

**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 December 4, 2023, at Glenpool City Hall, City Council Chambers, 12205 S. Yukon Ave., 3rd Floor, Glenpool, Oklahoma.

NOTE: The Glenpool Area Emergency Medical Service District will be assembled for the meeting at the City Council Chambers, 12205 S. Yukon Ave, Glenpool, Oklahoma. Members of the public are invited to attend the in-person meeting, or join a live broadcast at this link:

Join Zoom Meeting

<https://us02web.zoom.us/j/89753555435?pwd=QzdFVjA1b0lKa1lSUFIKbUNrUUxtdz09>

Meeting ID: 897 5355 5435

Passcode: 974088

One tap mobile

+13462487799, US (Houston)

+14086380968, US (San Jose)

Dial by your location

+1 253 215 8782 US (Tacoma)

+1 346 248 7799 US (Houston)

Meeting ID: 897 5355 5435

Passcode: 974088

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

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

- Speakers attending in **PERSON** are required to complete the Request to Speak form located on the agenda table and return to the City Clerk **PRIOR TO THE CALL TO ORDER.**
- Speakers attending via **ZOOM** are required to complete the Request to Speak form located on our website: <https://glenpoolonline.civicweb.net/document/19057/Request%20to%20Speak%20Form.pdf> and email it to the City Clerk: Wknight@cityofglenpool.com **PRIOR TO 6:00 PM, DECEMBER 4, 2023.**

AGENDA

	Page
A) Call to Order - Joyce G. Calvert, Chair	
B) Roll Call, Declaration of Quorum – Wendy Knight, Clerk; Joyce G. Calvert, Chair	
C) EMS Report - Brian Cook, Director of Operations, Mercy Regional EMS	
1) GEMS EMS REPORT 10302023-11282023	3 - 6
D) District Administrator Report - Susan White, Administrator	
1) District Admin Report 2023-10-GEMS Monthly Financial Report December Inventory	7 - 38

- E) **Trustee Comments**
- F) **Public Comments**
- G) **Consideration and appropriate action relating to a request for approval of the Consent Agenda. (All matters listed under "Consent" are considered by the GEMS Board to be routine and will be enacted by one motion. Any Trustee may, however, remove an item from the Consent Agenda by request. A motion to adopt the consent Agenda is non-debatable.)**
 - 1) Minutes from November 6, 2023 meeting. 39 - 40
[GEMS - 06 Nov 2023 - Minutes - Html](#)
 - 2) Purchase order(s) and receipts register totaling \$32,458.35. 41 - 66
[GEMS Invoice 12-4-23](#)
- 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 December 1, 2023, by 11:30 am.

Signed: Wendy Knight

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: November 29, 2023

Ref: EMS Report October 30, 2023 – November 28, 2023

We logged 151 calls for service during this period while maintaining a 95% response time compliance.

99 patients treated and transported.

23 patients refused transport.

11 cancelled prior to arrival.

6 Mutual aid received.

4 mutual aid given.

4 DOA

3 No patient found.

1 scene standby

We are participating again this year with the Christmas tree in the park and the annual Christmas Parade.

We have new vents and new IV pumps on all our Paramedic trucks.

A handwritten signature in black ink, appearing to read "Brian Cook", is written over a horizontal line.

Brian Cook,
Chief Operating Officer

CRUN	Call Date	Pick Up Location	Destination	Dispatched	En Route	On Scene	Transport	Arrived	Clear	Response Time	Unit	
23-1870	10/30/2023 01:25	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	10/30/2023 01:27	10/30/2023 01:28	10/30/2023 01:31	10/30/2023 01:39	10/30/2023 01:39	10/30/2023 01:39	00:05:38	MEDIC 401	
23-1871	10/30/2023 01:25	EMERGENCY SCENE	CANCELLED BY 401	10/30/2023 01:28	10/30/2023 01:28	10/30/2023 01:32	10/30/2023 01:38	10/30/2023 01:38	10/30/2023 01:38	00:06:54	MEDIC 402	
23-1877	10/30/2023 09:42	EMERGENCY SCENE	ST. FRANCIS SOUTH	10/30/2023 09:43	10/30/2023 09:44	10/30/2023 09:49	10/30/2023 10:25	10/30/2023 10:49	10/30/2023 11:17	00:06:26	MEDIC 401	
23-1871	10/30/2023 23:01	EMERGENCY SCENE	ST. FRANCIS SOUTH	10/30/2023 23:02	10/30/2023 23:03	10/30/2023 23:08	10/30/2023 23:32	10/30/2023 23:51	10/31/2023 00:28	00:07:51	MEDIC 401	
23-1876	10/31/2023 03:15	EMERGENCY SCENE	ST. FRANCIS TULSA	10/31/2023 03:16	10/31/2023 03:24	10/31/2023 03:23	10/31/2023 03:42	10/31/2023 04:06	10/31/2023 04:25	00:07:55	MEDIC 401	
23-1889	10/31/2023 10:06	EMERGENCY SCENE	ST. FRANCIS TULSA	10/31/2023 10:07	10/31/2023 10:09	10/31/2023 10:12	10/31/2023 10:38	10/31/2023 11:03	10/31/2023 11:29	00:05:51	MEDIC 401	
23-1886	10/31/2023 11:13	EMERGENCY SCENE	HILLCREST SOUTH	10/31/2023 11:14	10/31/2023 11:15	10/31/2023 11:20	10/31/2023 11:42	10/31/2023 11:57	10/31/2023 12:36	00:06:53	MEDIC 402	
23-1882	10/31/2023 12:53	EMERGENCY SCENE	ST. FRANCIS TULSA	10/31/2023 12:53	10/31/2023 12:55	10/31/2023 12:59	10/31/2023 13:16	10/31/2023 13:32	10/31/2023 13:50	00:06:09	MEDIC 401	
23-1886	10/31/2023 13:47	EMERGENCY SCENE	ST. FRANCIS SOUTH	10/31/2023 13:48	10/31/2023 13:49	10/31/2023 13:50	10/31/2023 14:22	10/31/2023 14:38	10/31/2023 15:03	00:03:01	MEDIC 402	
23-1887	10/31/2023 13:48	EMERGENCY SCENE	UNK								MUTUAL AID RECEIVED	
23-1883	11/1/2023 06:42	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	11/1/2023 06:45	11/1/2023 06:49	11/1/2023 07:05	11/1/2023 07:18	11/1/2023 07:18	11/1/2023 07:18	00:22:34	MUTUAL AID GIVEN	
23-1889	11/1/2023 08:40	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	11/1/2023 08:40	11/1/2023 08:42	11/1/2023 08:45	11/1/2023 09:45	11/1/2023 09:45	11/1/2023 09:45	00:04:50	MEDIC 401	
23-1884	11/1/2023 10:04	EMERGENCY SCENE	ST. FRANCIS TULSA	11/1/2023 10:05	11/1/2023 10:06	11/1/2023 10:11	11/1/2023 10:49	11/1/2023 11:09	11/1/2023 11:28	00:06:59	MEDIC 401	
23-1881	11/1/2023 10:59	EMERGENCY SCENE	ST. FRANCIS SOUTH	11/1/2023 11:00	11/1/2023 11:01	11/1/2023 11:05	11/1/2023 11:29	11/1/2023 11:43	11/1/2023 12:38	00:05:50	MEDIC 402	
23-1895	11/2/2023 10:16	EMERGENCY SCENE	HILLCREST SOUTH	11/2/2023 10:17	11/2/2023 10:18	11/2/2023 10:21	11/2/2023 10:55	11/2/2023 11:15	11/2/2023 11:42	00:04:38	MEDIC 401	
23-1909	11/3/2023 12:09	EMERGENCY SCENE	ST. FRANCIS TULSA	11/3/2023 12:10	11/3/2023 12:12	11/3/2023 12:15	11/3/2023 12:31	11/3/2023 12:58	11/3/2023 13:32	00:06:09	MEDIC 401	
23-1908	11/3/2023 14:34	EMERGENCY SCENE	DOA - DEAD ON ARRIVAL	11/3/2023 14:35	11/3/2023 14:36	11/3/2023 14:40	11/3/2023 15:27	11/3/2023 15:27	11/3/2023 15:27	00:05:41	MEDIC 403	
23-1901	11/3/2023 14:34	EMERGENCY SCENE	ST. FRANCIS GLENPOOL	11/3/2023 14:35	11/3/2023 14:36	11/3/2023 14:40	11/3/2023 15:18	11/3/2023 15:22	11/3/2023 16:02	00:05:41	MEDIC 402	
23-1907	11/3/2023 17:49	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	11/3/2023 17:50	11/3/2023 17:52	11/3/2023 17:56	11/3/2023 18:14	11/3/2023 18:14	11/3/2023 18:14	00:07:24	MEDIC 401	
23-1909	11/3/2023 18:29	EMERGENCY SCENE	ST. FRANCIS SOUTH	11/3/2023 18:29	11/3/2023 18:30	11/3/2023 18:32	11/3/2023 18:53	11/3/2023 19:10	11/3/2023 19:29	00:03:35	MEDIC 401	
23-1902	11/3/2023 20:13	EMERGENCY SCENE	ST. FRANCIS TULSA	11/3/2023 20:14	11/3/2023 20:15	11/3/2023 20:20	11/3/2023 20:44	11/3/2023 21:09	11/3/2023 22:00	00:06:17	MEDIC 401	
23-1901	11/4/2023 00:12	EMERGENCY SCENE	ST. FRANCIS GLENPOOL	11/4/2023 00:14	11/4/2023 00:16	11/4/2023 00:18	11/4/2023 00:37	11/4/2023 00:40	11/4/2023 01:05	00:06:36	MEDIC 401	
23-1908	11/4/2023 01:56	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	11/4/2023 01:58	11/4/2023 02:01	11/4/2023 02:05	11/4/2023 02:35	11/4/2023 02:35	11/4/2023 02:35	00:08:00	MEDIC 401	
23-1909	11/4/2023 00:12	EMERGENCY SCENE	ST. FRANCIS GLENPOOL	11/4/2023 00:14	11/4/2023 00:16	11/4/2023 00:18	11/4/2023 00:37	11/4/2023 00:40	11/4/2023 01:05	00:06:36	MEDIC 401	
23-1912	11/4/2023 10:14	EMERGENCY SCENE	ST. FRANCIS GLENPOOL	11/4/2023 10:19	11/4/2023 10:19	11/4/2023 10:26	11/4/2023 10:46	11/4/2023 10:51	11/4/2023 11:13	00:11:55	MEDIC 401	S. of 181
23-1914	11/4/2023 11:10	EMERGENCY SCENE	ST. FRANCIS TULSA	11/4/2023 11:13	11/4/2023 11:13	11/4/2023 11:17	11/4/2023 11:49	11/4/2023 12:15	11/4/2023 12:44	00:06:59	MUTUAL AID GIVEN	
23-1914	11/4/2023 19:14	EMERGENCY SCENE	ST. FRANCIS TULSA	11/4/2023 19:18	11/4/2023 19:19	11/4/2023 19:29	11/4/2023 19:38	11/4/2023 19:55	11/4/2023 20:23	00:14:43	MEDIC 401	
23-1915	11/4/2023 19:24	EMERGENCY SCENE	ST. FRANCIS SOUTH	11/4/2023 19:27	11/4/2023 19:27	11/4/2023 19:30	11/4/2023 19:49	11/4/2023 20:10	11/4/2023 20:23	00:06:12	MEDIC 402	
23-1917	11/4/2023 20:29	EMERGENCY SCENE	ST. FRANCIS TULSA	11/4/2023 20:34	11/4/2023 20:35	11/4/2023 20:40	11/4/2023 20:59	11/4/2023 21:40	11/4/2023 21:40	00:11:09	MUTUAL AID GIVEN	
23-1910	11/5/2023 03:59	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	11/5/2023 04:01	11/5/2023 04:03	11/5/2023 04:07	11/5/2023 04:48	11/5/2023 04:48	11/5/2023 04:48	00:08:01	MEDIC 401	
23-1914	11/5/2023 11:46	EMERGENCY SCENE	ST. FRANCIS TULSA	11/5/2023 11:48	11/5/2023 11:49	11/5/2023 11:53	11/5/2023 12:08	11/5/2023 12:37	11/5/2023 12:53	00:06:24	MEDIC 401	
23-1915	11/5/2023 11:55	EMERGENCY SCENE	CANCELLED BY PD OR OTHER SERVICE	11/5/2023 11:56	11/5/2023 11:59	11/5/2023 12:03	11/5/2023 12:03	11/5/2023 12:03	11/5/2023 12:03	00:07:06	MEDIC 402	
23-1915	11/6/2023 09:21	EMERGENCY SCENE	ST. FRANCIS SOUTH	11/6/2023 09:21	11/6/2023 09:21	11/6/2023 09:28	11/6/2023 09:44	11/6/2023 10:07	11/6/2023 10:20	00:07:51	MEDIC 401	
23-1923	11/6/2023 10:16	EMERGENCY SCENE	ST. JOHN TULSA	11/6/2023 10:17	11/6/2023 10:17	11/6/2023 10:22	11/6/2023 10:46	11/6/2023 11:06	11/6/2023 11:51	00:06:03	MEDIC 402	
23-1925	11/6/2023 11:14	EMERGENCY SCENE	ST. FRANCIS SOUTH	11/6/2023 11:14	11/6/2023 11:16	11/6/2023 11:18	11/6/2023 11:34	11/6/2023 11:54	11/6/2023 12:03	00:04:54	MEDIC 401	
23-1931	11/6/2023 12:04	EMERGENCY SCENE	ST. FRANCIS TULSA	11/6/2023 12:05	11/6/2023 12:05	11/6/2023 12:12	11/6/2023 12:36	11/6/2023 12:59	11/6/2023 13:23	00:08:02	MEDIC 402	
23-1934	11/6/2023 12:19	EMERGENCY SCENE	ST. FRANCIS TULSA	11/6/2023 12:20	11/6/2023 12:21	11/6/2023 12:24	11/6/2023 12:37	11/6/2023 12:58	11/6/2023 13:10	00:04:13	MEDIC 401	
23-1937	11/6/2023 13:16	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	11/6/2023 13:17	11/6/2023 13:17	11/6/2023 13:24	11/6/2023 13:49	11/6/2023 13:49	11/6/2023 13:49	00:07:53	MEDIC 401	
23-1932	11/6/2023 16:59	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	11/6/2023 17:00	11/6/2023 17:02	11/6/2023 17:02	11/6/2023 17:13	11/6/2023 17:13	11/6/2023 17:13	00:03:24	MEDIC 401	
23-1933	11/6/2023 20:27	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	11/6/2023 20:28	11/6/2023 20:29	11/6/2023 20:32	11/6/2023 20:52	11/6/2023 20:52	11/6/2023 21:02	00:05:37	MEDIC 401	
23-1926	11/7/2023 04:23	EMERGENCY SCENE	HILLCREST SOUTH	11/7/2023 04:25	11/7/2023 04:26	11/7/2023 04:30	11/7/2023 04:55	11/7/2023 05:10	11/7/2023 05:24	00:06:46	MEDIC 401	
23-1927	11/7/2023 08:21	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	11/7/2023 08:22	11/7/2023 08:22	11/7/2023 08:22	11/7/2023 08:22	11/7/2023 08:22	11/7/2023 08:22	00:00:18	MEDIC 401	
23-1931	11/7/2023 15:09	EMERGENCY SCENE	HILLCREST MEDICAL CENTER	11/7/2023 15:09	11/7/2023 15:11	11/7/2023 15:15	11/7/2023 15:27	11/7/2023 15:43	11/7/2023 16:10	00:06:06	MEDIC 401	
23-1933	11/7/2023 15:38	EMERGENCY SCENE	ST. FRANCIS CHILDRENS HOSPITAL	11/7/2023 15:39	11/7/2023 15:41	11/7/2023 15:45	11/7/2023 15:58	11/7/2023 16:14	11/7/2023 16:26	00:06:26	MEDIC 402	
23-1947	11/7/2023 18:56	EMERGENCY SCENE	ST. FRANCIS TULSA	11/7/2023 18:57	11/7/2023 18:58	11/7/2023 19:02	11/7/2023 19:40	11/7/2023 19:57	11/7/2023 20:46	00:05:44	MEDIC 401	
23-1948	11/7/2023 19:05	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	11/7/2023 19:05	11/7/2023 19:07	11/7/2023 19:11	11/7/2023 19:21	11/7/2023 19:21	11/7/2023 19:21	00:06:37	MEDIC 402	
23-1950	11/7/2023 19:05	EMERGENCY SCENE	ST. FRANCIS TULSA	11/7/2023 19:05	11/7/2023 19:07	11/7/2023 19:11	11/7/2023 19:21	11/7/2023 20:07	11/7/2023 20:20	00:06:37	MEDIC 402	
23-1957	11/7/2023 23:13	EMERGENCY SCENE	ST. FRANCIS TULSA	11/7/2023 23:15	11/7/2023 23:16	11/7/2023 23:19	11/7/2023 23:44	11/8/2023 00:12	11/8/2023 00:46	00:05:58	MEDIC 401	
23-1957	11/8/2023 11:42	EMERGENCY SCENE	ST. FRANCIS TULSA	11/8/2023 11:43	11/8/2023 11:44	11/8/2023 11:56	11/8/2023 12:21	11/8/2023 12:54	11/8/2023 13:11	00:13:47	MEDIC 401	S. of 181
23-1959	11/8/2023 11:51	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	11/8/2023 11:51	11/8/2023 11:53	11/8/2023 11:56	11/8/2023 12:41	11/8/2023 12:41	11/8/2023 12:41	00:05:36	MEDIC 402	
23-1913	11/8/2023 14:44	EMERGENCY SCENE	HILLCREST MEDICAL CENTER	11/8/2023 14:44	11/8/2023 14:46	11/8/2023 14:52	11/8/2023 15:18	11/8/2023 15:43	11/8/2023 16:21	00:08:05	MEDIC 401	
23-1916	11/8/2023 14:56	EMERGENCY SCENE	CANCELLED	11/8/2023 14:56	11/8/2023 14:56	11/8/2023 15:00	11/8/2023 15:05	11/8/2023 15:05	11/8/2023 15:05	00:04:39	MEDIC 402	
23-1918	11/8/2023 15:05	EMERGENCY SCENE	ST. FRANCIS TULSA	11/8/2023 15:06	11/8/2023 15:06	11/8/2023 15:13	11/8/2023 15:37	11/8/2023 15:58	11/8/2023 16:21	00:08:01	MEDIC 402	
23-1942	11/8/2023 21:24	EMERGENCY SCENE	ST. FRANCIS TULSA	11/8/2023 21:28	11/8/2023 21:28	11/8/2023 21:30	11/8/2023 22:09	11/8/2023 22:29	11/8/2023 22:45	00:05:45	MEDIC 401	
23-1960	11/9/2023 08:28	EMERGENCY SCENE	HILLCREST SOUTH	11/9/2023 08:29	11/9/2023 08:29	11/9/2023 08:34	11/9/2023 08:55	11/9/2023 09:11	11/9/2023 09:46	00:06:01	MEDIC 401	
23-1933	11/9/2023 15:51	EMERGENCY SCENE	ST. JOHN SAPULPA	11/9/2023 15:55	11/9/2023 15:57	11/9/2023 16:02	11/9/2023 16:14	11/9/2023 16:27	11/9/2023 16:39	00:11:05	MEDIC 401	
23-1906	11/9/2023 20:50	EMERGENCY SCENE	ST. JOHN SAPULPA	11/9/2023 20:52	11/9/2023 20:54	11/9/2023 20:56	11/9/2023 21:11	11/9/2023 21:33	11/9/2023 21:56	00:05:24	MEDIC 401	
23-1914	11/10/2023 09:33	EMERGENCY SCENE	ST. FRANCIS GLENPOOL	11/10/2023 09:34	11/10/2023 09:37	11/10/2023 09:41	11/10/2023 09:51	11/10/2023 09:55	11/10/2023 09:55	00:08:03	MEDIC 401	
23-1957	11/10/2023 15:19	EMERGENCY SCENE	ST. FRANCIS TULSA	11/10/2023 15:20	11/10/2023 15:22	11/10/2023 15:27	11/10/2023 15:44	11/10/2023 16:08	11/10/2023 16:45	00:07:24	MEDIC 401	
23-1977	11/10/2023 23:56	EMERGENCY SCENE	ST. FRANCIS TULSA	11/10/2023 23:57	11/10/2023 23:58	11/11/2023 00:01						

