b>Roll Call, Declaration of Quorum – Lesli Smith, Clerk; Joyce G. Calvert, Chair</b>	
C) <b>EMS Report - Brian Cook, Director of Operations, Mercy Regional EMS</b>	
1) <a href="#">GEMS EMS REPORT for Aug 4 2025</a>	3
D) <b>District Administrator Report</b>	
1) <a href="#">GEMS Financial Statements June 2025</a> <a href="#">BAG CHECK (Engine 1 2025-07-21)</a>	4 - 27

[BAG CHECK \(Engine 3 2025-07-21\)](#)

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 July 7, 2025, meeting. 28 - 30

[GEMS - 07 Jul 2025 - Minutes - Pdf](#)

2) To approve the purchase orders receiving report and payment claims as of 7/30/2025 totaling \$32,462.44. 31 - 48

[GEMS Packet 08-04-25](#)

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 \_\_\_\_\_, \_\_\_\_\_ at \_\_\_\_\_ am/pm.

Signed:

Clerk



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

To: Honorable Chair and GEMS Board Members

From: Brian Cook, Chief Operating Officer

Date: July 28, 2025

Ref: EMS Report for meeting August 4, 2025

As I mentioned in my report last month, we launched a new CAD system on July 1<sup>st</sup>. The CAD system is working well and is benefiting both our dispatchers and our crews. With the CAD system comes a reporting software program to run all our reports. We are still trying to learn that system and have had some problems running other reports that we need daily. Unfortunately, I will not have a report to give you for the August 4, 2025 meeting. This report is a priority, and I intend to have a full report for you in September.

Brian Cook,  
Chief Operating Officer

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



To Oklahoma & You™

Dir 1 251 5

9199X0C.004 BNCF:0008447



24-Hour  
 Automated  
 Account Information

1-877-602-2262

2 \*0008447  
 GLENPOOL AREA EMERGENCY MEDICAL  
 SERVICE DISTRICT  
 12205 S YUKON AVE  
 GLENPOOL OK 74033-6635

PAGE 1

ACCOUNT NUMBER	[REDACTED]
STATEMENT DATE	6/30/25

*Get your kicks and  
a classic rate!*

**NEW | USED  
REFINANCE**

Loans offered with approved credit.  
 Refinance available on non-BancFirst  
 loans. Model year limits may apply.  
 Auto debit may be required.

MEMBER  
FDIC

**ACCOUNT ANALYSIS**

Beginning Balance	6/01/25	399,851.44
Deposits / Misc Credits	1	2,264.76
Withdrawals / Misc Debits	5	17,343.85
** Ending Balance	6/30/25	384,772.35 **

Service Charge	.00
Enclosures	5

Date		Deposits	Withdrawals	Activity Description
6/12		2,264.76		TULSA COUNTY/REMIT

Date		Check No.	Amount	Date	Check No.	Amount	Date	Check No.	Amount		
6/13		2256	15,000.00	6/06		2258		6/10		2260	1,900.00
6/10		2257	27.19	6/10		2259					208.33

Date	Balance	Date	Balance	Date	Balance
6/06	399,643.11	6/12	399,772.35	6/13	384,772.35
6/10	397,507.59				

8001-00000



Statement Date: 6/30/25

PAGE 2

DO NOT ACCEPT UNLESS THE CHECK IS PRINTED WITH A COLOR BACKGROUND, CONTAINS A VOID PATTERNGRAM, MICROPRINTS, FIBER AND A WATERMARK ON THE REVERSE SIDE.

**GLENPOOL AREA EMERGENCY** 0193  
 MEDICAL SERVICE DISTRICT  
 12205 S. YUKON AVE. PH. 918-322-6409  
 GLENPOOL, OK 74033-6635

BancFirst  
 Glenpool, Oklahoma  
 39-3631030

002256

PAY ----- FIFTEEN THOUSAND & 00/100 DOLLARS ----- DATE 06/04/2025 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 *Wes Smith*  
 AUTHORIZED SIGNATURES

\*002256\* 1030036324

DO NOT ACCEPT UNLESS THE CHECK IS PRINTED WITH A COLOR BACKGROUND, CONTAINS A VOID PATTERNGRAM, MICROPRINTS, FIBER AND A WATERMARK ON THE REVERSE SIDE.

**GLENPOOL AREA EMERGENCY** 0193  
 MEDICAL SERVICE DISTRICT  
 12205 S. YUKON AVE. PH. 918-322-6409  
 GLENPOOL, OK 74033-6635

BancFirst  
 Glenpool, Oklahoma  
 39-3631030

002257

PAY ----- TWENTY SEVEN & 19/100 DOLLARS ----- DATE 06/04/2025 CHECK AMOUNT \*\*\*\*\*27.19

TO THE ORDER OF \*\* COLON SOFTWARE PSC \*\*  
 P.O. BOX 208598  
 DALLAS, TX 75320-8098

BY *Wes Smith*  
 AUTHORIZED SIGNATURES

\*002257\* 1030036324

Number: 2256 Date: 6/13/2025 Amount: \$15000.00

Number: 2257 Date: 6/10/2025 Amount: \$27.19

DO NOT ACCEPT UNLESS THE CHECK IS PRINTED WITH A COLOR BACKGROUND, CONTAINS A VOID PATTERNGRAM, MICROPRINTS, FIBER AND A WATERMARK ON THE REVERSE SIDE.

**GLENPOOL AREA EMERGENCY** 0193  
 MEDICAL SERVICE DISTRICT  
 12205 S. YUKON AVE. PH. 918-322-6409  
 GLENPOOL, OK 74033-6635

BancFirst  
 Glenpool, Oklahoma  
 39-3631030

002258

PAY ----- TWO HUNDRED EIGHT & 33/100 DOLLARS ----- DATE 06/04/2025 CHECK AMOUNT \*\*\*\*\*208.33

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

BY *Wes Smith*  
 AUTHORIZED SIGNATURES

\*002258\* 1030036324

DO NOT ACCEPT UNLESS THE CHECK IS PRINTED WITH A COLOR BACKGROUND, CONTAINS A VOID PATTERNGRAM, MICROPRINTS, FIBER AND A WATERMARK ON THE REVERSE SIDE.

