

**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, September 2, 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)

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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 **PRIOR TO 6:00 PM, SEPTEMBER 2, 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 08012025-08252025	3
D) District Administrator Report	
1) BAG CHECK (Engine 1 2025-08-22)	4 - 27

[BAG CHECK \(Rescue 1 2025-08-22\)](#)
[GEMS Financial Statements July 2025](#)

- 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 August 18, 2025, special meeting. 28 - 29
[GEMS Special Meeting- 18 Aug 2025 - Minutes - Pdf](#)
 - 2) To approve the purchase orders receiving report and payment claims as of 8/26/2025 totaling \$33,283.52 30 - 44
[GEMS Packet 09-02-25](#)
- H) **Consideration and appropriate action relating to items removed from the Consent Agenda**
- I) **Scheduled Business**
- J) **Adjournment**

This notice and agenda were posted at Glenpool City Hall, 12205 S. Yukon Ave., Glenpool, Oklahoma, on August 29, 2025, at 11:30am.

Signed: Lesli Smith
Clerk



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: August 26, 2025

Ref: EMS Report August 1, 2025 – August 25, 2025

We have logged 123 calls for service during this period. We are still working diligently to get our reporting software for the new CAD working the way we need it. As of today, I still can't run a report on the response time compliance.

76 patients were treated and transported.
31 patients refused transport.
14 cancelled prior to arrival.
2 Mutual aid received.

Mercy Regional is a top tier sponsor of the Black Gold Days.

We have posted and added all Glenpool home football games in our schedule to have an ambulance at those games.

We have hired a full-time fleet manager and will more than likely hire a mechanic to work with him on keeping our fleet in tip top shape.

Brian Cook,
Chief Operating Officer



GLENPOOL FIRE DEPARTMENT
MED BAG CHECKLIST

Unit: Engine 1

Date: 22 August 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: 15 August 2026
 - 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 1900
 - 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 August 2027
 - Lancettes
 - Adhesive Bandages
 - Alcohol Swabs
 - 1-Tactical Tourniquet
 - 1-Thermometer
 - 1-Samsplint

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

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

IV COMPARTMENT

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

2-14g IV	Exp. Date:	02 February 2026	Exp. Date:	29 May 2028
2-18g IV	Exp. Date:	20 October 2026	Exp. Date:	20 October 2026
2-20g IV	Exp. Date:	26 August 2027	Exp. Date:	02 May 2027
2-22g IV	Exp. Date:	11 March 2027	Exp. Date:	15 April 2027
2-24g IV	Exp. Date:	25 October 2027	Exp. Date:	25 October 2027
4-Saline Flushes	{ Exp. Date:	01 April 2026	Exp. Date:	01 April 2026
	{ Exp. Date:	01 April 2026	Exp. Date:	01 April 2026
2-IV Start Kits		<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 April 2027
2-25mm 15g IO Needle Set	Exp. Date:	31 October 2027	Exp. Date:	31 May 2026
1-IV Bag	Exp. Date:	01 December 2025		
1 Pressure Bag		<input checked="" type="checkbox"/>		

AIRWAY COMPARTMENT

1-2.5 ET Tube	Exp. Date:	01 December 2027	1-7.0 ET Tube	Exp. Date:	21 January 2027
1-3.0 ET Tube	Exp. Date:	04 December 2025	1-7.5 ET Tube	Exp. Date:	17 December 2026
1-3.5 ET Tube	Exp. Date:	07 May 2026	1-8.0 ET Tube	Exp. Date:	04 December 2025
1-4.0 ET Tube	Exp. Date:	14 April 2027	1-8.5 ET Tube	Exp. Date:	15 October 2026
1-4.5 ET Tube	Exp. Date:	24 May 2027	1-9.0 ET Tube	Exp. Date:	20 August 2026
1-5.0 ET Tube	Exp. Date:	28 May 2026	1-OPA Kit		<input checked="" type="checkbox"/>
1-5.5 ET Tube	Exp. Date:	16 July 2026	K-Y Lube Gel	Exp. Date:	31 July 2028
1-6.0 ET Tube	Exp. Date:	20 August 2026			
1-6.5 ET Tube	Exp. Date:	06 August 2026			

AIRWAY COMPARTMENT CONT.