23-1969	11/13/2023 10:51	EMERGENCY SCENE	ST. FRANCIS SOUTH	11/13/2023 10:54	11/13/2023 10:56	11/13/2023 10:59	11/13/2023 11:11	11/13/2023 11:32	11/13/2023 12:05	00:07:13	MEDIC 401	
23-1970	11/13/2023 12:27	EMERGENCY SCENE	ST. FRANCIS SOUTH	11/13/2023 12:29	11/13/2023 12:29	11/13/2023 12:34	11/13/2023 12:53	11/13/2023 13:16	11/13/2023 13:16	00:06:16	MEDIC 402	
23-1970B	11/13/2023 13:43	EMERGENCY SCENE	ST. FRANCIS TULSA	11/13/2023 13:44	11/13/2023 13:45	11/13/2023 13:49	11/13/2023 13:58	11/13/2023 14:22	11/13/2023 14:47	00:06:21	MEDIC 401	
23-1971B	11/13/2023 15:49	EMERGENCY SCENE	ST. FRANCIS GLENPOOL	11/13/2023 15:50	11/13/2023 15:52	11/13/2023 15:54	11/13/2023 16:04	11/13/2023 16:09	11/13/2023 16:20	00:04:44	MEDIC 401	
23-1972B	11/13/2023 21:19	EMERGENCY SCENE	ST. JOHN TULSA	11/13/2023 21:21	11/13/2023 21:21	11/13/2023 21:26	11/13/2023 21:34	11/13/2023 21:52	11/13/2023 22:16	00:07:37	MEDIC 401	
23-1972F	11/13/2023 21:24	EMERGENCY SCENE	ST. FRANCIS TULSA	11/13/2023 21:26	11/13/2023 21:31	11/13/2023 21:31	11/13/2023 21:53	11/13/2023 22:13	11/13/2023 22:45	00:06:54	MEDIC 402	
23-1973D	11/13/2023 21:24	EMERGENCY SCENE	DOA - DEAD ON ARRIVAL	11/13/2023 21:26	11/13/2023 21:31	11/13/2023 21:31	11/13/2023 22:03	11/13/2023 22:03	11/13/2023 22:03	00:06:54	MEDIC 402	
23-1973F	11/13/2023 22:16	EMERGENCY SCENE	ST. JOHN TULSA	11/13/2023 22:16	11/13/2023 22:16	11/13/2023 22:16	11/13/2023 22:16	11/13/2023 22:36	11/13/2023 22:50	00:00:00	MEDIC 401	
23-1973H	11/13/2023 22:49	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	11/13/2023 22:51	11/13/2023 22:53	11/13/2023 23:01	11/13/2023 23:01	11/13/2023 23:01	11/13/2023 23:01	00:04:25	MEDIC 401	
23-1973F5	11/14/2023 00:41	EMERGENCY SCENE	HILLCREST SOUTH	11/14/2023 00:42	11/14/2023 00:46	11/14/2023 00:49	11/14/2023 01:00	11/14/2023 01:20	11/14/2023 01:31	00:07:39	MEDIC 401	
23-1981H	11/15/2023 06:15	EMERGENCY SCENE	ST. JOHN TULSA	11/15/2023 06:18	11/15/2023 06:19	11/15/2023 06:20	11/15/2023 06:40	11/15/2023 07:01	11/15/2023 07:48	00:06:37	MEDIC 401	
23-1981F5	11/15/2023 07:33	EMERGENCY SCENE	ST. FRANCIS TULSA	11/15/2023 07:34	11/15/2023 07:36	11/15/2023 07:41	11/15/2023 08:04	11/15/2023 08:34	11/15/2023 08:54	00:07:41	MEDIC 402	
23-1981F8	11/15/2023 16:08	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	11/15/2023 16:09	11/15/2023 16:10	11/15/2023 16:14	11/15/2023 16:25	11/15/2023 16:25	11/15/2023 18:56	00:05:11	MEDIC 401	
23-1981F9	11/15/2023 16:22	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	11/15/2023 16:24	11/15/2023 16:24	11/15/2023 16:30	11/15/2023 16:45	11/15/2023 16:45	11/15/2023 18:55	00:07:49	MEDIC 401	
23-1981D	11/15/2023 16:08	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	11/15/2023 16:09	11/15/2023 16:10	11/15/2023 16:14	11/15/2023 16:25	11/15/2023 16:25	11/15/2023 18:56	00:05:11	MEDIC 401	
23-1981F2	11/15/2023 16:22	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	11/15/2023 16:24	11/15/2023 16:24	11/15/2023 16:30	11/15/2023 16:45	11/15/2023 16:45	11/15/2023 18:55	00:07:49	MEDIC 401	
23-1981H4	11/15/2023 19:45	EMERGENCY SCENE	ST. FRANCIS SOUTH	11/15/2023 19:46	11/15/2023 19:46	11/15/2023 19:51	11/15/2023 20:16	11/15/2023 20:33	11/15/2023 21:29	00:05:44	MEDIC 401	
23-1981F1	11/16/2023 01:41	EMERGENCY SCENE	CANCELLED ENROUTE	11/16/2023 01:43	11/16/2023 01:47	11/16/2023 01:49	11/16/2023 01:49	11/16/2023 01:49	11/16/2023 01:49	00:07:49	MEDIC 401	
23-1991F2	11/16/2023 11:54	EMERGENCY SCENE	ST. FRANCIS SOUTH	11/16/2023 11:54	11/16/2023 11:56	11/16/2023 11:58	11/16/2023 12:18	11/16/2023 12:37	11/16/2023 13:00	00:04:06	MEDIC 401	
23-1991H4	11/16/2023 12:49	EMERGENCY SCENE	HILLCREST SOUTH	11/16/2023 12:50	11/16/2023 12:51	11/16/2023 12:57	11/16/2023 13:26	11/16/2023 13:54	11/16/2023 14:25	00:07:13	MEDIC 402	
23-1991H4	11/16/2023 14:39	EMERGENCY SCENE	HILLCREST MEDICAL CENTER	11/16/2023 14:40	11/16/2023 14:41	11/16/2023 14:48	11/16/2023 15:00	11/16/2023 15:29	11/16/2023 15:53	00:08:05	MEDIC 401	
23-1991F5	11/16/2023 14:47	EMERGENCY SCENE	UNK								MUTUAL AID RECEIVED	
23-1991F6	11/16/2023 15:23	EMERGENCY SCENE	ST. FRANCIS SOUTH	11/16/2023 15:24	11/16/2023 15:24	11/16/2023 15:40	11/16/2023 16:04	11/16/2023 16:32	11/16/2023 17:30	00:16:40	MEDIC 115	S. of 181
23-1991D	11/16/2023 20:54	EMERGENCY SCENE	UNK								MUTUAL AID RECEIVED	
23-2001D	11/17/2023 21:19	EMERGENCY SCENE	ST. JOHN TULSA	11/17/2023 21:20	11/17/2023 21:21	11/17/2023 21:23	11/17/2023 21:56	11/17/2023 22:17	11/17/2023 22:52	00:04:52	MEDIC 401	
23-2001F6	11/18/2023 02:23	EMERGENCY SCENE	ST. FRANCIS TULSA	11/18/2023 02:25	11/18/2023 02:29	11/18/2023 02:36	11/18/2023 03:22	11/18/2023 03:45	11/18/2023 04:07	00:12:35	MEDIC 401	S. of 181
23-2001F1	11/18/2023 03:49	EMERGENCY SCENE	ST. FRANCIS SOUTH	11/18/2023 03:50	11/18/2023 03:53	11/18/2023 03:56	11/18/2023 04:25	11/18/2023 04:43	11/18/2023 05:07	00:06:53	MEDIC 402	
23-2001F7	11/18/2023 09:18	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	11/18/2023 09:18	11/18/2023 09:21	11/18/2023 09:24	11/18/2023 10:07	11/18/2023 10:07	11/18/2023 10:07	00:05:55	MEDIC 401	
23-2001F8	11/18/2023 09:21	EMERGENCY SCENE	ST. FRANCIS SOUTH	11/18/2023 09:22	11/18/2023 09:23	11/18/2023 09:28	11/18/2023 09:51	11/18/2023 10:09	11/18/2023 10:50	00:07:10	MEDIC 402	
23-2001F7	11/18/2023 11:25	EMERGENCY SCENE	ST. JOHN TULSA	11/18/2023 11:26	11/18/2023 11:27	11/18/2023 11:31	11/18/2023 11:45	11/18/2023 12:04	11/18/2023 12:22	00:06:21	MEDIC 401	
23-2001D9	11/18/2023 12:14	EMERGENCY SCENE	ST. FRANCIS TULSA	11/18/2023 12:16	11/18/2023 12:17	11/18/2023 12:21	11/18/2023 12:38	11/18/2023 12:52	11/18/2023 13:10	00:06:41	MEDIC 402	
23-2001F1	11/18/2023 12:33	EMERGENCY SCENE	CANCELLED BY PD OR OTHER SERVICE	11/18/2023 12:34	11/18/2023 12:34	11/18/2023 12:40	11/18/2023 12:40	11/18/2023 12:40	11/18/2023 12:40	00:06:39	MEDIC 401	
23-2001F2	11/18/2023 12:36	EMERGENCY SCENE	ST. FRANCIS GLENPOOL	11/18/2023 12:36	11/18/2023 12:39	11/18/2023 12:41	11/18/2023 13:20	11/18/2023 13:25	11/18/2023 14:25	00:04:52	MEDIC 401	
23-2001F8	11/18/2023 14:44	EMERGENCY SCENE	ST. FRANCIS TULSA	11/18/2023 14:45	11/18/2023 14:47	11/18/2023 14:47	11/18/2023 15:04	11/18/2023 15:23	11/18/2023 15:49	00:03:18	MEDIC 102	
23-2001D	11/18/2023 17:11	EMERGENCY SCENE	UNK								MUTUAL AID RECEIVED	
23-2001F6	11/18/2023 19:08	EMERGENCY SCENE	CANCELLED BY PD OR OTHER SERVICE	11/18/2023 19:11	11/18/2023 19:11	11/18/2023 19:11	11/18/2023 19:14	11/18/2023 19:14	11/18/2023 19:14	00:03:14	MEDIC 401	
23-2001F7	11/19/2023 11:18	EMERGENCY SCENE	ST. FRANCIS TULSA	11/19/2023 11:19	11/19/2023 11:21	11/19/2023 11:24	11/19/2023 11:45	11/19/2023 12:05	11/19/2023 12:23	00:05:48	MEDIC 401	
23-2011F3	11/19/2023 18:49	EMERGENCY SCENE	HILLCREST SOUTH	11/19/2023 18:51	11/19/2023 18:53	11/19/2023 18:57	11/19/2023 19:13	11/19/2023 19:32	11/19/2023 19:47	00:07:21	MEDIC 401	
23-2011F9	11/20/2023 08:06	EMERGENCY SCENE	ST. FRANCIS SOUTH	11/20/2023 08:07	11/20/2023 08:09	11/20/2023 08:12	11/20/2023 08:44	11/20/2023 08:59	11/20/2023 08:59	00:06:22	MEDIC 401	
23-2011D	11/20/2023 08:32	EMERGENCY SCENE	ST. FRANCIS SOUTH	11/20/2023 08:33	11/20/2023 08:33	11/20/2023 08:40	11/20/2023 08:58	11/20/2023 09:20	11/20/2023 09:43	00:08:06	MEDIC 402	
23-2011F2	11/20/2023 08:51	EMERGENCY SCENE	UNK								MUTUAL AID RECEIVED	
23-2011F5	11/20/2023 11:09	EMERGENCY SCENE	ST. FRANCIS SOUTH	11/20/2023 11:09	11/20/2023 11:09	11/20/2023 11:16	11/20/2023 11:30	11/20/2023 11:45	11/20/2023 12:05	00:07:18	MEDIC 401	
23-2011F9	11/20/2023 15:25	EMERGENCY SCENE	HILLCREST SOUTH	11/20/2023 15:26	11/20/2023 15:27	11/20/2023 15:31	11/20/2023 15:45	11/20/2023 16:06	11/20/2023 16:51	00:05:43	MEDIC 401	
23-2011F3	11/20/2023 17:19	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	11/20/2023 17:20	11/20/2023 17:20	11/20/2023 17:24	11/20/2023 17:49	11/20/2023 17:49	11/20/2023 17:49	00:04:36	MEDIC 401	
23-2011F4	11/20/2023 17:19	EMERGENCY SCENE	CANCELLED BY PD OR OTHER SERVICE	11/20/2023 17:20	11/20/2023 17:21	11/20/2023 17:28	11/20/2023 17:51	11/20/2023 17:51	11/20/2023 17:51	00:08:07	MEDIC 402	
23-2011F1	11/20/2023 19:32	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	11/20/2023 19:33	11/20/2023 19:34	11/20/2023 19:38	11/20/2023 20:02	11/20/2023 20:02	11/20/2023 20:02	00:06:35	MEDIC 401	
23-2011F2	11/20/2023 19:32	EMERGENCY SCENE	CANCELLED ENROUTE	11/20/2023 19:33	11/20/2023 19:34	11/20/2023 19:40	11/20/2023 19:40	11/20/2023 19:40	11/20/2023 19:40	00:08:08	MEDIC 402	
23-2011F3	11/20/2023 19:32	EMERGENCY SCENE	CANCELLED ENROUTE	11/20/2023 19:33	11/20/2023 19:34	11/20/2023 19:40	11/20/2023 19:40	11/20/2023 19:40	11/20/2023 19:40	00:08:07	MEDIC 101	
23-2011F6	11/20/2023 20:22	EMERGENCY SCENE	ST. FRANCIS TULSA	11/20/2023 20:22	11/20/2023 20:23	11/20/2023 20:23	11/20/2023 20:42	11/20/2023 21:00	11/20/2023 21:29	00:01:52	MEDIC 402	
23-2011F7	11/20/2023 20:26	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	11/20/2023 20:27	11/20/2023 20:27	11/20/2023 20:34	11/20/2023 21:02	11/20/2023 21:02	11/20/2023 21:02	00:07:34	MEDIC 402	
23-2011F9	11/20/2023 20:29	EMERGENCY SCENE	UNK								MUTUAL AID RECEIVED	
23-2011D6	11/21/2023 01:13	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	11/21/2023 01:16	11/21/2023 01:17	11/21/2023 01:25	11/21/2023 01:35	11/21/2023 01:35	11/21/2023 01:35	00:12:23	MEDIC 401	
23-2011F3	11/21/2023 21:09	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	11/21/2023 21:11	11/21/2023 21:12	11/21/2023 21:14	11/21/2023 21:31	11/21/2023 21:31	11/21/2023 21:31	00:05:15	MEDIC 401	
23-2011F5	11/21/2023 21:09	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	11/21/2023 21:11	11/21/2023 21:12	11/21/2023 21:14	11/21/2023 21:32	11/21/2023 21:32	11/21/2023 21:32	00:05:15	MEDIC 401	
23-2011D6	11/22/2023 12:48	EMERGENCY SCENE	HILLCREST SOUTH	11/22/2023 12:49	11/22/2023 12:50	11/22/2023 12:53	11/22/2023 13:24	11/22/2023 13:47	11/22/2023 13:47	00:05:17	MEDIC 401	
23-2011F7	11/22/2023 19:56	EMERGENCY SCENE	ST. FRANCIS SOUTH	11/22/2023 19:57	11/22/2023 19:58	11/22/2023 20:02	11/22/2023 20:23	11/22/2023 20:40	11/22/2023 20:40	00:05:55	MEDIC 401	
23-2011H4	11/23/2023 02:42	EMERGENCY SCENE	ST. FRANCIS GLENPOOL	11/23/2023 02:43	11/23/2023 02:46	11/23/2023 02:49	11/23/2023 03:13	11/23/2023 03:18	11/23/2023 03:46	00:06:50	MEDIC 401	
23-2011F4	11/23/2023 17:34	EMERGENCY SCENE	ST. FRANCIS SOUTH	11/23/2023 17:35	11/23/2023 17:36	11/23/2023 17:41	11/23/2023 17:57	11/23/2023 18:13	11/23/2023 18:13	00:06:47	MEDIC 401	
23-2011F5	11/23/2023 17:36	EMERGENCY SCENE	ST. FRANCIS TULSA	11/23/2023 17:37	11/23/2023 17:39	11/23/2023 17:42	11/23/2023 17:57	11/23/2023 18:23	11/23/2023 18:42	00:06:05	MEDIC 402	
23-2011F1	11/24/2023 03:18	EMERGENCY SCENE	ST. FRANCIS TULSA	11/24/2023 03:19	11/24/2023 03:21	11/24/2023 03:27	11/24/2023 03:40	11/24/2023 04:01		00:08:06	MEDIC 401	
23-2011F6	11/24/2023 13:57	EMERGENCY SCENE	CANCELLED BY PD OR OTHER SERVICE	11/24/								