**GLENPOOL AREA EMERGENCY** 0193  
 MEDICAL SERVICE DISTRICT  
 12205 S. YUKON AVE. PH. 918-322-6409  
 GLENPOOL, OK 74033-6635

BancFirst  
 Glenpool, Oklahoma  
 39-3631030

002259

PAY ----- TWO HUNDRED EIGHT & 33/100 DOLLARS ----- DATE 06/04/2025 CHECK AMOUNT \*\*\*\*\*208.33

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

BY *Lesli Smith*  
 AUTHORIZED SIGNATURES

\*002259\* 1030036324

Number: 2258 Date: 6/6/2025 Amount: \$208.33

Number: 2259 Date: 6/10/2025 Amount: \$208.33

DO NOT ACCEPT UNLESS THE CHECK IS PRINTED WITH A COLOR BACKGROUND, CONTAINS A VOID PATTERNGRAM, MICROPRINTS, FIBER AND A WATERMARK ON THE REVERSE SIDE.

**GLENPOOL AREA EMERGENCY** 0193  
 MEDICAL SERVICE DISTRICT  
 12205 S. YUKON AVE. PH. 918-322-6409  
 GLENPOOL, OK 74033-6635

BancFirst  
 Glenpool, Oklahoma  
 39-3631030

002260

PAY ----- ONE THOUSAND NINE HUNDRED & 00/100 DOLLARS ----- DATE 06/04/2025 CHECK AMOUNT \*\*\*\*\*1,900.00

TO THE ORDER OF \*\* OKLA STATE UNIV. FIRE SERVICE TRAINING \*\*  
 OSU/OFFICE OF THE BURGAR  
 113 STUDENT UNION  
 STILLWATER, OK 74078

BY *Wes Smith*  
 AUTHORIZED SIGNATURES

\*002260\* 1030036324

Number: 2260 Date: 6/10/2025 Amount: \$1900.00

4021-00000



PERIOD: 6/01/2025 - 6/30/2025

ACCOUNT: 31-1001 GEMS CASH IN BANK

RECONCILIATION SUMMARY

BEGINNING STATEMENT BALANCE:	399,851.44	GL ACCOUNT BALANCE:	384,772.35
DEPOSITS:	+ 2,264.76	OUTSTANDING DEPOSITS:	- 0.00
WITHDRAWALS:	+ 17,343.85CR	OUTSTANDING CHECKS:	- 0.00
ADJUSTMENTS:	+ <u>0.00</u>	ADJUSTMENTS:	+ <u>0.00</u>
ENDING STATEMENT BALANCE:	384,772.35	ADJUSTED GL ACCOUNT BALANCE:	384,772.35

STATEMENT BALANCE: 384,772.35  
 BANK DIFFERENCE: 0.00  
 G/L DIFFERENCE: 0.00

CLEARED DEPOSITS:

6/12/2025	June GEMS TAX DEP FROM TC	<u>2,264.76</u>
TOTAL CLEARED DEPOSITS:		2,264.76
=====		

CLEARED CHECKS:

6/04/2025	002256	CENTURION HEALTH SYSTEMS, DBA M	15,000.00CR
6/04/2025	002257	COLUMN SOFTWARE PBC	27.19CR
6/04/2025	002258	JOSHUA M. BRANNON	208.33CR
6/04/2025	002259	LESLI SMITH	208.33CR
6/04/2025	002260	OKLA STATE UNIV. FIRE SERVICE	<u>1,900.00CR</u>
TOTAL CLEARED CHECKS:			17,343.85CR
			=====

CLEARED OTHER:

No Items.

CITY OF GLENPOOL  
 BALANCE SHEET  
 AS OF: JUNE 30TH, 2025

31 -GEMS

ACCOUNT #	ACCOUNT DESCRIPTION	BALANCE	
<b>ASSETS</b>			
=====			
31-1001	GEMS CASH IN BANK	384,772.35	
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>413,206.41</u>
TOTAL ASSETS			413,206.41
			=====
<b>LIABILITIES</b>			
=====			
31-2001	ACCOUNTS PAYABLE	30,203.24	
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>30,203.24</u>
<b>EQUITY</b>			
=====			
31-3001	FUND BALANCE	<u>334,818.20</u>	
	TOTAL BEGINNING EQUITY	334,818.20	
TOTAL REVENUE		433,724.02	
TOTAL EXPENSES		<u>385,539.05</u>	
TOTAL REVENUE OVER/(UNDER) EXPENSES		48,184.97	
TOTAL EQUITY & REV. OVER/(UNDER) EXP.			<u>383,003.17</u>
TOTAL LIABILITIES, EQUITY & REV.OVER/(UNDER) EXP.			413,206.41
			=====

CITY OF GLENPOOL  
 PRIOR YEAR ENCUMBRANCE FINANCIAL (UNAUDITED)  
 AS OF: JUNE 30TH, 2025

31 -GEMS

FINANCIAL SUMMARY

% OF YEAR COMPLETED: 100.00

	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	456,525.00	2,264.76	0.00	433,724.02	0.00	22,800.98	95.01
TOTAL REVENUES	456,525.00	2,264.76	0.00	433,724.02	0.00	22,800.98	95.01
<u>EXPENDITURE SUMMARY</u>							
GEMS	456,525.00	47,547.09	0.00	385,539.05	0.00	70,985.95	84.45
TOTAL EXPENDITURES	456,525.00	47,547.09	0.00	385,539.05	0.00	70,985.95	84.45
REVENUE OVER/(UNDER) EXPENDITURES	0.00	( 45,282.33)	0.00	48,184.97	0.00	0.00	0.00