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

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

MEDICINE COMPARTMENT

1-Glucagon Kit 1mg	Exp. Date:	01 December 2026				
1-50% Dextrose	Exp. Date:	03 March 2027				
2 - Epinephrine Injection 1mg/mL	Exp. Date:	30 September 2025	Exp. Date:	30 September 2025		
2 - 18g Filter Needles	Exp. Date:	14 June 2028	Exp. Date:	25 November 2028		
2 - 23g Eclipse Needle	Exp. Date:	31 March 2025	Exp. Date:	31 March 2025		
2 - 1mL Syringe	Exp. Date:	31 December 2026	Exp. Date:	31 December 2026		
2 - 4x4 Gauze	<input checked="" type="checkbox"/>					
2 - Naloxone Hydrochloride 2mg per 2mL (1 Kit)	Exp. Date:	30 March 2026	Exp. Date:	31 December 2025		
1 - 2% Lidocaine Hcl	Exp. Date:	28 February 2026				
1 - Nebulizer Kit	<input checked="" type="checkbox"/>					
3 - Albuterol 2.5mg	Exp:	30 September 2027	Exp:	30 September 2027	Exp:	30 September 2027
1 - Levalbuterol 1.25	Exp. Date:	29 November 2025				
1 - Levalbuterol 0.31	Exp. Date:	30 March 2026				
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:

Capno

PEDI Pulse OX Exp. Date:

LIFEPAK®15 Monitor/Defibrillator Operator's Checklist

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

Unit Serial No: Location: DATE

1. Inspect physical condition for:

Foreign substances Pass Fail

Damage or cracks Pass Fail

2. Inspect power source for:

Broken, loose or worn battery pins. Pass Fail

Damaged or leaking battery. Pass Fail

Spare battery available Pass Fail

Damage to power adapters or cable. Pass Fail

3. Inspect ECG cable and cable port for:

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

4. Check ECG electrodes and therapy electrodes for:

Use by date Pass Fail

Spare electrodes available Pass Fail

Damaged, open package Pass Fail

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

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

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

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

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

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

8. Energy

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

8. Cont.

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

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

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

10. Check ECG printer for:

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

11. If using wireless data transmission, test transmission method

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

12. Turn off defibrillator.

(Press and hold ON for up to 2 seconds)

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

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

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

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

Glucose Monitor

- Clean monitor Pass Fail

Laerdal Scope

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

AirTraq Videoscope

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

2% Bag

Top Left Pocket (IV Fluids)

- | | | | |
|-------|---|-----------|---|
| Seal: | <input type="text" value="851"/> | New Seal: | <input type="text" value="879"/> |
| 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="828"/> |
| Exp.: | <input type="text" value="31 January 2025"/> | Exp.: | <input type="text" value="09 October 2026"/> |
- 2-Asherman chest seals
 - 2- 4X4 Gauze
 - 1-Roll white duct tape
 - 1-Tactical Tourniquet
 - 3- 5X9 Gauze
 - 2-Rolls Coban
 - 2- Ice packs
 - 2- Stretch Gauze

Center Pocket Cont.

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

Bottom Right Pocket

Seal: New Seal:

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

Bottom Left Pocket

Seal: New Seal:

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

Bot Right Pocket: (Ped/Infant)

Seal: New Seal:

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

GDF STAFF





GLENPOOL FIRE DEPARTMENT
MED BAG CHECKLIST

Unit:

Date:

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

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

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

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

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

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

IV COMPARTMENT

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

2-14g IV	Exp. Date:	<input type="text" value="02 February 2026"/>	Exp. Date:	<input type="text" value="02 February 2026"/>
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="02 May 2027"/>	Exp. Date:	<input type="text" value="01 December 2029"/>
2-22g IV	Exp. Date:	<input type="text" value="28 November 2025"/>	Exp. Date:	<input type="text" value="28 November 2025"/>
2-24g IV	Exp. Date:	<input type="text" value="31 July 2026"/>	Exp. Date:	<input type="text" value="04 January 2026"/>
4-Saline Flushes	{ Exp. Date:	<input type="text" value="01 October 2025"/>	Exp. Date:	<input type="text" value="28 September 2026"/>
	{ Exp. Date:	<input type="text" value="10 January 2026"/>	Exp. Date:	<input type="text" value="26 February 2028"/>
2-IV Start Kits		<input checked="" type="checkbox"/>		
2-EZ Stabilizers	Exp. Date:	<input type="text" value="02 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="30 November 2030"/>
2-25mm 15g IO Needle Set	Exp. Date:	<input type="text" value="31 March 2027"/>	Exp. Date:	<input type="text" value="31 October 2027"/>
1-IV Bag	Exp. Date:	<input type="text" value="01 December 2025"/>		
1 Pressure Bag		<input checked="" type="checkbox"/>		

AIRWAY COMPARTMENT

1-2.5 ET Tube	Exp. Date:	<input type="text" value="17 July 2026"/>	1-7.0 ET Tube	Exp. Date:	<input type="text" value="02 April 2026"/>
1-3.0 ET Tube	Exp. Date:	<input type="text" value="21 May 2026"/>	1-7.5 ET Tube	Exp. Date:	<input type="text" value="15 October 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="06 August 2026"/>
1-4.0 ET Tube	Exp. Date:	<input type="text" value="07 May 2026"/>	1-8.5 ET Tube	Exp. Date:	<input type="text" value="20 August 2026"/>
1-4.5 ET Tube	Exp. Date:	<input type="text" value="21 July 2027"/>	1-9.0 ET Tube	Exp. Date:	<input type="text" value="20 August 2026"/>
1-5.0 ET Tube	Exp. Date:	<input type="text" value="12 November 2026"/>	1-OPA Kit		<input checked="" type="checkbox"/>
1-5.5 ET Tube	Exp. Date:	<input type="text" value="21 July 2027"/>	K-Y Lube Gel	Exp. Date:	<input type="text" value="31 January 2027"/>
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:	22 November 2025	4 KAD	Green	Exp. Date:	01 November 2026
Size 9.3	Exp. Date:	29 December 2025		Purple	Exp. Date:	
Size 10	Exp. Date:	30 December 2025		Yellow	Exp. Date:	01 October 2026
Size 10.7	Exp. Date:	03 October 2026		Red	Exp. Date:	01 October 2027
Size 11.3	Exp. Date:	06 May 2027				

MEDICINE COMPARTMENT

1-Glucagon Kit 1mg	Exp. Date:	31 December 2026	
1-10% Dextrose	Exp. Date:	01 February 2026	
2 - Epinephrine Injection 1mg/mL	Exp. Date:	17 September 2025	Exp. Date: 17 September 2025
2 - 18g Filter Needles	Exp. Date:	25 November 2028	Exp. Date: 14 June 2028
2 - 23g Eclipse Needle	Exp. Date:	31 March 2026	Exp. Date: 31 March 2026
2- 21g Precision Glide Needle	Exp. Date:		Exp. Date:
2 - 18/20g Hypo. Needle	Exp. Date:		Exp. Date:
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:	17 March 2026	Exp. Date: 30 September 2026
1 - 2% Lidocane Hcl	Exp. Date:	17 February 2026	
1 - Nebulizer Kit	<input checked="" type="checkbox"/>		
3 - Albuterol 2.5mg	Exp:	01 September	Exp: 01 September
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:	22 March 2026	NC Capno	<input checked="" type="checkbox"/>
Child/ Adult AED Pads	Exp. Date:	22 March 2026	BVM Capno	<input type="checkbox"/>
PEDI Pulse OX	Exp. Date:	01 October 2026	NC Capno w/ O2	<input type="checkbox"/>
Electrodes	Exp. Date:		Razor	<input type="checkbox"/>