23-20548	11/27/2023 01:48	EMERGENCY SCENE	ST. FRANCIS GLENPOOL	11/27/2023 01:50	11/27/2023 01:51	11/27/2023 01:54	11/27/2023 02:12	11/27/2023 02:17	11/27/2023 02:29	00:05:40	MEDIC 401	
23-20549	11/27/2023 02:04	EMERGENCY SCENE	NO PATIENT FOUND	11/27/2023 02:04	11/27/2023 02:08	11/27/2023 02:08	11/27/2023 02:15	11/27/2023 02:15	11/27/2023 02:15	00:04:14	MEDIC 402	
23-20552	11/27/2023 07:49	EMERGENCY SCENE	ST. FRANCIS GLENPOOL	11/27/2023 07:50	11/27/2023 07:52	11/27/2023 07:55	11/27/2023 08:12	11/27/2023 08:16	11/27/2023 08:24	00:05:57	MEDIC 401	
23-20572	11/27/2023 11:40	EMERGENCY SCENE	ST. FRANCIS SOUTH	11/27/2023 11:41	11/27/2023 11:42	11/27/2023 11:47	11/27/2023 11:56	11/27/2023 12:17	11/27/2023 12:32	00:07:32	MEDIC 401	
23-20577	11/27/2023 12:13	EMERGENCY SCENE	ST. FRANCIS GLENPOOL	11/27/2023 12:15	11/27/2023 12:16	11/27/2023 12:19	11/27/2023 12:43	11/27/2023 12:57	11/27/2023 13:07	00:06:09	MEDIC 402	
23-20623	11/28/2023 02:08	EMERGENCY SCENE	ST. FRANCIS TULSA	11/28/2023 02:08	11/28/2023 02:11	11/28/2023 02:16	11/28/2023 02:24	11/28/2023 02:43	11/28/2023 02:43	00:08:06	MEDIC 401	
23-20654	11/28/2023 19:03	EMERGENCY SCENE	ST. FRANCIS TULSA	11/28/2023 19:04	11/28/2023 19:04	11/28/2023 19:10	11/28/2023 19:36	11/28/2023 19:58	11/28/2023 21:00	00:06:41	MEDIC 401	
23-20655	11/28/2023 19:09	EMERGENCY SCENE	ST. FRANCIS TULSA	11/28/2023 19:09	11/28/2023 19:09	11/28/2023 19:12	11/28/2023 19:38	11/28/2023 19:59	11/28/2023 21:05	00:03:21	MEDIC 113	