CITY OF GLENPOOL  
 PRIOR YEAR ENCUMBRANCE FINANCIAL (UNAUDITED)  
 AS OF: JUNE 30TH, 2025

31 -GEMS

% OF YEAR COMPLETED: 100.00

REVENUES	CURRENT BUDGET	CURRENT PERIOD	PRIOR YEAR PO ADJUST.	Y-T-D ACTUAL	Y-T-D ENCUMBRANCE	BUDGET BALANCE	% OF BUDGET
<hr/>							
NON-DEPARTMENTAL =====							
<u>TAXES</u>							
31-5-00-5006 TAXES	<u>417,621.00</u>	<u>2,264.76</u>	<u>0.00</u>	<u>433,724.02</u>	<u>0.00</u>	( <u>16,103.02</u> )	<u>103.86</u>
TOTAL TAXES	417,621.00	2,264.76	0.00	433,724.02	0.00	( 16,103.02 )	103.86
<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	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>
TOTAL 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	<u>38,904.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>38,904.00</u>	<u>0.00</u>
TOTAL OTHER FINANCING SOURCES	<u>38,904.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>38,904.00</u>	<u>0.00</u>
TOTAL NON-DEPARTMENTAL	456,525.00	2,264.76	0.00	433,724.02	0.00	22,800.98	95.01
<hr/>							
** TOTAL REVENUES **	456,525.00	2,264.76	0.00	433,724.02	0.00	22,800.98	95.01
	=====	=====	=====	=====	=====	=====	=====

CITY OF GLENPOOL  
 PRIOR YEAR ENCUMBRANCE FINANCIAL (UNAUDITED)  
 AS OF: JUNE 30TH, 2025

31 -GEMS

% OF YEAR COMPLETED: 100.00

DEPARTMENTAL EXPENDITURES	CURRENT BUDGET	CURRENT PERIOD	PRIOR YEAR PO ADJUST.	Y-T-D ACTUAL	Y-T-D ENCUMBRANCE	BUDGET BALANCE	% OF BUDGET
<b>GEMS</b>							
<b>PERSONAL SERVICES</b>							
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
<b>SUPPLIES</b>							
31-6-01-6202 OPERATING SUPPLIES	4,500.00	27.19	0.00	3,946.22	0.00	553.78	87.69
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	27.19	0.00	3,946.22	0.00	3,053.78	56.37
<b>OTHER CHARGES &amp; SERVICES</b>							
31-6-01-6210 AMBULANCE CONTRACT	180,000.00	15,000.00	0.00	180,000.00	0.00	0.00	100.00
31-6-01-6225 FIRST RESPONDER/ADMIN FEES	210,000.00	29,786.58	0.00	194,342.08	0.00	15,657.92	92.54
31-6-01-6235 CONTRACT SERVICES	13,800.00	833.32	0.00	5,350.75	0.00	8,449.25	38.77
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	443,025.00	45,619.90	0.00	379,692.83	0.00	63,332.17	85.70
<b>TRAVEL &amp; TRAINING</b>							
31-6-01-6262 TRAVEL AND TRAINING	6,500.00	1,900.00	0.00	1,900.00	0.00	4,600.00	29.23
TOTAL TRAVEL & TRAINING	6,500.00	1,900.00	0.00	1,900.00	0.00	4,600.00	29.23
<b>MISCELLANEOUS</b>							
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
<b>CAPITAL EXPENDITURES</b>							
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
<b>OTHER FINANCING USES</b>							
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	456,525.00	47,547.09	0.00	385,539.05	0.00	70,985.95	84.45
TOTAL EXPENDITURES	456,525.00	47,547.09	0.00	385,539.05	0.00	70,985.95	84.45
REVENUE OVER/(UNDER) EXPENDITURES	0.00	( 45,282.33)	0.00	48,184.97	0.00	( 48,184.97)	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	108.4%	108.6%	110.9%	101.8%	101.7%	93.3%	100.7%
May	112.1%	112.7%	114.2%	104.9%	105.2%	97.9%	104.4%
June	112.7%	113.7%	115.0%	105.3%	105.7%	99.1%	105.2%

As of June 30, 2025 GEMS received 112.7% of tax revenue originally budgeted.  
In other words, \$433,724.02 has been received of the \$385,000.00 tax revenue originally budgeted.



GLENPOOL FIRE DEPARTMENT  
MED BAG CHECKLIST

Unit:   
Date:

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

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

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

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

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

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

**IV COMPARTMENT**

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

2-14g IV	Exp. Date:	<input type="text" value="27 July 2025"/>	Exp. Date:	<input type="text" value="27 July 2025"/>
2-18g IV	Exp. Date:	<input type="text" value="20 October 2026"/>	Exp. Date:	<input type="text" value="20 October 2026"/>
2-20g IV	Exp. Date:	<input type="text" value="25 March 2025"/>	Exp. Date:	<input type="text" value="02 May 2027"/>
2-22g IV	Exp. Date:	<input type="text" value="11 March 2027"/>	Exp. Date:	<input type="text" value="15 April 2027"/>
2-24g IV	Exp. Date:	<input type="text" value="10 July 2025"/>	Exp. Date:	<input type="text" value="10 July 2025"/>
4-Saline Flushes	{ Exp. Date:	<input type="text" value="01 April 2026"/>	Exp. Date:	<input type="text" value="01 April 2026"/>
	{ Exp. Date:	<input type="text" value="01 April 2026"/>	Exp. Date:	<input type="text" value="01 April 2026"/>
2-IV Start Kits		<input checked="" type="checkbox"/>		
2-EZ Stabilizers	Exp. Date:	<input type="text" value="15 May 2027"/>	Exp. Date:	<input type="text" value="02 May 2027"/>
2-45mm 15g IO Needle Set	Exp. Date:	<input type="text" value="30 November 2027"/>	Exp. Date:	<input type="text" value="01 April 2027"/>
2-25mm 15g IO Needle Set	Exp. Date:	<input type="text" value="30 June 2026"/>	Exp. Date:	<input type="text" value="30 May 2026"/>
1-IV Bag	Exp. Date:	<input type="text" value="28 February 2026"/>		
1 Pressure Bag		<input checked="" type="checkbox"/>		