LIFEPAK®15 Monitor/Defibrillator Operator's Checklist

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

Unit Serial No: Location: DATE

1. Inspect physical condition for:

- Foreign substances Pass Fail
- Damage or cracks Pass Fail

2. Inspect power source for:

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

3. Inspect ECG cable and cable port for:

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

4. Check ECG electrodes and therapy electrodes for:

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

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

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

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

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

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

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

8. Energy

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

8. Cont.

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

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

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

10. Check ECG printer for:

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

11. If using wireless data transmission, test transmission method

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

12. Turn off defibrillator.

(Press and hold ON for up to 2 seconds)

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

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

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

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

Glucose Monitor

- Clean monitor Pass Fail

Laerdal Scope

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

AirTraq Videoscope

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

2% Bag

Top Left Pocket (IV Fluids)

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

Center Pocket

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

Center Pocket Cont.

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

Bottom Right Pocket

Seal:

New Seal:

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

Bottom Left Pocket

Seal:

New Seal:

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

Top Right Pocket: (Ped/Infant)

Seal:

New Seal:

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

Apparatus EMS Compartment

Air Splint Bag

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

- Extra straps
- Air pump

C-collar Bag

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

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

Suction Device

- 1- Yankauer Suction Set
- 1- Canisterr

GFD STAFF

NW

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



To Oklahoma & You™

Dir 1 251 3

9439X0C.004 BNCF:0008372



24-Hour
 Automated
 Account Information

1-877-602-2262

2 *0008372
 GLENPOOL AREA EMERGENCY MEDICAL
 SERVICE DISTRICT
 12205 S YUKON AVE
 GLENPOOL OK 74033-6635

PAGE 1

ACCOUNT NUMBER	[REDACTED]
STATEMENT DATE	7/31/25

*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.

MEMBER
FDIC

ACCOUNT ANALYSIS

Beginning Balance	7/01/25	384,772.35
Deposits / Misc Credits	1	1,111.24
Withdrawals / Misc Debits	3	44,994.91
** Ending Balance	7/31/25	340,888.68 **
.....		
Service Charge		.00
Enclosures		3

DEPOSITS			CHECKS		
Date	Deposits	Withdrawals	Date	Check No.	Amount
7/15	1,111.24		7/10	2262	29,786.58
			7/15	2263	208.33

* indicates skip in check numbers

DAILY BALANCE SUMMARY			
Date	Balance	Date	Balance
7/10	354,985.77	7/15	340,888.68

8001-00000



31 -GEMS

ACCOUNT #	ACCOUNT DESCRIPTION	BALANCE	
ASSETS			
=====			
31-1001	GEMS CASH IN BANK	340,680.35	
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>369,114.41</u>
TOTAL ASSETS			369,114.41
			=====
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	334,818.20	
	TOTAL BEGINNING EQUITY	334,818.20	
	TOTAL REVENUE	1,111.24	
	TOTAL EXPENSES	15,000.00	
	(WILL CLOSE TO FUND BAL.)	<u>48,184.97</u>	
	TOTAL REVENUE OVER/(UNDER) EXPENSES	34,296.21	
	TOTAL EQUITY & REV. OVER/(UNDER) EXP.		<u>369,114.41</u>
	TOTAL LIABILITIES, EQUITY & REV.OVER/(UNDER) EXP.		369,114.41
			=====