GEMS

Glenpool Area Medical Service District
Glenpool, Oklahoma

To: Honorable Chair and Trustees
From: Susan White, District Administrator
Date: December 4, 2023
Subject: District Administrator Report

CLERK & TREASURER VACANCIES

I am sad to report that tonight will be the final meeting for Wendy Knight, Clerk and Julie Casteen, Treasurer. They were each forced to make difficult decisions regarding a conflict between their jobs and their personal life situations. They are each remorseful about leaving behind their positions and their relationships here at Glenpool. We have been blessed to work with them. Both possess a matchless work ethic, and they will be hard to replace. I wish to express my best wishes to each of these outstanding women.

At the January meeting, the Board will be approving agreements to fill the vacated positions.



GEMS

Glenpool Area Medical Service District
Glenpool, Oklahoma

To: Susan White, District Administrator; Honorable Chair and Trustees
From: Wendy Knight, District Clerk
Date: November 20, 2023

Please accept this letter as my formal resignation as District Clerk for the Glenpool Area Medical Service District, with my last day being December 14, 2023. It has truly been a pleasure to serve with you, and I will miss you all.

Thank you,
Wendy Knight

Julie A. Casteen

26928 E 142nd Pl S

Coweta, OK 74429

(918) 500-1354 • juliecasteen@gmail.com

November 27, 2023

Ms. Susan White
Glenpool Area Medical Service District
12205 S Yukon Ave
Glenpool, OK 74033

Dear Susan,

Please accept my resignation as Treasurer for the Glenpool Area Medical Service District. My last day of work will be Friday, December 15, 2023.

Best regards,

A handwritten signature in cursive script that reads "Julie Casteen".

Julie Casteen

PERIOD: 10/01/2023 - 10/31/2023

Julie Casteen 11/21/23
W/M. GK 11/21/23

ACCOUNT: 31-1001 GEMS CASH IN BANK

RECONCILIATION SUMMARY

BEGINNING STATEMENT BALANCE:	221,640.01	GL ACCOUNT BALANCE:	189,072.47
DEPOSITS:	+ 1,293.95	OUTSTANDING DEPOSITS:	- 0.00
WITHDRAWALS:	+ 33,861.49CR	OUTSTANDING CHECKS:	- 0.00
ADJUSTMENTS:	+ 0.00	ADJUSTMENTS:	+ 0.00
ENDING STATEMENT BALANCE:	189,072.47	ADJUSTED GL ACCOUNT BALANCE:	189,072.47

STATEMENT BALANCE: 189,072.47
BANK DIFFERENCE: 0.00
G/L DIFFERENCE: 0.00

CLEARED DEPOSITS:

10/13/2023	Tulsa Tax Deposit 10.2023	<u>1,293.95</u>
TOTAL CLEARED DEPOSITS:		1,293.95
		=====

CLEARED CHECKS:

10/02/2023	002150	CENTURION HEALTH SYSTEMS, DBA M	15,000.00CR
10/02/2023	002151	CITY OF GLENPOOL - GEMS	16,948.28CR
10/02/2023	002152	JULIE CASTEEN	208.33CR
10/02/2023	002153	SUSAN WHITE	208.33CR
10/02/2023	002154	TULSA COUNTY ASSESSOR	1,229.29CR
10/02/2023	002155	TULSA WORLD	58.93CR
10/02/2023	002157	WENDY KNIGHT	<u>208.33CR</u>
TOTAL CLEARED CHECKS:			33,861.49CR
			=====

CLEARED OTHER:

No Items.

PERIOD: 10/01/2023 - 10/31/2023

ACCOUNT: 31-1001 GEMS CASH IN BANK

OUTSTANDING DEPOSITS:

No Items.

OUTSTANDING CHECKS:

No Items.

OUTSTANDING OTHER:

No Items.

PERIOD: 10/01/2023 - 10/31/2023

ACCOUNT: 31-1001 GEMS CASH IN BANK

VOIDED CHECKS:

10/02/2023	002156	WENDY KNIGHT	VOIDED	<u>208.33CR</u>	VOIDED 10/02/2023
TOTAL VOIDED CHECKS:				208.33CR	
				=====	

PERIOD: 10/01/2023 - 10/31/2023

ACCOUNT: 31-1001 GEMS CASH IN BANK

ADJUSTMENTS:

No Items.

PERIOD: 10/01/2023 - 10/31/2023

ACCOUNT: 31-1001 GEMS CASH IN BANK

ERROR LISTING

TOTAL ERRORS: 0

** END OF REPORT **

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



To Oklahoma & You™

Dir 1 251 7

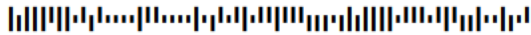
8918X0C.004 BNCF:0008262



24-Hour
Automated
Account Information

1-877-602-2262

2 *0008262
GLENPOOL AREA EMERGENCY MEDICAL
SERVICE DISTRICT
12205 S YUKON AVE
GLENPOOL OK 74033-6635



PAGE 1

ACCOUNT NUMBER
STATEMENT DATE
10/31/23

GUARD YOUR CARD
Scan for tips on protecting
your financial information.



ACCOUNT ANALYSIS

Beginning Balance	10/01/23	221,640.01
Deposits / Misc Credits	1	1,293.95
Withdrawals / Misc Debits	7	33,861.49
** Ending Balance	10/31/23	189,072.47 **

Service Charge	.00
Enclosures	7

DEPOSITS								
Date	Deposits	Withdrawals	Activity Description					
10/13	1,293.95		TULSA COUNTY/REMIT					
CHECKS								
* indicates skip in check numbers								
Date	Check No.	Amount	Date	Check No.	Amount	Date	Check No.	Amount
10/11	2150	15,000.00	10/11	2153	208.33	10/23	2155	58.93
10/05	2151	16,948.28	10/11	2154	1,229.29	10/11	2157*	208.33
10/05	2152	208.33						
DAILY BALANCE SUMMARY								
Date	Balance		Date	Balance		Date	Balance	
10/05	204,483.40		10/13	189,131.40		10/23	189,072.47	
10/11	187,837.45							



MSI REV 7/17

www.bancfirst.bank

5727-STMT



Statement Date: 10/31/23

PAGE 2

DO NOT ACCEPT UNLESS THIS CHECK IS PRINTED WITH A COLOR BACKGROUND, CONTAINS A VOID PHOTOGRAPH, MICROPRINTING FACE AND BACK, UV FIBERS AND A WATERMARK ON THE REVERSE SIDE.

GLENPOOL AREA EMERGENCY 01/93
MEDICAL SERVICE DISTRICT
12205 S. YUKON AVE. PH. 918-322-5409
GLENPOOL, OK 74033-6635

BancFirst
Glenpool, Oklahoma
39-3631030

002150

PAY --- FIFTEEN THOUSAND & 08/100 DOLLARS --- DATE 10/02/2023 CHECK AMOUNT \$*****15,000.00

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

BY *[Signature]*
Wendy Knight
AUTHORIZED SIGNATURE

002150

Number: 2150 Date: 10/11/2023 Amount: \$15000.00

DO NOT ACCEPT UNLESS THIS CHECK IS PRINTED WITH A COLOR BACKGROUND, CONTAINS A VOID PHOTOGRAPH, MICROPRINTING FACE AND BACK, UV FIBERS AND A WATERMARK ON THE REVERSE SIDE.

GLENPOOL AREA EMERGENCY 01/93
MEDICAL SERVICE DISTRICT
12205 S. YUKON AVE. PH. 918-322-5409
GLENPOOL, OK 74033-6635

BancFirst
Glenpool, Oklahoma
39-3631030

002152

PAY --- TWO HUNDRED EIGHT & 33/100 DOLLARS --- DATE 10/02/2023 CHECK AMOUNT \$*****208.33

TO THE ORDER OF ** JULIE CASTEN **
26928 E 142ND PL S
COWETA, OK 74429

BY *[Signature]*
Wendy Knight
AUTHORIZED SIGNATURE

002152

Number: 2152 Date: 10/05/2023 Amount: \$208.33

DO NOT ACCEPT UNLESS THIS CHECK IS PRINTED WITH A COLOR BACKGROUND, CONTAINS A VOID PHOTOGRAPH, MICROPRINTING FACE AND BACK, UV FIBERS AND A WATERMARK ON THE REVERSE SIDE.

GLENPOOL AREA EMERGENCY 01/93
MEDICAL SERVICE DISTRICT
12205 S. YUKON AVE. PH. 918-322-5409
GLENPOOL, OK 74033-6635

BancFirst
Glenpool, Oklahoma
39-3631030

002154

PAY --- ONE THOUSAND TWO HUNDRED TWENTY NINE & 29/100 DOLLARS --- DATE 10/02/2023 CHECK AMOUNT \$*****1,229.29

TO THE ORDER OF ** TULSA COUNTY ASSESSOR **
JOHN A. WRIGHT, AAS
218 W. 6TH ST., 5TH FLOOR
TULSA, OK 74119

BY *[Signature]*
Wendy Knight
AUTHORIZED SIGNATURE

002154

Number: 2154 Date: 10/11/2023 Amount: \$1229.29

DO NOT ACCEPT UNLESS THIS CHECK IS PRINTED WITH A COLOR BACKGROUND, CONTAINS A VOID PHOTOGRAPH, MICROPRINTING FACE AND BACK, UV FIBERS AND A WATERMARK ON THE REVERSE SIDE.

GLENPOOL AREA EMERGENCY 01/93
MEDICAL SERVICE DISTRICT
12205 S. YUKON AVE. PH. 918-322-5409
GLENPOOL, OK 74033-6635

BancFirst
Glenpool, Oklahoma
39-3631030

002157

PAY --- TWO HUNDRED EIGHT & 33/100 DOLLARS --- DATE 10/02/2023 CHECK AMOUNT \$*****208.33

TO THE ORDER OF ** WENDY KNIGHT **
P.O. BOX 2434
CLAREMORE, OK 74018

BY *[Signature]*
Wendy Knight
AUTHORIZED SIGNATURE

002157

Number: 2157 Date: 10/11/2023 Amount: \$208.33

DO NOT ACCEPT UNLESS THIS CHECK IS PRINTED WITH A COLOR BACKGROUND, CONTAINS A VOID PHOTOGRAPH, MICROPRINTING FACE AND BACK, UV FIBERS AND A WATERMARK ON THE REVERSE SIDE.

GLENPOOL AREA EMERGENCY 01/93
MEDICAL SERVICE DISTRICT
12205 S. YUKON AVE. PH. 918-322-5409
GLENPOOL, OK 74033-6635

BancFirst
Glenpool, Oklahoma
39-3631030

002151

PAY --- SIXTEEN THOUSAND NINE HUNDRED FORTY EIGHT & 48/100 DOLLARS CHECK AMOUNT \$*****16,948.28

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

BY *[Signature]*
Wendy Knight
AUTHORIZED SIGNATURE

002151

Number: 2151 Date: 10/05/2023 Amount: \$16948.28

DO NOT ACCEPT UNLESS THIS CHECK IS PRINTED WITH A COLOR BACKGROUND, CONTAINS A VOID PHOTOGRAPH, MICROPRINTING FACE AND BACK, UV FIBERS AND A WATERMARK ON THE REVERSE SIDE.