**AIRWAY COMPARTMENT**

1-2.5 ET Tube	Exp. Date:	<input type="text" value="28 December 2027"/>	1-7.0 ET Tube	Exp. Date:	<input type="text" value="21 January 2027"/>
1-3.0 ET Tube	Exp. Date:	<input type="text" value="04 December 2025"/>	1-7.5 ET Tube	Exp. Date:	<input type="text" value="17 December 2026"/>
1-3.5 ET Tube	Exp. Date:	<input type="text" value="07 May 2026"/>	1-8.0 ET Tube	Exp. Date:	<input type="text" value="04 December 2025"/>
1-4.0 ET Tube	Exp. Date:	<input type="text" value="14 April 2027"/>	1-8.5 ET Tube	Exp. Date:	<input type="text" value="19 December 2024"/>
1-4.5 ET Tube	Exp. Date:	<input type="text" value="24 May 2027"/>	1-9.0 ET Tube	Exp. Date:	<input type="text" value="14 August 2026"/>
1-5.0 ET Tube	Exp. Date:	<input type="text" value="19 June 2026"/>	1-OPA Kit		<input checked="" type="checkbox"/>
1-5.5 ET Tube	Exp. Date:	<input type="text" value="16 July 2026"/>	K-Y Lube Gel	Exp. Date:	<input type="text" value="29 July 2028"/>
1-6.0 ET Tube	Exp. Date:	<input type="text" value="20 August 2026"/>			
1-6.5 ET Tube	Exp. Date:	<input type="text" value="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	<b>4 KAD</b>	Green	Exp. Date:	01 October 2026
Size 9.3	Exp. Date:	07 December 2026		Purple	Exp. Date:	30 April 2027
Size 10	Exp. Date:	28 April 2027		Yellow	Exp. Date:	01 November 2027
Size 10.7	Exp. Date:	29 April 2027		Red	Exp. Date:	01 August 2025
Size 11.3	Exp. Date:	10 February 2026				

**MEDICINE COMPARTMENT**

1-Glucagon Kit 1mg	Exp. Date:	01 May 2025				
1-50% Dextrose	Exp. Date:	01 March 2027				
2 - Epinephrine Injection 1mg/mL	Exp. Date:	30 September 2025	Exp. Date:	30 September 2025		
2 - 18g Filter Needles	Exp. Date:	14 June 2028	Exp. Date:	25 November 2028		
2 - 23g Eclipse Needle	Exp. Date:	31 March 2025	Exp. Date:	31 March 2025		
2 - 1mL Syringe	Exp. Date:	31 December 2026	Exp. Date:	31 December 2026		
2 - 4x4 Gauze	<input checked="" type="checkbox"/>					
2 - Naloxone Hydrochloride 2mg per 2mL (1 Kit)	Exp. Date:	30 March 2026	Exp. Date:	31 December 2025		
1 - 2% Lidocaine Hcl	Exp. Date:	28 February 2026				
1 - Nebulizer Kit	<input checked="" type="checkbox"/>					
3 - Albuterol 2.5mg	Exp:	30 March 2025	Exp:	30 March 2025	Exp:	30 June 2025
1 - Levalbuterol 1.25	Exp. Date:	29 November 2025				
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	<input checked="" type="checkbox"/>					

## LIFEPAK MONITOR

Child/ Adult AED Pads      Exp. Date: 30 December 2026

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 July 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. | <input checked="" type="checkbox"/> Pass | <input type="checkbox"/> Fail |
| Two fully charged batteries  | <input checked="" type="checkbox"/> Pass | <input type="checkbox"/> Fail |
| Service indicator  | <input checked="" type="checkbox"/> Pass | <input type="checkbox"/> Fail |

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

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

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

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

8. Energy

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

8. Cont.

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

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

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

10. Check ECG printer for:

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

11. If using wireless data transmission, test transmission method

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

12. Turn off defibrillator.

(Press and hold ON for up to 2 seconds)

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

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

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

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

---

Glucose Monitor

- Clean monitor  Pass  Fail

**Laerdal Scope**

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

**AirTraq Videoscope**

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

**2% Bag**

**Top Left Pocket (IV Fluids)**

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

**Center Pocket**

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

Center Pocket Cont.

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

---

Bottom Right Pocket

Seal:

815

New Seal:

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

---

Bot 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: Engine 3

Date: 21 July 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: 23 April 2026
  - 1 - Airtraq Blade Grey Exp. Date: 23 April 2026

- O2 LEFT SIDE POCKET**
- 1-O2 Cylinder psi 1200
  - 2-Adult NRB
  - 2-Adult NC
  - 1-Adult BVM

- INSIDE POCKET**
- 1-Blood Glucose Kit/Test Strips Exp. Date: 26 July 2026
  - 1-Tube Glucose 31g Exp. Date: 01 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 February 2026	Exp. Date:	27 February 2026
2-18g IV	Exp. Date:	20 October 2026	Exp. Date:	20 October 2026
2-20g IV	Exp. Date:	02 May 2027	Exp. Date:	02 May 2027
2-22g IV	Exp. Date:	28 November 2025	Exp. Date:	28 November 2025
2-24g IV	Exp. Date:	31 July 2026	Exp. Date:	04 January 2026
4-Saline Flushes	{ Exp. Date:	01 October 2025	Exp. Date:	01 April 2026
	{ Exp. Date:	01 April 2026	Exp. Date:	10 January 2026
2-IV Start Kits		<input checked="" type="checkbox"/>		
2-EZ Stabilizers	Exp. Date:	02 May 2027	Exp. Date:	02 May 2027
2-45mm 15g IO Needle Set	Exp. Date:	30 November 2027	Exp. Date:	30 November 2030
2-25mm 15g IO Needle Set	Exp. Date:	31 March 2027	Exp. Date:	31 October 2027
1-IV Bag	Exp. Date:	01 December 2025		
1 Pressure Bag		<input checked="" type="checkbox"/>		