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

31 -GEMS

FINANCIAL SUMMARY

% OF YEAR COMPLETED: 08.33

	CURRENT BUDGET	CURRENT PERIOD	PRIOR YEAR PO ADJUST.	Y-T-D ACTUAL	Y-T-D ENCUMBRANCE	BUDGET BALANCE	% OF BUDGET
<u>REVENUE SUMMARY</u>							
NON-DEPARTMENTAL	437,896.00	1,111.24	0.00	1,111.24	0.00	436,784.76	0.25
TOTAL REVENUES	437,896.00	1,111.24	0.00	1,111.24	0.00	436,784.76	0.25
=====							
<u>EXPENDITURE SUMMARY</u>							
GEMS	437,896.00	15,000.00	0.00	15,000.00	32,462.44	390,433.56	10.84
TOTAL EXPENDITURES	437,896.00	15,000.00	0.00	15,000.00	32,462.44	390,433.56	10.84
=====							
REVENUE OVER/(UNDER) EXPENDITURES	0.00 (13,888.76)		0.00 (13,888.76)		(32,462.44)		0.00 0.00

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

31 -GEMS

% OF YEAR COMPLETED: 08.33

REVENUES	CURRENT BUDGET	CURRENT PERIOD	PRIOR YEAR PO ADJUST.	Y-T-D ACTUAL	Y-T-D ENCUMBRANCE	BUDGET BALANCE	% OF BUDGET
<hr/>							
NON-DEPARTMENTAL =====							
<u>TAXES</u>							
31-5-00-5006 TAXES	417,157.00	1,111.24	0.00	1,111.24	0.00	416,045.76	0.27
TOTAL TAXES	417,157.00	1,111.24	0.00	1,111.24	0.00	416,045.76	0.27
<u>INVESTMENT INCOME</u>							
31-5-00-5301 INTEREST	0.00	0.00	0.00	0.00	0.00	0.00	0.00
31-5-00-5306 MISCELLANEOUS	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL INVESTMENT INCOME	0.00	0.00	0.00	0.00	0.00	0.00	0.00
<u>OTHER FINANCING SOURCES</u>							
31-5-00-5409 USE OF FUND BALANCE	20,739.00	0.00	0.00	0.00	0.00	20,739.00	0.00
TOTAL OTHER FINANCING SOURCES	20,739.00	0.00	0.00	0.00	0.00	20,739.00	0.00
TOTAL NON-DEPARTMENTAL	437,896.00	1,111.24	0.00	1,111.24	0.00	436,784.76	0.25
<hr/>							
** TOTAL REVENUES **	437,896.00	1,111.24	0.00	1,111.24	0.00	436,784.76	0.25
	=====	=====	=====	=====	=====	=====	=====

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

31 -GEMS

% OF YEAR COMPLETED: 08.33

DEPARTMENTAL EXPENDITURES	CURRENT BUDGET	CURRENT PERIOD	PRIOR YEAR PO ADJUST.	Y-T-D ACTUAL	Y-T-D ENCUMBRANCE	BUDGET BALANCE	% OF BUDGET
GEMS							
PERSONAL SERVICES							
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
SUPPLIES							
31-6-01-6202 OPERATING SUPPLIES	5,500.00	0.00	0.00	0.00	1,321.50	4,178.50	24.03
31-6-01-6206 MINOR EQUIPMENT	2,500.00	0.00	0.00	0.00	0.00	2,500.00	0.00
TOTAL SUPPLIES	8,000.00	0.00	0.00	0.00	1,321.50	6,678.50	16.52
OTHER CHARGES & SERVICES							
31-6-01-6210 AMBULANCE CONTRACT	180,000.00	15,000.00	0.00	15,000.00	15,000.00	150,000.00	16.67
31-6-01-6225 FIRST RESPONDER/ADMIN FEES	203,678.00	0.00	0.00	0.00	15,724.28	187,953.72	7.72
31-6-01-6235 CONTRACT SERVICES	13,800.00	0.00	0.00	0.00	416.66	13,383.34	3.02
31-6-01-6236 AUDIT FEES	25,918.00	0.00	0.00	0.00	0.00	25,918.00	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	423,396.00	15,000.00	0.00	15,000.00	31,140.94	377,255.06	10.90
TRAVEL & TRAINING							
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
MISCELLANEOUS							
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
CAPITAL EXPENDITURES							
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
OTHER FINANCING USES							
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	437,896.00	15,000.00	0.00	15,000.00	32,462.44	390,433.56	10.84
TOTAL EXPENDITURES	437,896.00	15,000.00	0.00	15,000.00	32,462.44	390,433.56	10.84
REVENUE OVER/(UNDER) EXPENDITURES	0.00	(13,888.76)	0.00	(13,888.76)	(32,462.44)	46,351.20	0.00

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

As of July 31, 2025 GEMS received 0.3% of tax revenue originally budgeted.
In other words, \$1,111.24 has been received of the \$437,896.00 tax revenue originally budgeted.