GLENPOOL AREA EMERGENCY 01/93
MEDICAL SERVICE DISTRICT
12205 S. YUKON AVE. PH. 918-322-5409
GLENPOOL, OK 74033-6635

BancFirst
Glenpool, Oklahoma
39-3631030

002153

PAY --- TWO HUNDRED EIGHT & 33/100 DOLLARS --- DATE 10/02/2023 CHECK AMOUNT \$*****208.33

TO THE ORDER OF ** SUSAN WHITE **
210 SOUTH OAK GROVE ROAD
CUSHING, OK 74023

BY *[Signature]*
Wendy Knight
AUTHORIZED SIGNATURE

002153

Number: 2153 Date: 10/11/2023 Amount: \$208.33

DO NOT ACCEPT UNLESS THIS CHECK IS PRINTED WITH A COLOR BACKGROUND, CONTAINS A VOID PHOTOGRAPH, MICROPRINTING FACE AND BACK, UV FIBERS AND A WATERMARK ON THE REVERSE SIDE.

GLENPOOL AREA EMERGENCY 01/93
MEDICAL SERVICE DISTRICT
12205 S. YUKON AVE. PH. 918-322-5409
GLENPOOL, OK 74033-6635

BancFirst
Glenpool, Oklahoma
39-3631030

002155

PAY --- FIFTY EIGHT & 93/100 DOLLARS --- DATE 10/02/2023 CHECK AMOUNT \$*****58.93

TO THE ORDER OF ** TULSA WORLD **
LEE ADVERTISING
P.O. BOX. 4690
CAROL STREAM, IL 60197-4690

BY *[Signature]*
Wendy Knight
AUTHORIZED SIGNATURE

002155

Number: 2155 Date: 10/23/2023 Amount: \$58.93

4021-00000

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

31 -GEMS

ACCT NO#	ACCOUNT NAME	BEGINNING BALANCE	M-T-D ACTIVITY	Y-T-D ACTIVITY	CURRENT BALANCE
<u>ASSETS</u>					
31-1001	GEMS CASH IN BANK	283,627.22	32,567.54CR	94,554.75CR	189,072.47
31-1353	EQUIPMENT	71,085.14	0.00	0.00	71,085.14
31-1354	ACCUM DEPREC - EQUIPMENT	<u>42,651.08CR</u>	<u>0.00</u>	<u>0.00</u>	<u>42,651.08CR</u>
	TOTAL ASSETS	312,061.28	32,567.54CR	94,554.75CR	217,506.53
		=====	=====	=====	=====
<u>LIABILITIES</u>					
<u>FUND EQUITY</u>					
31-3001	FUND BALANCE	312,061.28CR	0.00	0.00	312,061.28CR
	TOTAL REVENUES	0.00	1,293.95CR	3,411.22CR	3,411.22CR
	TOTAL EXPENSES	<u>0.00</u>	<u>33,861.49</u>	<u>97,965.97</u>	<u>97,965.97</u>
	TOTAL FUND EQUITY	312,061.28CR	32,567.54	94,554.75	217,506.53CR
	TOTAL LIABILITIES & EQUITY	312,061.28CR	32,567.54	94,554.75	217,506.53CR
		=====	=====	=====	=====

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

31 -GEMS

FINANCIAL SUMMARY	% OF YEAR COMPLETED: 33.33						
	CURRENT BUDGET	CURRENT PERIOD	YEAR TO DATE ACTUAL	TOTAL ENCUMBERED	BUDGET BALANCE	% YTD BUDGET	
<u>REVENUE SUMMARY</u>							
NON-DEPARTMENTAL	<u>409,981</u>	<u>1,293.95</u>	<u>3,411.22</u>	<u>0.00</u>	<u>406,569.78</u>	<u>0.83</u>	
TOTAL REVENUES	409,981	1,293.95	3,411.22	0.00	406,569.78	0.83	

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

31 -GEMS

FINANCIAL SUMMARY

% OF YEAR COMPLETED: 33.33

	CURRENT BUDGET	CURRENT PERIOD	YEAR TO DATE ACTUAL	TOTAL ENCUMBERED	BUDGET BALANCE	% YTD BUDGET
<u>EXPENDITURE SUMMARY</u>						
<u>GEMS</u>						
SUPPLIES	7,000	1,288.22	2,835.72	959.20	3,205.08	54.21
OTHER CHARGES & SERVICES	396,481	32,573.27	95,130.25	27,893.73	273,457.02	31.03
TRAVEL & TRAINING	<u>6,500</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>6,500.00</u>	<u>0.00</u>
TOTAL GEMS	409,981	33,861.49	97,965.97	28,852.93	283,162.10	30.93
TOTAL EXPENDITURES	409,981	33,861.49	97,965.97	28,852.93	283,162.10	30.93
REVENUE OVER/ (UNDER) EXPENDITURES	0 (	32,567.54) (	94,554.75) (	28,852.93)	123,407.68	0.00

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

31 -GEMS

% OF YEAR COMPLETED: 33.33						
REVENUES	CURRENT BUDGET	CURRENT PERIOD	YEAR TO DATE ACTUAL	TOTAL ENCUMBERED	BUDGET BALANCE	% YTD BUDGET
NON-DEPARTMENTAL						
=====						
<u>TAXES</u>						
31-5-00-5006 TAXES	<u>350,000</u>	<u>1,293.95</u>	<u>3,411.22</u>	<u>0.00</u>	<u>346,588.78</u>	<u>0.97</u>
TOTAL TAXES	350,000	1,293.95	3,411.22	0.00	346,588.78	0.97
<u>INVESTMENT INCOME</u>						
<u>OTHER FINANCING SOURCES</u>						
31-5-00-5409 USE OF FUND BALANCE	<u>59,981</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>59,981.00</u>	<u>0.00</u>
TOTAL OTHER FINANCING SOURCES	59,981	0.00	0.00	0.00	59,981.00	0.00
TOTAL NON-DEPARTMENTAL	409,981	1,293.95	3,411.22	0.00	406,569.78	0.83
TOTAL REVENUE	409,981	1,293.95	3,411.22	0.00	406,569.78	0.83

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

31 -GEMS

		% OF YEAR COMPLETED: 33.33					
DEPARTMENTAL EXPENDITURES	CURRENT BUDGET	CURRENT PERIOD	YEAR TO DATE ACTUAL	TOTAL ENCUMBERED	BUDGET BALANCE	% YTD BUDGET	
GEMS							
=====							
<u>PERSONAL SERVICES</u>							
<u>SUPPLIES</u>							
31-6-01-6202 OPERATING SUPPLIES	4,500	1,288.22	2,835.72	959.20	705.08	84.33	
31-6-01-6206 MINOR EQUIPMENT	<u>2,500</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>2,500.00</u>	<u>0.00</u>	
TOTAL SUPPLIES	7,000	1,288.22	2,835.72	959.20	3,205.08	54.21	
<u>OTHER CHARGES & SERVICES</u>							
31-6-01-6210 AMBULANCE CONTRACT	180,000	15,000.00	60,000.00	15,000.00	105,000.00	41.67	
31-6-01-6225 FIRST RESPONDER/ADMIN FEES	166,505	16,948.28	33,255.28	9,146.04	124,103.68	25.47	
31-6-01-6235 CONTRACT SERVICES	13,800	624.99	1,874.97	3,747.69	8,177.34	40.74	
31-6-01-6236 AUDIT FEES	<u>36,176</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>36,176.00</u>	<u>0.00</u>	
TOTAL OTHER CHARGES & SERVICES	396,481	32,573.27	95,130.25	27,893.73	273,457.02	31.03	
<u>TRAVEL & TRAINING</u>							
31-6-01-6262 TRAVEL AND TRAINING	<u>6,500</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>6,500.00</u>	<u>0.00</u>	
TOTAL TRAVEL & TRAINING	6,500	0.00	0.00	0.00	6,500.00	0.00	
<u>MISCELLANEOUS</u>							
<u>CAPITAL EXPENDITURES</u>							
<u>OTHER FINANCING USES</u>							
TOTAL GEMS	409,981	33,861.49	97,965.97	28,852.93	283,162.10	30.93	
TOTAL EXPENDITURES	409,981	33,861.49	97,965.97	28,852.93	283,162.10	30.93	
REVENUE OVER/ (UNDER) EXPENDITURES	0 (	32,567.54) (	94,554.75) (	28,852.93)	123,407.68	0.00	

Five-Year History of GEMS Cumulative Tax Revenue Received as a Percent of Tax Revenue Budgeted

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

As of October 31, 2023 GEMS has received 1.0% of tax revenue budgeted.

In other words, \$3,411.22 has been received of the \$350,000 tax revenue budgeted.



GLENPOOL FIRE DEPARTMENT

MED BAG CHECKLIST

Unit:

Engine 1

Date:

December 1, 2023

FRONT ZIPPER POCKET

- ☒ 1 B/P Cuff
- ☒ 1 Stethoscope
- ☒ 1 Pulse Oximeter
- ☒ 1 - Ped. Cannula
- ☒ 1 - Infant Cannula
- ☒ 2 - Infant NRB
- ☒ 1 - Rusch Laryngoscope Kit

RIGHT ZIPPER POCKET

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

O2 LEFT SIDE POCKET

- ☒ 1-O2 Cylinder psi 1000
- ☒ 2-Adult NRB
- ☒ 2-Adult NC
- ☒ 1-Adult BVM

INSIDE POCKET

- ☒ 1-Blood Glucose Kit/Test Strips Exp. Date: April 22, 2024
- ☒ 1-Tube Glucose 31g Exp. Date: February 20, 2025
- ☒ Lancettes
- ☒ Adhesive Bandages
- ☒ Alcohol Swabs
- ☒ 1-Tactical Tourniquet
- ☒ 1-Thermometer
- ☒ 1-Samsplint

FIRST AID BAG

- ☒ Medical Tape
- ☒ Flush
- ☒ Conban
- ☒ Band-aids
- ☒ Tri-Angle Bandage
- ☒ 4X4s
- ☒ Bandage Roll
- ☒ 3X3s

INSIDE CLEAR LID

- ☒ Sharps Shuttle
- ☒ Pen Light
- ☒ Hand Sanitizer
- ☒ Trauma Sheers
- ☒ Ring Cutter
- ☒ Convenience Bags
- ☒ Bio Bag

IV COMPARTMENT

☒ Sharps Shuttle

☒ IV 10 Drop Administration Sets

☒ 1-Roll Medical Tape

☒ 1-Arrow IO Drill

2-14g IV	Exp. Date:	July 27, 2025	Exp. Date:	July 27, 2025
2-18g IV	Exp. Date:	December 16, 2024	Exp. Date:	October 1, 2025
2-20g IV	Exp. Date:	October 10, 2024	Exp. Date:	July 30, 2024
2-22g IV	Exp. Date:	February 24, 2025	Exp. Date:	February 25, 2025
2-24g IV	Exp. Date:	July 17, 2025	Exp. Date:	July 17, 2025
4-Saline Flushes {	Exp. Date:	January 28, 2026	Exp. Date:	June 28, 2025
	{ Exp. Date:	January 28, 2026	Exp. Date:	June 28, 2026
2-IV Start Kits	☒			
2-EZ Stabilizers	Exp. Date:	September 16, 2025	Exp. Date:	November 30, 2026
2-45mm 15g IO Needle Set	Exp. Date:	May 31, 2026	Exp. Date:	September 30, 2024
2-25mm 15g IO Needle Set	Exp. Date:	June 2, 2024	Exp. Date:	June 30, 2025
1-IV Bag	Exp. Date:	August 28, 2025		
1 Pressure Bag	☒			

AIRWAY COMPARTMENT

1-2.5 ET Tube	Exp. Date:	May 31, 2023	1-7.0 ET Tube	Exp. Date:	March 14, 2024
1-3.0 ET Tube	Exp. Date:	May 31, 2023	1-7.5 ET Tube	Exp. Date:	October 17, 2024
1-3.5 ET Tube	Exp. Date:	June 6, 2024	1-8.0 ET Tube	Exp. Date:	June 30, 2024
1-4.0 ET Tube	Exp. Date:	April 14, 2027	1-8.5 ET Tube	Exp. Date:	December 31, 2024
1-4.5 ET Tube	Exp. Date:	May 24, 2027	1-9.0 ET Tube	Exp. Date:	November 14, 2024
1-5.0 ET Tube	Exp. Date:	April 19, 2023	1-OPA Kit	☒	
1-5.5 ET Tube	Exp. Date:	October 24, 2024	K-Y Lube Gel	Exp. Date:	February 29, 2024
1-6.0 ET Tube	Exp. Date:	March 14, 2024			
1-6.5 ET Tube	Exp. Date:	December 1, 2024			

AIRWAY COMPARTMENT CONT.