**AIRWAY COMPARTMENT**

1-2.5 ET Tube	Exp. Date:	17 July 2026	1-7.0 ET Tube	Exp. Date:	17 April 2026
1-3.0 ET Tube	Exp. Date:	17 May 2026	1-7.5 ET Tube	Exp. Date:	17 October 2026
1-3.5 ET Tube	Exp. Date:	17 May 2026	1-8.0 ET Tube	Exp. Date:	17 August 2026
1-4.0 ET Tube	Exp. Date:	17 May 2026	1-8.5 ET Tube	Exp. Date:	17 August 2026
1-4.5 ET Tube	Exp. Date:	17 July 2027	1-9.0 ET Tube	Exp. Date:	17 August 2026
1-5.0 ET Tube	Exp. Date:	17 November 2026	1-OPA Kit		<input checked="" type="checkbox"/>
1-5.5 ET Tube	Exp. Date:	17 July 2027	K-Y Lube Gel	Exp. Date:	17 February 2028
1-6.0 ET Tube	Exp. Date:	17 August 2026			
1-6.5 ET Tube	Exp. Date:	17 August 2026			

**AIRWAY COMPARTMENT CONT.**

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

Size 8.7	Exp. Date:	17 November 2025	<b>4 KAD</b>	Green	Exp. Date:	17 November 2026
Size 9.3	Exp. Date:	17 December 2025		Purple	Exp. Date:	17 November 2026
Size 10	Exp. Date:	01 December 2025		Yellow	Exp. Date:	17 October 2026
Size 10.7	Exp. Date:	17 October 2026		Red	Exp. Date:	17 October 2023
Size 11.3	Exp. Date:	17 May 2027				

**MEDICINE COMPARTMENT**

1-Glucagon Kit 1mg	Exp. Date:	17 May 2026	
1-50% Dextrose	Exp. Date:	17 February 2026	
2 - Epinephrine Injection 1mg/mL	Exp. Date:	17 September 2025	Exp. Date: 17 September 2025
2 - 18g Filter Needles	Exp. Date:	17 June 2028	Exp. Date: 17 November 2028
2 - 23g Eclipse Needle	Exp. Date:		Exp. Date:
2 - 1mL Syringe	Exp. Date:	17 December 2026	Exp. Date: 17 December 2026
2 - 4x4 Gauze	<input checked="" type="checkbox"/>		
2 - Naloxone Hydrochloride 2mg per 2mL (1 Kit)	Exp. Date:	17 March 2026	Exp. Date: 17 March 2026
1 - 2% Lidocaine Hcl	Exp. Date:	17 February 2026	
1 - Nebulizer Kit	<input checked="" type="checkbox"/>		
3 - Albuterol 2.5mg	Exp:	17 June 2025	Exp: 17 June 2025      Exp: 17 June 2025
1 - Levalbuterol 1.25mg	Exp. Date:	17 March 2026	
1 - Levalbuterol 0.31mg	Exp. Date:	17 September 2025	
2 - Ipratropium Bromide 0.5mg (Atrovent)	Exp. Date:	17 August 2025	Exp. Date: 17 August 2025
1 - Low Dose Aspirin (81 mg)	Exp. Date:	17 September 2026	
1 - Roll Med Tape	<input checked="" type="checkbox"/>		

**LIFEPAK MONITOR**

Pedi AED Pads	Exp. Date:	<input type="text" value="22 March 2026"/>
Child/ Adult AED Pads	Exp. Date:	<input type="text" value="22 March 2026"/>
Capno	<input checked="" type="checkbox"/>	
PEDI Pulse OX	Exp. Date:	<input type="text"/>

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

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

Unit Serial No:	<input type="text"/>	Location:	<input type="text" value="E-2"/>	DATE	<input type="text" value="21 July 2025"/>
-----------------	----------------------	-----------	----------------------------------	------	---

**1. Inspect physical condition for:**

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

**2. Inspect power source for:**

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

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

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

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

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

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

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

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

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

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

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

8. Energy

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

8. Cont.

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

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

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

10. Check ECG printer for:

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

11. If using wireless data transmission, test transmission method

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

12. Turn off defibrillator.

(Press and hold ON for up to 2 seconds)

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

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

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

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

---

Glucose Monitor

- Clean monitor  Pass  Fail

**Laerdal Scope**

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

**AirTraq Videoscope**

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

**2% Bag**

**Top Left Pocket (IV Fluids)**

- |                         |   |           |   |
|-------------------------|---|-----------|---|
| Seal:                   | <input type="text" value="593320"/>           | New Seal: | <input type="text"/>                          |
| Exp.:                   | <input type="text" value="17 December 2025"/> | Exp.:     | <input type="text" value="17 December 2025"/> |
| 2 IV bags               |   |           |   |
| 2 IV/IO drop admin sets | <input checked="" type="checkbox"/>           |           |   |
- 

**Center Pocket**

- |                        |  |           |  |
|------------------------|--|-----------|--|
| Seal:                  | <input type="text" value="593357"/>          | New Seal: | <input type="text"/>                         |
| Exp.:                  | <input type="text" value="17 January 2029"/> | Exp.:     | <input type="text" value="17 January 2029"/> |
| 2-Asherman chest seals |  |           |  |
| 2- 4X4 Gauze           | <input checked="" type="checkbox"/>          |           |  |
| 1-Roll white duct tape | <input type="checkbox"/>                     |           |  |
| 1-Tactical Tourniquet  | <input checked="" type="checkbox"/>          |           |  |
| 3- 5X9 Gauze           | <input checked="" type="checkbox"/>          |           |  |
| 2-Rolls Coban          | <input checked="" type="checkbox"/>          |           |  |
| 2- Ice packs           | <input checked="" type="checkbox"/>          |           |  |
| 2- Stretch Gauze       | <input checked="" type="checkbox"/>          |           |  |

**Center Pocket Cont.**

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

---

**Bottom Right Pocket**

Seal:

568892

New Seal:

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

---

**Bottom Left Pocket**

Seal:

568803

New Seal:

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

---

**Bop Right Pocket: (Ped/Infant)**

Seal:

568890

New Seal:

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

GDF STAFF



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**MINUTES**  
**GEMS Meeting**  
**Monday, July 7, 2025 Council Chambers 6:00 PM**

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

**TRUSTEES ABSENT:**

**STAFF PRESENT:** David Tillotson  
Lesli Smith  
Lea Ann Reed  
Joe Wuest

**STAFF ABSENT:**

- A) Call to Order - Joyce G. Calvert, Chair**  
Chair Calvert called the meeting to order at 6:56 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. Eric Wade Attorney, of Rosenstein, Fist & Ringold, were also in attendance.
- C) EMS Report - Brian Cook, Director of Operations, Mercy Regional EMS**  
Mr. Cook gave a report for the dates of May 28, 2025 -June 30, 2025.
- D) District Administrator Report**  
There was no official Administrator report.
- E) Trustee Comments**  
There were no trustee comments.
- F) Public Comments**  
There were no public comments.