MINUTES
GEMS Meeting
Monday, August 18, 2025 Council Chambers 6:00 PM

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

TRUSTEES ABSENT: Chris Brobst

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 special meeting to order at 6:29 p.m.
- B) **Roll Call, Declaration of Quorum – Lesli Smith, Clerk; Joyce G. Calvert, Chair**
 Lesli Smith called the roll; Chair Calvert declared a quorum present. Eric Nelson Attorney, of Rosenstein, Fist & Ringold, were also in attendance.
- C) **Public Comments**
 There were no public comments.
- D) **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 August 4, 2025, meeting.

Moved by Tim Fox, seconded by Jacqueline Triplett-Lund

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.

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

There were no items removed from the consent agenda.

F) Scheduled Business

- 1) Discussion and possible action to approve, amend or deny the Estimate of Needs for FY 2025-2026.
(Josh Brannon, District Treasurer)

Moved by Joyce Calvert, seconded by Shayne Buchanan

To approve, the Estimate of Needs for FY 2025-2026.

	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.

G) Adjournment

The special meeting was adjourned at 6:33 p.m.



GEMS

Glenpool Area Medical Service District
Glenpool, Oklahoma

To: HONORABLE CHAIR AND GEMS DISTRICT BOARD MEMBERS

From: JOSHUA BRANNON, DISTRICT TREASURER

Date: September 2, 2025

Subject: Approval of Purchase Orders Receiving Report and Payment Claims as of 8/26/2025 totaling \$33,283.52

Staff Recommendation:

Staff recommends a motion to accept the PO Receipt Register report dated 8/26/2025 and approve the following payments:

P.O. #	ACCOUNT	VENDOR	DESCRIPTION	INV #	AMOUNT
26-22356	31-6-01-6210	Centurion Health Systems	Ambulance Service SEP 25	3408	\$15,000.00
26-22357	31-6-01-6225	City of Glenpool	1 st Responder AUG 2025	AUG2025	\$17,234.36
26-22358	31-6-01-6235	Crawford & Associates, PC	Estimate of Needs	34355	\$632.50
26-22360	31-6-01-6235	Joshua Brannon	District Treasurer	JB82025	\$208.33
26-22359	31-6-01-6235	Lesli Smith	District Clerk	LS82025	\$208.33
Total					\$33,283.52

Attachments:

1. Purchase Order Claim Register dated 8/26/2025 totaling \$33,283.52
2. PO Receipt Register dated 8/26/2025 totaling \$33,283.52
3. Purchase Orders and Invoices totaling \$33,283.52

P O RECEIPT REGISTER
AUDIT REPORT

VENDOR NAME	INVOICE	POST DATE BANK	INVOICE AMOUNT	VENDOR TOTAL
31-000004	CENTURION HEALTH SYSTEMS, DBA M 3408	9/02/2025 31	15,000.00	15,000.00
31-000005	CITY OF GLENPOOL - GEMS AUGUST2025	9/02/2025 31	17,234.36	17,234.36
31-000006	CRAWFORD & ASSOCIATES, PC 34355	9/02/2025 31	632.50	632.50
31-000033	JOSHUA M. BRANNON JB82025	9/02/2025 31	208.33	208.33
31-000032	LESLI SMITH LS82025	9/02/2025 31	208.33	208.33
TOTALS			33,283.52	33,283.52