1-NPA Kit (Sizes 8.7/9.3/10.0/10.7/11.3mm)					
Size 8.7	Exp. Date:	February 10, 2025	4 KAD		
Size 9.3	Exp. Date:	January 22, 2024	Green	Exp. Date:	October 12, 2023
Size 10	Exp. Date:	December 9, 2024	Purple	Exp. Date:	
Size 10.7	Exp. Date:	November 30, 2024	Yellow	Exp. Date:	July 30, 2024
Size 11.3	Exp. Date:	February 10, 2026	Red	Exp. Date:	August 1, 2025

MEDICINE COMPARTMENT

1-Glucagon Kit 1mg	Exp. Date:	October 31, 2023		
1-50% Dextrose	Exp. Date:	January 1, 2025		
2 - Epinephrine Injection 1mg/mL	Exp. Date:	February 29, 2024	Exp. Date:	February 29, 2024
2 - 18g Filter Needles	Exp. Date:	May 1, 2025	Exp. Date:	December 15, 2024
2 - 23g Eclipse Needle	Exp. Date:	March 31, 2025	Exp. Date:	March 31, 2025
2 - 1mL Syringe	Exp. Date:	December 31, 2026	Exp. Date:	December 31, 2026
2 - 4x4 Gauze	☒			
2 - Naloxone Hydrochloride 2mg per 2mL (1 Kit)	Exp. Date:	April 30, 2024	Exp. Date:	July 30, 2024
1 - 2% Lidocane Hcl	Exp. Date:	April 30, 2024		
1 - Nebulizer Kit	☒			
3 - Albuterol 2.5mg	Exp:	March 30, 2024	Exp:	March 30, 2024
1 - Levalbuterol 1.25	Exp. Date:	February 29, 2024		
1 - Levalbuterol 0.31	Exp. Date:	February 29, 2024		
2 - Ipratropium Bromide 0.5mg (Atrovent)	Exp. Date:	February 29, 2024	Exp. Date:	February 29, 2024
1 - Low Dose Aspirin (81 mg)	Exp. Date:	May 31, 2023		
1 - Roll Med Tape	☒			

LIFEPAK MONITOR

Child/ Adult AED Pads

Exp. Date: April 12, 2025

Capno



PEDI Pulse OX

Exp. Date: January 1, 2025

LIFEPAK®15 Monitor/Defibrillator Operator's Checklist

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

Unit Serial No: 45886287

Location: E-1

DATE December 1, 2023

1. Inspect physical condition for:

Foreign substances

☒ Pass ☐ Fail

Damage or cracks

☒ Pass ☐ Fail

2. Inspect power source for:

Broken, loose or worn battery pins.

☒ Pass ☐ Fail

Damaged or leaking battery.

☒ Pass ☐ Fail

Spare battery available

☒ Pass ☐ Fail

Damage to power adapters or cable.

☒ Pass ☐ Fail

3. Inspect ECG cable and cable port for:

Cracking, damaged, broke or bent parts or pins

☒ Pass ☐ Fail

4. Check ECG electrodes and therapy electrodes for:

Use by date

☒ Pass ☐ Fail

Spare electrodes available

☒ Pass ☐ Fail

Damaged, open package

☒ Pass ☐ Fail

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

Momentary illumination of self test messages and LED's and speaker beep.	☒ Pass	☐ Fail
Two fully charged batteries	☒ Pass	☐ Fail
Service indicator	☒ Pass	☐ Fail

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

Power adapter LED stripes illuminated	☒ Pass	☐ Fail
Auxiliary power LED on device is illuminated	☒ Pass	☐ Fail
Battery charging LED on device is illuminating or flashing.	☒ Pass	☐ Fail

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

Disconnect and examine cable for cracking, damaged, broken or bent parts and pins.	☒ Pass	☐ Fail
Connect therapy cable to defibrillator and test load.	☒ Pass	☐ Fail
Select LEAD then PADDLES	☒ Pass	☐ Fail
Select 200 JOULES and press CHARGE.	☒ Pass	☐ Fail
Press SHOCK button	☒ Pass	☐ Fail
Confirm ENERGY DELIVERED message appears.	☒ Pass	☐ Fail
Remove test load from cable and verify PADDLES LEAD OFF appears.	☒ Pass	☐ Fail

8. Energy

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

8. Cont.

Remove paddles from wells, and confirm artifact on screen.

☒ Pass ☐ Fail

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

☒ Pass ☐ Fail

Return paddles securely to paddle wells.

☒ Pass ☐ Fail

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

Press OPTIONS.

Select USER TEST in menu.

☒ Pass ☐ Fail

Confirm test results printed.

10. Check ECG printer for:

Adequate paper supply.

☒ Pass ☐ Fail

Ability to print.

☒ Pass ☐ Fail

11. If using wireless data transmission, test transmission method

Establish Bluetooth connection.

☒ N/A ☐ Pass ☐ Fail

Send a test transmission.

☒ N/A ☐ Pass ☐ Fail

12. Turn off defibrillator.

(Press and hold ON for up to 2 seconds)

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

☒ Pass ☐ Fail

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

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

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

Glucose Monitor

Clean monitor

☒ Pass ☐ Fail

Laerdal Scope

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

AirTraq Videoscope

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

2% Bag

Top Left Pocket (IV Fluids)

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

Center Pocket

Seal:	888	New Seal:	872
Exp.:	January 31, 2025	Exp.:	January 31, 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 | ☒ |

Top Right Pocket: (Ped/Infant)

Seal:

814

New Seal:

832

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

GDF STAFF





GLENPOOL FIRE DEPARTMENT

MED BAG CHECKLIST

Unit:

R-1

Date:

December 1, 2023

FRONT ZIPPER POCKET

- ☒ 1 B/P Cuff
- ☒ 1 Stethoscope
- ☒ 1 Pulse Oximeter
- ☒ 1 - Ped. Cannula
- ☒ 1 - Infant Cannula
- ☒ 2 - Infant NRB
- ☒ 1 - Rusch Laryngoscope Kit

RIGHT ZIPPER POCKET

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

O2 LEFT SIDE POCKET

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

INSIDE POCKET

- ☒ 1-Blood Glucose Kit/Test Strips Exp. Date: April 30, 2024
- ☒ 1-Tube Glucose 31g Exp. Date: May 26, 2024
- ☒ Lancettes
- ☒ Adhesive Bandages
- ☒ Alcohol Swabs
- ☒ 1-Tactical Tourniquet
- ☒ 1-Thermometer
- ☒ 1-Samsplint

FIRST AID BAG

- ☒ Medical Tape
- ☒ Flush
- ☒ Conban
- ☒ Band-aids
- ☒ Tri-Angle Bandage
- ☒ 4X4s
- ☒ Bandage Roll
- ☐ 3X3s

INSIDE CLEAR LID

- ☒ Sharps Shuttle
- ☒ Pen Light
- ☒ Hand Sanitizer
- ☒ Trauma Sheers
- ☒ Ring Cutter
- ☒ Convenience Bags
- ☒ Bio Bag

IV COMPARTMENT

☒ Sharps Shuttle

☒ IV 10 Drop Administration Sets

☒ 1-Roll Medical Tape

☒ 1-Arrow IO Drill

2-14g IV	Exp. Date:	July 31, 2025	Exp. Date:	July 31, 2025
2-18g IV	Exp. Date:	May 1, 2026	Exp. Date:	October 30, 2027
2-20g IV	Exp. Date:	December 3, 2024	Exp. Date:	December 12, 2024
2-22g IV	Exp. Date:	December 13, 2024	Exp. Date:	February 25, 2025
2-24g IV	Exp. Date:	July 27, 2025	Exp. Date:	July 27, 2025
4-Saline Flushes {	Exp. Date:	January 30, 2026	Exp. Date:	January 31, 2026
	{ Exp. Date:	January 31, 2026	Exp. Date:	January 31, 2026
2-IV Start Kits	☒			
2-EZ Stabilizers	Exp. Date:	September 24, 2024	Exp. Date:	September 21, 2026
2-45mm 15g IO Needle Set	Exp. Date:	June 30, 2025	Exp. Date:	March 31, 2024
2-25mm 15g IO Needle Set	Exp. Date:	February 29, 2024	Exp. Date:	June 30, 2026
1-IV Bag	Exp. Date:	August 25, 2025		
1 Pressure Bag	☒			

AIRWAY COMPARTMENT

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

AIRWAY COMPARTMENT CONT.

1-NPA Kit (Sizes 8.7/9.3/10.0/10.7/11.3mm)					
Size 8.7	Exp. Date:	April 30, 2024	4 KAD		
Size 9.3	Exp. Date:	November 30, 2024	Green	Exp. Date:	October 12, 2023
Size 10	Exp. Date:	April 30, 2024	Purple	Exp. Date:	October 6, 2023
Size 10.7	Exp. Date:	June 30, 2024	Yellow	Exp. Date:	July 1, 2026
Size 11.3	Exp. Date:	February 28, 2026	Red	Exp. Date:	April 1, 2024

MEDICINE COMPARTMENT

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

LIFEPAK MONITOR

Pedi AED Pads	Exp. Date:	November 7, 2025
Child/ Adult AED Pads	Exp. Date:	March 4, 2025
Capno	☒	
PEDI Pulse OX	Exp. Date:	August 1, 2025

LIFEPAK®15 Monitor/Defibrillator Operator's Checklist

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

Unit Serial No: 45886339 Location: Rescue-1 DATE November 29, 2023

1. Inspect physical condition for:

Foreign substances	☒ Pass	☐ Fail
Damage or cracks	☒ Pass	☐ Fail

2. Inspect power source for:

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

3. Inspect ECG cable and cable port for:

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

4. Check ECG electrodes and therapy electrodes for:

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

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

Momentary illumination of self test messages and LED's and speaker beep.	☒ Pass	☐ Fail
Two fully charged batteries	☒ Pass	☐ Fail
Service indicator	☒ Pass	☐ Fail

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

Power adapter LED stripes illuminated	☒ Pass	☐ Fail
Auxiliary power LED on device is illuminated	☒ Pass	☐ Fail
Battery charging LED on device is illuminating or flashing.	☒ Pass	☐ Fail

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

Disconnect and examine cable for cracking, damaged, broken or bent parts and pins.	☒ Pass	☐ Fail
Connect therapy cable to defibrillator and test load.	☒ Pass	☐ Fail
Select LEAD then PADDLES	☒ Pass	☐ Fail
Select 200 JOULES and press CHARGE.	☒ Pass	☐ Fail
Press SHOCK button	☒ Pass	☐ Fail
Confirm ENERGY DELIVERED message appears.	☒ Pass	☐ Fail
Remove test load from cable and verify PADDLES LEAD OFF appears.	☒ Pass	☐ Fail

8. Energy

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

8. Cont.

Remove paddles from wells, and confirm artifact on screen.

☒ Pass ☐ Fail

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

☒ Pass ☐ Fail

Return paddles securely to paddle wells.

☒ Pass ☐ Fail

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

Press OPTIONS.

Select USER TEST in menu.

☒ Pass ☐ Fail

Confirm test results printed.

10. Check ECG printer for:

Adequate paper supply.

☒ Pass ☐ Fail

Ability to print.

☒ Pass ☐ Fail

11. If using wireless data transmission, test transmission method

Establish Bluetooth connection.

☒ N/A ☐ Pass ☐ Fail

Send a test transmission.