Prior to the vote on the consent agenda items, City Manager David Tillotson requested that it be entered into the record that the City formally extends its thanks to Mercy Regional and their staff for their support and assistance during the recent Red, White, and Boom Bash.

**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 June 2, 2025, meeting.
- 2) To approve the purchase orders receiving report and payment claims as of 7/1/2025 totaling \$45,203.24.
- 3) To approve the Professional Services Contract with Lesli Smith to perform, as an independent contractor, the duties of GEMS District Clerk for Fiscal Year 2025-2026.
- 4) To approve the Professional Services Contract with Joshua Brannon to perform, as an independent contractor, the duties of GEMS District Treasurer/Finance Officer for Fiscal Year 2025-2026.
- 5) To approve the Administrative Operations Agreement between the GEMS District and the City of Glenpool setting out certain clerical and accounting services to be provided by the City of Glenpool to GEMS as well as Emergency Medical Response Agency emergency medical services for Fiscal Year 2025-2026.

Moved by Shayne Buchanan, seconded by Chris Brobst

*To approve the consent agenda.*

	<b>For</b>	<b>Against</b>	<b>Abstained</b>	<b>Absent</b>
Joyce Calvert	x			
Tim Fox	x			
Chris Brobst	x			
Jacqueline Triplett-Lund	x			
Shayne Buchanan	x			
	5	0	0	0

CARRIED.

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

There were no items removed from the consent agenda.

**I) Scheduled Business**

No items on the Scheduled Business section. No discussions or votes taken.

**J) Adjournment**

The meeting was adjourned at 7:00 p.m.



To: HONORABLE CHAIR AND GEMS DISTRICT BOARD MEMBERS

From: JOSHUA BRANNON, DISTRICT TREASURER

Date: August 4, 2025

Subject: Approval of Purchase Orders Receiving Report and Payment Claims as of 7/30/2025 totaling \$32,462.44

**Staff Recommendation:**

Staff recommends a motion to accept the PO Receipt Register report dated 7/30/2025 and approve the following payments:

P.O. #	ACCOUNT	VENDOR	DESCRIPTION	INV #	AMOUNT
26-22141	31-6-01-6210	Centurion Health Systems	Ambulance Service AUG 25	3395	\$15,000.00
26-22142	31-6-01-6225	City of Glenpool	1 <sup>st</sup> Responder JULY 2025	JULY2025	\$15,724.28
26-22143	31-6-01-6202	IMS, Inc.	Gloves for Fire Dept.	72925	\$1,308.00
26-22145	31-6-01-6235	Joshua Brannon	District Treasurer	JB72025	\$208.33
26-22144	31-6-01-6235	Lesli Smith	District Clerk	LS72025	\$208.33
26-22139	31-6-01-6202	Tulsa Beacon	Publication for GEMS Indebtedness Claim	23689	\$13.50
<b>Total</b>					<b>\$32,462.44</b>

**Attachments:**

1. Purchase Order Claim Register dated 7/30/2025 totaling \$32,462.44
2. PO Receipt Register dated 7/30/2025 totaling \$32,462.44
3. Purchase Orders and Invoices totaling \$32,462.44

7/30/2025 10:46 AM  
SEQUENCE: VENDOR NAME (ALPHA)

P O R E C E I P T R E G I S T E R  
A U D I T R E P O R T

PAGE: 1  
DETAIL LEVEL: INVOICE

VENDOR NAME	INVOICE	POST DATE	BANK	INVOICE AMOUNT	VENDOR TOTAL
31-000004	CENTURION HEALTH SYSTEMS, DBA M 3395	8/04/2025	31	15,000.00	15,000.00
31-000005	CITY OF GLENPOOL - GEMS 62020257202025	8/04/2025	31	15,724.28	15,724.28
31-000021	IMS, INC. 202507307990	8/04/2025	31	1,308.00	1,308.00
31-000033	JOSHUA M. BRANNON JB72025	8/04/2025	31	208.33	208.33
31-000032	LESLI SMITH LS72025	8/04/2025	31	208.33	208.33
31-000019	TULSA BEACON 23689	8/04/2025	31	13.50	13.50
**TOTALS**				32,462.44	32,462.44

**APPROVED**

BY

\_\_\_\_\_  
Joyce G. Calvert, Aug. 4, 2025

7/30/2025 10:48 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					
26-22141	GEMS MERCY INVOICE JULY 2	31-000004	CENTURION HEALTH SYSTEMS, DBA	8/2025 3395	15,000.00
26-22142	GEMS FIRST RESPONDER 7/25	31-000005	CITY OF GLENPOOL - GEMS	8/2025 62020257202025	15,724.28
26-22139	PUB FOR GEMS INDEBT CLAIM	31-000019	TULSA BEACON	8/2025 23689	13.50
26-22143	GLOVES FOR FIRE DEPT	31-000021	IMS, INC.	8/2025 202507307990	1,308.00
26-22144	GEMS SEC INV L. SMITH	31-000032	LESLI SMITH	8/2025 LS72025	208.33
26-22145	GEMS TREA INVOICE J BRANN	31-000033	JOSHUA M. BRANNON	8/2025 JB72025	208.33
DEPARTMENT TOTAL:					32,462.44
FUND TOTAL:					32,462.44
GRAND TOTAL:					32,462.44

P U R C H A S E O R D E R  
CITY OF GLENPOOL, OK

Email invoices: AP@cityofglenpool.com

Subject line must include PO and Vendor name or emails will be rejected  
PURCHASE ORDER # 26-22141 07/30/2025

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

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

I HEREBY APPROVE THE ISSUANCE OF THIS PURCHASE ORDER.