APPROVED

BY

Joyce G. Calvert, Sep. 2, 2025

8/26/2025 3:45 PM
FUND: 31 - GEMS

PURCHASE ORDER CLAIM REGISTER
SUMMARY REPORT

PAGE: 1

<u>PURCHASE ORDER</u>	<u>DESCRIPTION</u>	<u>VENDOR #</u>	<u>VENDOR NAME</u>	<u>DATE INVOICE</u>	<u>AMOUNT</u>
DEPARTMENT: 01 - NON-DEPARTMENTAL					
26-22356	GEMS MERCY INV SEPT 2025	31-000004	CENTURION HEALTH SYSTEMS, DBA	9/2025 3408	15,000.00
26-22357	GEMS 1ST RESPONDER AUG 25	31-000005	CITY OF GLENPOOL - GEMS	9/2025 AUGUST2025	17,234.36
26-22358	GEMS EON FY 25-26 CRAWFOR	31-000006	CRAWFORD & ASSOCIATES, PC	9/2025 34355	632.50
26-22359	GEMS INV. L. SMITH AUG 20	31-000032	LESLI SMITH	9/2025 LS82025	208.33
26-22360	GEMS INVOICE J. BRANNON A	31-000033	JOSHUA M. BRANNON	9/2025 JB82025	208.33
DEPARTMENT TOTAL:					33,283.52
FUND TOTAL:					33,283.52
GRAND TOTAL:					33,283.52

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 # 26-22356 08/26/2025

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.

08/26/2025

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.

08/26/2025

ENCUMBERING OFFICER DATE

UNITS	DESCRIPTION	INV PART NUMBER	REQUEST	G/L ACCOUNT	PROJ	PRICE	AMOUNT
0.00	GEMS MERCY INV SEPT 2025 GEMS MERCY INV SEPT 2025 INVOICE NO. 3408 GEMS MERCY INV SEPT 2025		00040276	31 -6-01-6210		0.00	15,000.00 *

*** TOTAL ** 15,000.00

*** APPROVAL FOR PURCHASE ***

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

OFFICER OR DEPARTMENT HEAD IN CHARGE

DATE

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

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

Reg # 40276

Mercy Regional Oklahoma

P.O. Box 2398
Owasso, OK 74055

Invoice

Date	Invoice #
8/12/2025	3408

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 September 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 # 26-22357

08/26/2025

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.

08/26/2025

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.

08/26/2025

ENCUMBERING OFFICER

DATE

UNITS	DESCRIPTION	INV PART NUMBER	REQUEST	G/L ACCOUNT	PROJ	PRICE	AMOUNT
0.00	GEMS 1ST RESPONDER AUG 25		00040277	31 -6-01-6225		0.00	17,234.36 *
	GEMS 1ST RESPONDER AUG 25						

** TOTAL ** 17,234.36

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



INVOICE

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

TREASURER
 GEMS-
 12205 S YUKON AVE
 GLENPOOL OK 74033

Customer Number: 01-0172
Invoice Number: AUGUST2025
Invoice Date: 8/26/2025
Due Date: 9/25/2025
P.O. # :