☒ N/A ☐ Pass ☐ Fail

12. Turn off defibrillator.

(Press and hold ON for up to 2 seconds)

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

☒ Pass ☐ Fail

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

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

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

Glucose Monitor

Clean monitor

☒ Pass ☐ Fail

Laerdal Scope

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

AirTraq Videoscope

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

2% Bag

Top Left Pocket (IV Fluids)

Seal:	875	New Seal:	895
Exp.:	August 28, 2025	Exp.:	January 1, 2024
2 IV bags			
2 IV/IO drop admin sets	☒		

Center Pocket

Seal:	833	New Seal:	866
Exp.:	January 31, 2025	Exp.:	January 31, 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:

899

New Seal:

818

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

Bottom Left Pocket

Seal:

812

New Seal:

887

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

Bop Right Pocket: (Ped/Infant)

Seal:

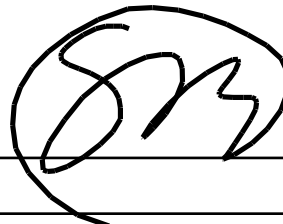
827

New Seal:

870

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

GDF STAFF



TRUSTEES PRESENT: Joyce Calvert
Brandon Kearns
Tim Fox
Chris Brobst

TRUSTEES ABSENT: Jacqueline Triplett-Lund

STAFF PRESENT: Susan White
Wendy Knight
Julie Casteen

- A) Call to Order - Joyce G. Calvert, Chair**
Chair Calvert called the meeting order at 6:50 p.m.
- B) Roll Call, Declaration of Quorum – Wendy Knight, Clerk; Joyce G. Calvert, Chair**
Clerk Knight called the roll, Chair Calvert declared a quorum present.
David Tillotson, City Manager and Scott Major of Rosenstein, Fist & Ringold were also in attendance.
- C) EMS Report - Brian Cook, Director of Operations, Mercy Regional EMS**
[GEMS EMS REPORT 09272023-10292023](#)
- D) District Administrator Report - Susan White, Administrator**
[Glenpool EMS Report FY21 final](#)
[Glenpool EMS Report FY22](#)
[2023-09-GEMS Monthly Financial Report](#)
[Bag Check Inventory - Engine 1](#)
[Bag Check Inventory - R 1](#)
- E) Trustee Comments**
There were no Trustee comments.

F) Public Comments

There were no public comments.

G) Consideration and appropriate action relating to a request for approval of the Consent Agenda. (All matters listed under "Consent" are considered by the GEMS Board to be routine and will be enacted by one motion. Any Trustee may, however, remove an item from the Consent Agenda by request. A motion to adopt the consent Agenda is non-debatable.)

- 1) Minutes from October 2, 2023 meeting.
[GEMS - 02 Oct 2023 - Minutes - Html](#)
- 2) 2024 Meeting Schedule.
[GEMS 2024 Meeting Schedule](#)
- 3) Purchase Orders totaling \$28,852.93, and Purchase Order Receiving Report and Payment of Claims as of 10/31/2023 totaling \$24,799.53.

Moved by Brandon Kearns, seconded by Chris Brobst

To approve the Consent Agenda.

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

CARRIED.

[GEMS Invoice 11-6-23c](#)

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

I) Scheduled Business

J) Adjournment

Chair Calvert declared the meeting adjourned at 6:54 p.m.



GEMS

Glenpool Area Medical Service District
Glenpool, Oklahoma

To: HONORABLE CHAIR AND GEMS DISTRICT BOARD MEMBERS

From: Julie Casteen, DISTRICT TREASURER

Date: November 29, 2023

Subject: Approval of Purchase Orders Receiving Report and Payment Claims as of 11/29/2023 totaling \$32,458.35.

Background:

A purchase order receiving report and a list of claims to be paid is presented to the Board for approval.

Staff Recommendation:

Staff recommends a motion to accept the PO Receipt Register report dated 11/29/2023 and approve the following payments:

P.O. #	ACCOUNT	VENDOR	DESCRIPTION	INV #	AMOUNT
24-17756	31-6-01-6210	Centurion Health System	Ambulance Service Dec 23	3073	\$15,000.00
24-17757	31-6-01-6225	City of Glenpool	1 st Responder OCT 2023	OCT2023	\$12,779.96
24-17610	31-6-01-6202	IMS, INC.	LG & XLG Nitrile Gloves	166606	\$959.20
24-17758	31-6-01-6235	Julie Casteen	District Treasurer	JC122023	\$208.33
24-17609	31-6-01-6235	Stryker Medical Division	Lifepak Defib Maintenance	9204920951	\$3,094.20
24-17754	31-6-01-6235	Susan White	District Administration	SW122023	\$208.33
24-17755	31-6-01-6235	Wendy Knight	District Clerk	WK122023	\$208.33
Total					\$32,458.35

Attachments:

1. Purchase Order Claims Register dated 11/29/2023 totaling \$32,458.35.
2. PO Receipt Register dated 11/29/2023 totaling \$32,458.35.
3. Purchase Orders and Invoices totaling \$32,458.35.

VENDOR	NAME				INVOICE AMOUNT	VENDOR TOTAL
	INVOICE	POST DATE	BANK			
31-000004	CENTURION HEALTH SYSTEMS, DEB M					15,000.00
	3073	12/04/2023	31		15,000.00	
31-000005	CITY OF GLENPOOL - GEMS					12,779.96
	OCT2023	12/04/2023	31		12,779.96	
31-000021	IMS, INC.					959.20
	166606	12/04/2023	31		959.20	
31-000031	JULIE CASTEEN					208.33
	JC122023	12/04/2023	31		208.33	
31-000015	STRYKER MEDICAL DIVISION					3,094.20
	9204920951	12/04/2023	31		3,094.20	
31-000000	SUSAN WHITE					208.33
	SW122023	12/04/2023	31		208.33	
31-000002	WENDY KNIGHT					208.33
	WK122023	12/04/2023	31		208.33	
TOTALS					32,458.35	32,458.35

APPROVED

BY

Joyce Calvert, Chair
December 4, 2023

PURCHASE ORDER	DESCRIPTION	VENDOR #	VENDOR NAME	DATE INVOICE	AMOUNT
DEPARTMENT: 01 - NON-DEPARTMENTAL					
24-17754	GEMS CONTRACT SVC NOV 202	31-000000	SUSAN WHITE	12/2023 SW122023	208.33
24-17755	GEMS CONTRACT SVC NOV 202	31-000002	WENDY KNIGHT	12/2023 WK122023	208.33
24-17756	AMBULANCE SUBSIDY DEC 202	31-000004	CENTURION HEALTH SYSTEMS, DBA	12/2023 3073	15,000.00
24-17757	1ST RESPONDER REIMBURSE -	31-000005	CITY OF GLENPOOL - GEMS	12/2023 OCT2023	12,779.96
24-17609	LIFEPAK DEFIB MAINTENANCE	31-000015	STRYKER MEDICAL DIVISION	12/2023 9204920951	3,094.20
24-17610	LG & XLG NITRILE GLOVES	31-000021	IMS, INC.	12/2023 166606	959.20
24-17758	GEMS CONTRACT SVC NOV 202	31-000031	JULIE CASTEEN	12/2023 JC122023	208.33
DEPARTMENT TOTAL:					32,458.35
FUND TOTAL:					32,458.35
GRAND TOTAL:					32,458.35

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

CITY OF GLENPOOL, OK

Email invoices: AP@cityofglenpool.com

Subject line must include PO and Vendor name or emails will be rejected
PURCHASE ORDER # 24-17756 11/29/2023

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.

11/29/2023

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. 11/29/2023

PURCHASING OFFICER

DATE

ENCUMBERING OFFICER

DATE

UNITS	DESCRIPTION	INV PART NUMBER	REQUEST	G/L ACCOUNT	PROJ	PRICE	AMOUNT
0.00	AMBULANCE SUBSIDY DEC 2023 AMBULANCE SUBSIDY DEC 2023		00034168	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.

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

CITY OF GLENPOOL, OK

Email invoices: AP@cityofglenpool.com

Subject line must include PO and Vendor name or emails will be rejected
PURCHASE ORDER # 24-17757 11/29/2023

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

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

I HEREBY APPROVE THE ISSUANCE OF THIS PURCHASE ORDER.

11/29/2023

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. 11/29/2023

PURCHASING OFFICER

DATE

ENCUMBERING OFFICER

DATE

UNITS	DESCRIPTION	INV PART NUMBER	REQUEST	G/L ACCOUNT	PROJ	PRICE	AMOUNT
0.00	1ST RESPONDER REIMBURSE - OCT 1ST RESPONDER REIMBURSE - OCT		00034167	31 -6-01-6225		0.00	12,779.96

** TOTAL **

12,779.96

*** APPROVAL FOR PURCHASE ***

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

OFFICER OR DEPARTMENT HEAD IN CHARGE

DATE

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.

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

INVOICE

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

Customer Number: 01-0172

Invoice Number: OCT2023

Invoice Date: 11/22/2023

Due Date: 12/22/2023

P.O. # :

TREASURER
 GEMS-
 12205 S YUKON AVE
 GLENPOOL OK 74033

ITEM DESCRIPTION	UNITS	TYPE	PRICE	AMOUNT
GEMS REIMBURSEMENT OCT 2023	N/A	MONTH	N/A	12,779.96

OCTOBER 2023

*****THANK YOU*****

TOTAL DUE \$12,779.96

FY 23/24 GEMS Admin/First Responder Reimbursements

	Oct
Total Runs	157
Fire runs	40
EMR runs	117
EMR Ratio	75%
Run Rate	\$ 106.88
Admin	\$ 275.00
Overtime	\$ -
Total	\$ 12,779.96

Glenpool Fire Department Operations October 2023

10/1/23-10/26/23

Run Type	# of Calls	Totals Calls
EMS Runs	117	157
Fire Runs	40	
Overlapping		

Average Time on Scene

16:48

EMS Response

3:38

Fire Response

3:20

By District:

District	EMS	Fire	District Totals
D1			0
D2			0
D3			0
D4			0
MA	1	1	2
Totals			2

2 Given

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

CITY OF GLENPOOL, OK

Email invoices: AP@cityofglenpool.com

Subject line must include PO and Vendor name or emails will be rejected
PURCHASE ORDER # 24-17610 10/25/2023

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.

10/25/2023

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. 10/25/2023

PURCHASING OFFICER

DATE

ENCUMBERING OFFICER

DATE

UNITS	DESCRIPTION	INV PART NUMBER	REQUEST	G/L ACCOUNT	PROJ	PRICE	AMOUNT
0.00	LG & XLG NITRILE GLOVES		00033899	31 -6-01-6202		0.00	959.20
	LG & XLG NITRILE GLOVES						

** TOTAL **

959.20

*** APPROVAL FOR PURCHASE ***

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

OFFICER OR DEPARTMENT HEAD IN CHARGE

DATE

62 O.S. SECTION 310.9 AND 74 O.S. SECTION 3109, PROVIDES THAT THE VENDOR'S SUBMISSION OF AN INVOICE OR ACCEPTANCE OF PAYMENT PURSUANT TO THIS PURCHASE CONSTITUTES
A STATEMENT BY THE VENDOR THAT THE INVOICE OR CLAIM IS TRUE AND CORRECT. THE WORK, SERVICES OR MATERIALS AS SHOWN BY THE INVOICE OR CLAIM HAVE BEEN COMPLETED OR
SUPPLIED IN ACCORDANCE WITH THE PLANS, SPECIFICATIONS, ORDERS OR REQUESTS FURNISHED THE VENDOR, AND THE VENDOR HAS MADE NO PAYMENT, DIRECTLY OR INDIRECTLY, TO
ANY ELECTED OFFICIAL, OFFICER OR EMPLOYEE OF THIS STATE OR ANY COUNTY OR POLITICAL SUBDIVISION OF THE STATE OF MONEY OR ANY OTHER THING OF VALUE TO OBTAIN PAYMENT.
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IMS, Inc.

12311 S 74th E Ave, Ste A
Bixby, OK 74008
(800) 476-9657 / Fx (918) 488-1559

I n v o i c e**Date** 11/7/2023

Invoice Number

166606

Sold To

Glenpool Fire Dept
Max Wilson
12205 S Yukon Ave
Glenpool, OK 74033

Ship To

14536 S Elwood Ave
Glenpool, OK 74033

Ship Date

11/7/2023

Tracking Number**P.O Number**

Call in

Ship Via

CPU

Qty	Description	Item Code	Price Each	Amount
2	NPFT2640 Case Surecare Powder Free Black Nitrile Gloves, Large	NPFT2640	119.90	239.80
6	NPFT2650 Case Surecare Powder Free Black Nitrile Gloves, X-Large	NPFT2650	119.90	719.40
	Sales Tax		0.00	0.00

RECEIVED
NOV 07 2023
BY: GLENPOOL A/P

Thank you for your business.
Feel free to email us at support@imssupplies.com or call
800-476-9657 with any questions you may have.

Payment Terms

Due on receipt

Total**\$959.20****Balance Due**

\$959.20

33899

IMS, Inc.112311 S 74th E Ave
Tulsa, OK 74008
(800) 476-9657**Quote**

Date	Estimate #
9/26/2023	1318

Name / Address
Glenpool Fire Dept Max Wilson 12205 S Yukon Ave Glenpool, OK 74033

Ship To
14536 S Elwood Ave Glenpool, OK 74033

Item	Description	Qty	Price	Total
NPFT2640	NPFT2640 Case Surecare Powder Free Black Nitrile Gloves, Large	2	119.90	239.80
NPFT2650	NPFT2650 Case Surecare Powder Free Black Nitrile Gloves, X-Large	6	119.90	719.40
	Sales Tax		0.00	0.00
			Total	\$959.20

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

CITY OF GLENPOOL, OK

Email invoices: AP@cityofglenpool.com

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

PURCHASE ORDER # 24-17758

11/29/2023

ISSUED TO: VEND #: 31-000031

JULIE CASTEEN

26928 E 142ND PL S

COWETA, OK 74429

SHIP TO:

GEMS

14566 S. ELWOOD

GLENPOOL, OK 74033

I HEREBY APPROVE THE ISSUANCE OF THIS PURCHASE ORDER.