07/30/2025

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. 07/30/2025

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

\_\_\_\_\_  
DATE

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

\_\_\_\_\_  
DATE

UNITS	DESCRIPTION	INV PART NUMBER	REQUEST	G/L ACCOUNT	PROJ	PRICE	AMOUNT
0.00	GEMS MERCY INVOICE JULY 25 INVOICE NO. 3395 GEMS MERCY INVOICE JULY 25		00039928	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 00039928  
 Mercy Regional Oklahoma

P.O. Box 2398  
 Owasso, OK 74055

**Invoice**

Date	Invoice #
7/10/2025	3395

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

P.O. No.	Terms	Project

Quantity	Description	Rate	Amount
1	ALS Ambulance Subsidy for August 2025	15,000.00	15,000.00
		<b>Total</b>	\$15,000.00

<b>Phone #</b>	<b>Fax #</b>
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 # 26-22142

07/30/2025

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.

07/30/2025

\_\_\_\_\_  
 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.

07/30/2025

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

\_\_\_\_\_  
 DATE

UNITS	DESCRIPTION	INV PART NUMBER	REQUEST	G/L ACCOUNT	PROJ	PRICE	AMOUNT
0.00	GEMS FIRST RESPONDER 7/25 NEW RUN RATE AS OF 7-1-2025 OF 116.16 GEMS FIRST RESPONDER 7/25		00039930	31 -6-01-6225		0.00	15,724.28 *

\*\* TOTAL \*\*                      15,724.28

\*\*\* 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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# INVOICE

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

**Customer Number:** 01-0172  
**Invoice Number:** 62020257202025  
**Invoice Date:** 7/28/2025  
**Due Date:** 8/27/2025  
**P.O. # :**

TREASURER  
 GEMS-  
 12205 S YUKON AVE  
 GLENPOOL OK 74033

ITEM	DESCRIPTION	UNITS	TYPE	PRICE	AMOUNT
GEMS	ADM 1ST RESP 6/20-7/20/25	N/A	MONTH	N/A	15,724.28
6/20/2025-7/20/2025					
*****THANK YOU*****				<b>TOTAL DUE</b>	\$15,724.28

Req #00039930

GEMS ADMIN/FIRST RESPONDER REIMBURSEMENTS  
620/2025 - 7/20/2025

TOTAL RUNS	183
EMR RUNS	133
FIRE RUNS	50
EMR RATIO	72.68%
RUN RATE	\$116.16
ADMIN	\$275.00
OVERTIME	\$0.00

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TOTAL	\$ 15,724.28
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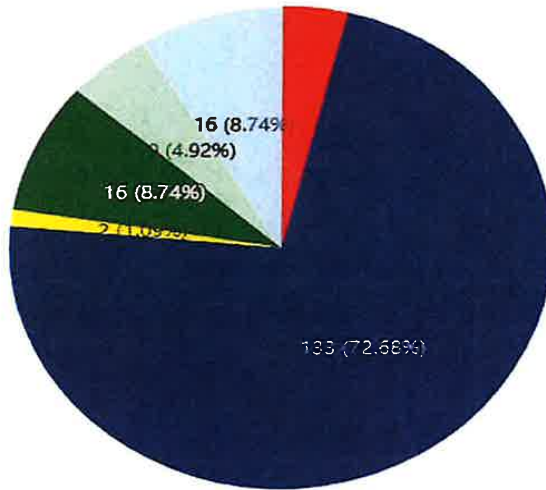
## Glenpool Fire Department Operations July 2025

6/20/25-7/20/25

**GEMS**

Run Type	# of Calls	Totals Calls
EMS Runs	<b>133</b>	<b>183</b>
Fire Runs	50	
Overlapping	66	

**Total (183)**



**Incident Type Series**

- 7 1 - Fire
  - 133 3 - Rescue & Emergency Medical Service Incident
  - 2 4 - Hazardous Condition (No Fire)
  - 16 5 - Service Call
  - 9 6 - Good Intent Call
  - 16 7 - False Alarm & False Call
- 183**

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

CITY OF GLENPOOL, OK

Email invoices: AP@cityofglenpool.com

Subject line must include PO and Vendor name or emails will be rejected  
PURCHASE ORDER # 26-22143 07/30/2025

ISSUED TO: VEND #: 31-000021  
IMS, INC.  
SUITE A  
12311 S. 74TH E. AVE.  
BIXBY, OK 74008

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

I HEREBY APPROVE THE ISSUANCE OF THIS PURCHASE ORDER.

07/30/2025

\_\_\_\_\_  
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.

07/30/2025

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

UNITS	DESCRIPTION	INV PART NUMBER	REQUEST	G/L ACCOUNT	PROJ	PRICE	AMOUNT
0.00	GLOVES FOR FIRE DEPT 12 PCS NPFT2650 XL 109.00 PER CASE GLOVES FOR FIRE DEPT		00040020	31 -6-01-6202		0.00	1,308.00 *

\*\*\* TOTAL \*\* 1,308.00

\*\*\* 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

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**Formal Quotation:**

**Date:** 07/29/25

**Bill to:** Glenpool Fire Department

Attn: Max Wilson  
12205 S Yukon Ave  
Glenpool, OK 74033

**Ship to:** Glenpool Fire Department

Attn: Max Wilson  
12205 S Yukon Ave  
Glenpool, OK 74033

**Brand Name:** SureCare

**Packaging:** 1 Case contains 1,000 Gloves, Packed in 10 boxes of 100 Gloves

**Product Description:** 7mil Deluxe Black, Standard Nitrile, Textured, Powder Free, Latex Free, Chemical Resistant Glove, for single use only.