ITEM DESCRIPTION	UNITS	TYPE	PRICE	AMOUNT
GEMS RUNS AUG 7/21/25-8/21/25	N/A	MONTH	N/A	17,234.36

GFD OPERATIONS AUGUST - 7/21/2025-8/21/2025

*****THANK YOU*****	TOTAL DUE	\$17,234.36
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Req # 40277

GEMS ADMIN/FIRST RESPONDER REIMBURSEMENTS

7/21/2025 - 8/21/2025

TOTAL RUNS	201
EMR RUNS	146
FIRE RUNS	55
EMR RATIO	72.63%
RUN RATE	\$116.16
ADMIN	\$275.00
OVERTIME	\$0.00

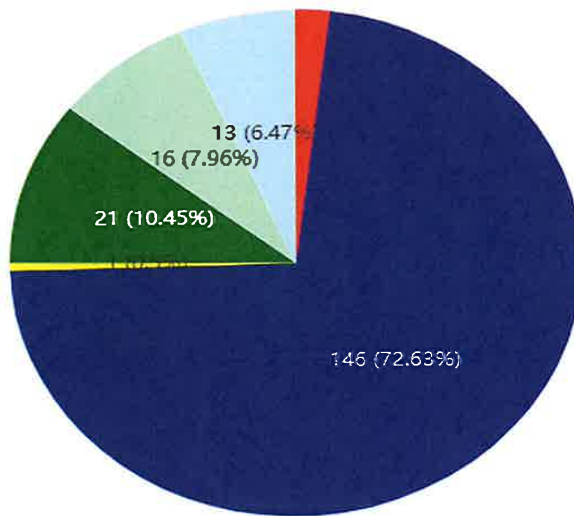
TOTAL	\$17,234.36
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Glenpool Fire Department Operations August 2025

7/21/25-8/21/25

Run Type	# of Calls	Totals Calls
EMS Runs	146	201
Fire Runs	55	
Overlapping		

Total (201)



Incident Type Series

- 4 ■ 1 - Fire
 - 146 ■ 3 - Rescue & Emergency Medical Service Incident
 - 1 ■ 4 - Hazardous Condition (No Fire)
 - 21 ■ 5 - Service Call
 - 16 ■ 6 - Good Intent Call
 - 13 ■ 7 - False Alarm & False Call
- 201**

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 # 26-22358

08/26/2025

ISSUED TO: VEND #: 31-000006
 CRAWFORD & ASSOCIATES, PC
 10308 N GREENBRIAL PL
 OKLAHOMA CITY, OK 73159

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

I HEREBY APPROVE THE ISSUANCE OF THIS PURCHASE ORDER.

08/26/2025

 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.

08/26/2025

 ENCUMBERING OFFICER

 DATE

UNITS	DESCRIPTION	INV PART NUMBER	REQUEST	G/L ACCOUNT	PROJ	PRICE	AMOUNT
0.00	GEMS EON FY 25-26 CRAWFORD IN INVO. NO. 34355 CLIENT NUMBER GLEMS-26 GEMS EON FY 25-26 CRAWFORD INV		00040280	31 -6-01-6235		0.00	632.50 *

** TOTAL ** 632.50

*** 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

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Ref# 40280

Crawford & Associates P.C.
10308 Greenbriar Place
Oklahoma City, OK 73159
(405) 691-5550



INVOICE

Glenpool Area Emergency Medical Service District
12205 S. Yukon Avenue
Glenpool, OK 74033

Invoice Date: Aug-15-2025
Invoice Number: 34355
Payment Terms: *Upon Receipt*
Client Number: *GLEMS-26*

Professional Services Rendered thru August 15th, 2025:

CONBG (Summary of Services)

<u>Date</u>	<u>Staff</u>	<u>Description</u>	<u>Hours</u>	<u>Rate</u>	<u>Amount</u>
08-01-25	TH	Preparation and completion of Glenpool Area EMS District Estimate of Needs for FY 26	4.50	\$ 130.00	\$ 585.00
08-01-25	BW	Review of Estimate of Needs & Sinking Fund for FY 26	0.25	\$ 190.00	\$ 47.50
Sub-Total			<u>4.75</u>		<u>\$ 632.50</u>
Total Hours			4.75		
Total Services					<u>\$ 632.50</u>
Invoice Amount Due					<u><u>\$ 632.50</u></u>

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

CITY OF GLENPOOL, OK

Email invoices: AP@cityofglenpool.com

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

PURCHASE ORDER # 26-22360

08/26/2025

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.

08/26/2025

 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.

08/26/2025

 ENCUMBERING OFFICER DATE

UNITS	DESCRIPTION	INV PART NUMBER	REQUEST	G/L ACCOUNT	PROJ	PRICE	AMOUNT
0.00	GEMS INVOICE J. BRANNON AUG 25 INV. JB8202025 GEMS INVOICE J. BRANNON AUG 25		00040278	31 -6-01-6235		0.00	208.33 *

** TOTAL ** 208.33

*** APPROVAL FOR PURCHASE ***

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