11/29/2023

PURCHASING OFFICER

DATE

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

11/29/2023

ENCUMBERING OFFICER

DATE

UNITS	DESCRIPTION	INV PART NUMBER	REQUEST	G/L ACCOUNT	PROJ	PRICE	AMOUNT
0.00	GEMS CONTRACT SVC NOV 2023		00034172	31 -6-01-6235		0.00	208.33
	GEMS CONTRACT SVC NOV 2023						

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

INVOICE

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

INVOICE #: JC122023

DATE: 12/1/2023

BILL TO:

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

Description	Amount
Contract Fees & Services	\$208.33
November 2023	\$208.33
Total	\$208.33

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

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

CITY OF GLENPOOL, OK

Email invoices: AP@cityofglenpool.com

Subject line must include PO and Vendor name or emails will be rejected
 PURCHASE ORDER # 24-17609 10/25/2023

ISSUED TO: VEND #: 31-000015
 STRYKER MEDICAL DIVISION
 P.O. BOX 93308
 CHICAGO, IL 60673-3308

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

I HEREBY APPROVE THE ISSUANCE OF THIS PURCHASE ORDER.

10/25/2023

I HEREBY CERTIFY THAT THE AMOUNT OF THIS ENCUMBRANCE HAS BEEN
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 SAID APPROPRIATION. 10/25/2023

PURCHASING OFFICER

DATE

ENCUMBERING OFFICER

DATE

UNITS	DESCRIPTION	INV PART NUMBER	REQUEST	G/L ACCOUNT	PROJ	PRICE	AMOUNT
0.00	LIFEPAK DEFIB MAINTENANCE		00033897	31 -6-01-6235		0.00	3,094.20
	LIFEPAK DEFIB MAINTENANCE						

** TOTAL **

3,094.20

*** APPROVAL FOR PURCHASE ***

I HEREBY CERTIFY THAT THE MERCHANDISE AND/OR SERVICES DESCRIBED ABOVE HAVE BEEN SATISFACTORILY RECEIVED AND THAT THIS PURCHASE
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OFFICER OR DEPARTMENT HEAD IN CHARGE

DATE

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2825 Airview Boulevard
Kalamazoo, MI 49002 USA

P.O. # 24-17609

Invoice

9204920951

Bill to: 20039302

205185-6.19 0 8977-1.1 1oz

RECEIVED

NOV 13 2023



GLENPOOL FIRE DEPT
ATTN: ACCOUNTS PAYABLE DEPARTMENT
14536 S ELWOOD AVE
GLENPOOL OK 74033
GLENPOOL A/P

Customer Information

Invoice # 9204920951
Invoice Date 10/29/2023
Currency USD
Payer Number 20039302
Payer Name GLENPOOL FIRE DEPT

Ship to

20039302

GLENPOOL FIRE DEPT
14536 S ELWOOD AVE
GLENPOOL OK 74033

Remit to :

Electronic Payments:

JPMorgan Chase
ABA 071000013 (ACH)
Account: 1035237
ABA 021000021 (WIRE)
SWIFT Code: CHASUS33XXX

Checks:

Stryker Sales, LLC
21343 NETWORK PLACE
CHICAGO IL 60673-1213
USA

For product related inquiries please contact:
Stryker Medical Customer Service: 800-327-0770
For accounts and billing related inquiries please contact:
Stryker account receivable: 800-733-2383(Option 2)

Please transmit in CTX format. If CTX is not possible, please send remittance information by email to EFTpayments@stryker.com

Header Information

Customer PO Q 10787773
Payment Terms Net due in 30 days
Terms of Delivery PCO
ORIGIN
Payment Due Date 11/28/2023

Item	Item#/GTIN	Description	Billing Period	Extended Price
		Procure Service Contract Procure Services	2023-09-10 2024-09-09	3094.20
Contract No. 40069967				Item Total 3,094.20
Billing Plan SRY - Cash				
Contract Validity 09/10/2023 to 09/09/2024				Gross Amount 3,094.20
Coverage Date 09/10/2023 to 09/09/2024				





#33897

Prevent Ship In

Quote Number: 10787773

Version: 1

Prepared For: GLENPOOL FIRE DEPT

Attn:

Rep: Blake Slavonick

Email:

Phone Number:

GPO: CUSTOMER CONTRACT

Service Rep: Tim King

Quote Date: 09/25/2023

Email:

Expiration Date: 10/25/2023

Contract Start: 09/10/2023

Contract End: 09/09/2024

Delivery Address

Name: GLENPOOL FIRE DEPT

Account #: 20039302

Address: 14536 S ELWOOD AVE

GLENPOOL

Oklahoma 74033

Bill To Account

Name: GLENPOOL FIRE DEPT

Account #: 20039302

Address: 14536 S ELWOOD AVE

GLENPOOL

Oklahoma 74033

ProCare Products:

#	Product	Description	Months	Qty	List Price	Discount %	Sell Price	Total
1.0	LIFEPAK-DEP-PROCARE	PROCARE-SVC-LIFEPAK-DEPOT-REPAIR Parts Labor Travel Preventative Maintenance Batteries Service	12	2	\$1,719.00	10.0%	\$1,547.10	\$3,094.20
ProCare Total:								\$3,094.20

Price Totals:



Prevent Ship In

Quote Number: 10787773

Version: 1

Prepared For: GLENPOOL FIRE DEPT

Attn:

GPO: CUSTOMER CONTRACT

Quote Date: 09/25/2023

Expiration Date: 10/25/2023

Contract Start: 09/10/2023

Contract End: 09/09/2024

Rep: Blake Slavonick

Email:

Phone Number:

Service Rep: Tim King

Email:

Authorized Customer Signer (Printed) Date

Stryker Authorized Signature (Printed) Date

Authorized Customer Signature Date

Stryker Authorized Signature Date

Purchase Order Number

Service Terms and Conditions:
The Terms and Conditions of this quote and any subsequent purchase order of the Customer are governed by the Terms and Conditions located at www.stryker.com/stnc The terms and conditions referenced in the immediately preceding sentence do not apply where Customer and Stryker are parties to a Master Service Agreement.

Equipment Service Plan

Line Item #	Model	Serial #
1.0	PROCARE-SVC-LIFEPAK-DEPOT-REPAIR	45886339
1.0	PROCARE-SVC-LIFEPAK-DEPOT-REPAIR	45886287

Purchase Order Form



Account Manager _____
Cell Phone _____

Purchase Order Date _____
Expected Delivery Date _____
Stryker Quote Number _____

Check box if Billing same as Shipping ☐

BILL TO	CUSTOMER #
Billing Account Num	
Company Name	
Contact or Department	
Street Address	
Add'l Address Line	
City, ST ZIP	
Phone	

SHIP TO	CUSTOMER #
Shipping Account Num	
Company Name	
Contact or Department	
Street Address	
Add'l Address Line	
City, ST ZIP	
Phone	

Authorized Customer Initials _____

Authorized Customer Initials _____

DESCRIPTION	QTY	TOTAL
REFERENCE QUOTE		

Accounts Payable Contact Information

Name _____
Email _____
Phone _____

Stryker Terms and Conditions
www.stryker.com/stnc

Authorized Customer Signature

Printed Name _____
Title _____
Signature _____
Date _____

Attachment Stryker Quote Number

*Sales or use taxes on domestic(USA) deliveries will be invoiced in addition to the price of the goods and services on the Stryker Quote.

Purchase Order Form

stryker[®]

Account Manager _____
Cell Phone _____

Purchase Order Date _____
Expected Delivery Date _____
Stryker Quote Number _____

Check box if Billing same as Shipping ☐

BILL TO	CUSTOMER #
Billing Account Num	
Company Name	
Contact or Department	
Street Address	
Add'l Address Line	
City, ST ZIP	
Phone	

SHIP TO	CUSTOMER #
Shipping Account Num	
Company Name	
Contact or Department	
Street Address	
Add'l Address Line	
City, ST ZIP	
Phone	

Authorized Customer Initials _____

Authorized Customer Initials _____

DESCRIPTION	QTY	TOTAL
REFERENCE QUOTE		

Accounts Payable Contact Information

Name _____
Email _____
Phone _____

Stryker Terms and Conditions
www.stryker.com/stnc

Authorized Customer Signature

Printed Name _____
Title _____
Signature _____
Date _____

Attachment Stryker Quote Number

*Sales or use taxes on domestic (USA) deliveries will be invoiced in addition to the price of the goods and services on the Stryker Quote.

LIFEPAK® 15 service

Stryker has been notified by our global parts providers that some components used on certain LIFEPAK 15 monitor/defibrillator models (Part Numbers beginning with V15-2) are no longer available in the market. Service on the LIFEPAK 15 with Part Number beginning with v15-5 or v15-7 is unaffected.

Stryker will continue to offer service support for this subset of the LIFEPAK 15 as follows:

- All service parts with available inventory can be purchased by our end users
- Transactional service (time and material) is available for non-contract customers
 - o If a component has failed on your device, your local Sales Representative should be contacted for support
- Contractual service
 - o Stryker will continue to offer contractual service on a yearly basis only
 - o Preventive maintenance will continue to be done on devices less than eight (8) years old. After this point, we will cease to conduct preventative maintenance and shift to device inspections
 - o If a component fails on your device, please contact your local Sales Representative for support. A pro-rated credit for any pre-paid service will be provided should a unit become non-serviceable due to part availability

It is important to note that the LIFEPAK 15 has an expected life of eight (8) years from the date of manufacture. If you are uncertain of the manufacture date of your products, please contact your local Sales Representative for a full fleet assessment.

We want to ensure the highest quality products and services for our customers. As such, it is important to know that Stryker is the only FDA-approved service provider for our products. We do not contract with third party service providers, nor will we be providing them with any additional parts for these repairs. As such, we cannot guarantee the safety and efficacy of any device that is repaired by a third-party service agency.

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

CITY OF GLENPOOL, OK

Email invoices: AP@cityofglenpool.com

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

PURCHASE ORDER # 24-17754

11/29/2023

ISSUED TO:

VEND #: 31-000000

SHIP TO:

SUSAN WHITE

GEMS

210 SOUTH OAK GROVE ROAD

14566 S. ELWOOD

CUSHING, OK 74023

GLENPOOL, OK 74033

I HEREBY APPROVE THE ISSUANCE OF THIS PURCHASE ORDER.

11/29/2023

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11/29/2023

PURCHASING OFFICER

DATE

ENCUMBERING OFFICER

DATE

UNITS	DESCRIPTION	INV PART NUMBER	REQUEST	G/L ACCOUNT	PROJ	PRICE	AMOUNT
0.00	GEMS CONTRACT SVC NOV 2023 GEMS CONTRACT SVC NOV 2023		00034169	31 -6-01-6235		0.00	208.33

** TOTAL **

208.33

*** APPROVAL FOR PURCHASE ***

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OFFICER OR DEPARTMENT HEAD IN CHARGE

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INVOICE

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

INVOICE #: SW122023

DATE: 12/1/2023

BILL TO:

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

Description

Amount

Contract Fees & Services

November 2023

\$208.33

Total

\$208.33

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

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

CITY OF GLENPOOL, OK

Email invoices: AP@cityofglenpool.com

Subject line must include PO and Vendor name or emails will be rejected
 PURCHASE ORDER # 24-17755 11/29/2023

ISSUED TO: VEND #: 31-000002
 WENDY KNIGHT
 P.O. BOX 2434
 CLAREMORE, OK 74018

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

I HEREBY APPROVE THE ISSUANCE OF THIS PURCHASE ORDER.

11/29/2023

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. 11/29/2023

PURCHASING OFFICER

DATE

ENCUMBERING OFFICER

DATE

UNITS	DESCRIPTION	INV PART NUMBER	REQUEST	G/L ACCOUNT	PROJ	PRICE	AMOUNT
0.00	GEMS CONTRACT SVC NOV 2023		00034170	31 -6-01-6235		0.00	208.33
	GEMS CONTRACT SVC NOV 2023						

** TOTAL **

208.33

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DATE

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

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

INVOICE

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

INVOICE #: WK122023

DATE: 12/1/2023

BILL TO:

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

Description	Amount
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Contract Fees & Services	
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November 2023	
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	\$208.33
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Total	\$208.33
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If you have any questions concerning this invoice, Darrell Colbert / 918-209-4633 / Email:
dcolbert@cityofglenpool.com