**Cost:** \$109.00 per Case

**Product Part Number(s):**

12cs of NPFT2650 – X-Large

**\$1,308.00**

**Total:**

**\$1,308.00**

Submit your order via email: [support@imssupplies.com](mailto:support@imssupplies.com)

Or Call: 1-800-476-9657

Quotation Approved by:

*Matt Scott*

Director of Sales  
[matt@imssupplies.com](mailto:matt@imssupplies.com)

202507307990

12311 S 74th E Ave, Ste A • Bixby, OK 74008

Toll Free: (800) 476-9657 • Ph.: (918) 488-1556 • Fx: (918) 488-1559 • [Support@IMSSupplies.com](mailto:Support@IMSSupplies.com)

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

CITY OF GLENPOOL, OK

Email invoices: AP@cityofglenpool.com

Subject line must include PO and Vendor name or emails will be rejected  
PURCHASE ORDER # 26-22145 07/30/2025

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.

07/30/2025

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.

07/30/2025

ENCUMBERING OFFICER

DATE

UNITS	DESCRIPTION	INV PART NUMBER	REQUEST	G/L ACCOUNT	PROJ	PRICE	AMOUNT
0.00	GEMS TREA INVOICE J BRANNON INVOICE # JB72025 GEMS TREA INVOICE J BRANNON		00039999	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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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.

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

Reg# 00039999

**INVOICE**

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

**INVOICE #: JB72025**  
**DATE: 8/1/2025**

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

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

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

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

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

CITY OF GLENPOOL, OK

Email invoices: AP@cityofglenpool.com

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

PURCHASE ORDER # 26-22144

07/30/2025

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.

07/30/2025

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.

07/30/2025

ENCUMBERING OFFICER

DATE

Table with 8 columns: UNITS, DESCRIPTION, INV PART NUMBER, REQUEST, G/L ACCOUNT, PROJ, PRICE, AMOUNT. Row 1: 0.00, GEMS SEC INV L. SMITH, INVOICE # LS72025, GEMS SEC INV L. SMITH, 00040001, 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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Reg#00040001

**INVOICE**

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

**INVOICE #: LS72025**  
**DATE: 8/1/2025**

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

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

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

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

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

CITY OF GLENPOOL, OK

Email invoices: AP@cityofglenpool.com

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

PURCHASE ORDER # 26-22139

07/23/2025

ISSUED TO: VEND #: 31-000019

SHIP TO:

TULSA BEACON  
SUITE 180  
6705 E 81ST STREET  
TULSA, OK 74133

CITY HALL  
12205 S YUKON AVE  
GLENPOOL, OK 74033

I HEREBY APPROVE THE ISSUANCE OF THIS PURCHASE ORDER.

07/23/2025

\_\_\_\_\_  
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.

07/23/2025

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

\_\_\_\_\_  
DATE

UNITS	DESCRIPTION	INV PART NUMBER	REQUEST	G/L ACCOUNT	PROJ	PRICE	AMOUNT
0.00	PUB FOR GEMS INDEBT CLAIMS PUB FOR GEMS INDEBT CLAIMS		00039917	31 -6-01-6202		0.00	13.50 *

\*\* TOTAL \*\* 13.50

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

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

\_\_\_\_\_  
OFFICER OR DEPARTMENT HEAD IN CHARGE

\_\_\_\_\_  
DATE

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

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

**TULSA BEACON**  
 6705 E 81ST ST, SUITE 180  
 TULSA, OK 74133  
 USA

# INVOICE

Invoice Number: 23689  
 Invoice Date: 7/2/25  
 Page: 1

Voice: 918 523-4425  
 Fax: 918 523-4408

REQ# 00039917  
 J1 -6-01-6202

<b>Bill To:</b>
GLENPOOL AREA EMERGENCY MEDICAL SERVICE 12205 S YUKON AVE GLENPOOL, OK 74033

Customer ID: GEMS

Customer PO	Payment Terms	Sales Rep ID	Due Date
	Net 30 Days		8/1/25

Description	Amount
<del>CITY OF GLENPOOL</del> INDEBTEDNESS CLAIMS GEMS PUBLISHED ON JULY 3, 2025	13.50

Subtotal	13.50
Sales Tax	
Total Invoice Amount	13.50
Payment/Credit Applied	
<b>TOTAL</b>	<b>13.50</b>

Check/Credit Memo N:



# Affidavit of Publication

TULSA BEACON  
6705 E. 81st St. Ste 180  
Tulsa, Oklahoma, 74133  
(918) 523-4425

I, Susan Biggs, of lawful age, being duly sworn upon oath, deposes and says: That I am the Office Manager of the Tulsa Beacon, a Weekly newspaper printed and published in the City of Tulsa, County of Tulsa, and State of Oklahoma, and that the advertisement referred to, a true and printed copy is hereunto attached, was published in said Tulsa Beacon in consecutive issues on the following dates to wit:

1st Insertion      July 3, 2025                      GEMS  
Indebtedness claims

That said newspaper has been published continuously and uninterruptedly in said county during a period of one-hundred and four consecutive weeks prior to the publication of the attached notice or advertisement; that it has been admitted to the United States mail as publications (second-class) mail matter, that it has a general paid circulation, and publishes news of general interest, and otherwise conforms with all of the statutes of the State of Oklahoma governing legal publications.

Publication Fee \$ 13.50

Susan E Biggs  
Editor, Publisher or Authorized Agent

SUBSCRIBED and sworn to before me this 3rd day of JULY, 2025

Kelsi Kinney  
Notary Public

My commission expires: Feb 16, 2027



Page 1

Published in the Tulsa Beacon newspaper,  
in Tulsa County, in the State of Oklahoma,  
on July 3, 2025.

### PUBLIC NOTICE

All persons having an indebtedness or claim against the Glenpool Area Emergency Medical Service District are hereby notified that all invoices and documentation pertaining to said purchase order or contract must be recorded in the office of the GEMS District Clerk on or before September 30, 2025, covering all debts now unpaid and incurred during the period beginning July 1, 2024, and ending on June 30, 2025, or said account shall be void and forever barred.

Lesli Smith  
GEMS District Clerk