

January 5, 2026 - 6:00 PM
Glenpool City Hall, City Council Chambers
12205 S. Yukon Ave. 3rd Floor
Glenpool, Oklahoma

NOTE: 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 City Council welcomes comments from citizens of Glenpool who wish to address any item on the agenda.

- Speakers attending via ZOOM are required to complete the Request to Speak form located on our website: <https://www.glenpoolonline.com/DocumentCenter/View/2551/request-to-speak-at-open-meeting-forms-2025?bidId> = and email it to the City Clerk: lasmith@cityofglenpool.com PRIOR TO 6:00 PM CALL TO ORDER.

AGENDA

- A) **Call to Order - Joyce G. Calvert, Mayor**
- B) **Roll Call, Declaration of a Quorum - Lea Ann Reed, Chief Administrative Officer; Joyce G. Calvert, Mayor**
- C) **EMS Report-**
 - 1) EMS Report - Brian Cook, Director of Operations, Mercy Regional EMS.
- D) **District Administrator Report-**
 - 1) District Administrator Report
- 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 purchase orders receiving report and payment claims as of 12/29/2025 totaling \$32,883.34.

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., Oklahoma, on 12/31/25 at 5:00 pm.

Signed: Lea Ann Reed
Chief Administrative Officer

Mercy Regional



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

To: Honorable Chair and GEMS Board Members

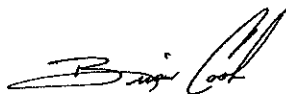
From: Brian Cook, Chief Operating Officer

Date: December 30, 2025

Ref: EMS Report November 17, 2025 – December 29, 2025

We logged 177 calls for service during this period while maintaining a 95% response time compliance.

121 patients were treated and transported.
38 patients refused transport.
11 cancelled prior to arrival.
2 Mutual aid received.
3 mutual aid given.
2 DOA.

A handwritten signature in black ink, appearing to read "Brian Cook". The signature is fluid and cursive.

Brian Cook,
Chief Operating Officer

635586	12/23/2025 09:29	12/23/2025 09:29	12/23/2025 09:30	12/23/2025 09:33	0:03:46	12/23/2025 09:46	12/23/2025 10:11	12/23/2025 10:30	St Francis Tulsa Hospital	MERCY 401
637045	12/23/2025 13:48	12/23/2025 13:48	12/23/2025 13:59	12/23/2025 13:53	0:04:10	12/23/2025 13:57	12/23/2025 14:24	12/23/2025 14:52	St Francis Tulsa Hospital	MERCY 401
637272	12/23/2025 13:42	12/23/2025 13:42	12/23/2025 13:42	12/23/2025 13:42	0:00:47	12/23/2025 14:00	12/23/2025 14:20	12/23/2025 14:44	St Francis South Hospital	MERCY 401
638564	12/23/2025 23:46	12/23/2025 23:46	12/23/2025 23:48	12/23/2025 23:51	0:00:41	12/23/2025 23:51	12/23/2025 23:51	12/23/2025 23:51	St Francis Tulsa Hospital	MERCY 401
638693	12/24/2025 09:44	12/24/2025 09:44	12/24/2025 09:46	12/24/2025 09:50	0:05:42	12/24/2025 09:50	12/24/2025 09:58	12/24/2025 09:58	St Francis Tulsa Hospital	MERCY 401
639085	12/24/2025 09:30	12/24/2025 09:35	12/24/2025 09:35	12/24/2025 09:42	0:07:22	12/24/2025 09:53	12/24/2025 10:13	12/24/2025 10:28	St Francis Tulsa Hospital	MERCY 401
639092	12/24/2025 21:54	12/24/2025 21:54	12/24/2025 21:57	12/24/2025 22:04	0:09:28	12/24/2025 22:13	12/24/2025 22:47	12/24/2025 22:57	St John Tulsa Medical Center	MERCY 401
639091	12/25/2025 05:01	12/25/2025 05:01	12/25/2025 05:03	12/25/2025 05:06	0:05:55	12/25/2025 05:17	12/25/2025 05:51	12/25/2025 05:55	St Francis Tulsa Hospital	MERCY 401
631033	12/25/2025 08:02	12/25/2025 08:03	12/25/2025 08:04	12/25/2025 08:10	0:07:28	12/25/2025 10:17	12/25/2025 10:37	12/25/2025 08:05	St John Tulsa Medical Center	MERCY 401
631127	12/25/2025 09:54	12/25/2025 09:54	12/25/2025 09:55	12/25/2025 10:00	0:05:25	12/25/2025 14:05	12/25/2025 14:43	12/25/2025 15:21	St Francis South Hospital	MERCY 401
631174	12/25/2025 13:48	12/25/2025 13:48	12/25/2025 13:50	12/25/2025 13:53	0:05:08	12/25/2025 14:05	12/25/2025 14:43	12/25/2025 15:21	Hillcrest Medical Center	MERCY 401
631546	12/25/2025 16:09	12/25/2025 16:04	12/25/2025 16:06	12/25/2025 16:09	0:04:55	12/25/2025 16:17	12/25/2025 16:39	12/25/2025 16:39	St Francis Tulsa Hospital	MERCY 401
631594	12/25/2025 16:39	12/25/2025 16:39	12/25/2025 16:39	12/25/2025 16:45	0:05:43	12/25/2025 16:56	12/25/2025 17:19	12/25/2025 17:33	St Francis Tulsa Hospital	MERCY 401
631798	12/25/2025 19:51	12/25/2025 19:51	12/25/2025 19:53	12/25/2025 19:56	0:04:43	12/25/2025 20:16	12/25/2025 20:38	12/25/2025 20:55	St John Tulsa Medical Center	MERCY 401
634902	12/27/2025 09:46	12/27/2025 09:47	12/27/2025 09:50	12/27/2025 09:54	0:07:28	12/27/2025 10:10	12/27/2025 10:37	12/27/2025 11:05	Hillcrest South Hospital	MERCY 401
635237	12/27/2025 13:37	12/27/2025 13:38	12/27/2025 13:36	12/27/2025 13:37	0:04:34	12/27/2025 13:37	12/27/2025 13:37	12/27/2025 13:37	St Francis Tulsa Hospital	MERCY 401
635248	12/27/2025 13:45	12/27/2025 13:45	12/27/2025 13:48	12/27/2025 13:55	0:09:23	12/27/2025 14:06	12/27/2025 14:28	12/27/2025 14:37	Hillcrest South Hospital	MERCY 401
636733	12/27/2025 18:35	12/27/2025 18:35	12/27/2025 18:36	12/27/2025 18:41	0:05:56	12/27/2025 18:57	12/27/2025 19:06	12/27/2025 19:44	St Francis Tulsa Hospital	MERCY 401
635864	12/27/2025 20:11	12/27/2025 20:15	12/27/2025 20:18	12/27/2025 20:19	0:03:08	12/27/2025 20:19	12/27/2025 20:19	12/27/2025 20:19	St Francis Tulsa Hospital	MERCY 401
637401	12/28/2025 19:18	12/28/2025 19:18	12/28/2025 19:20	12/28/2025 19:23	0:04:41	12/28/2025 22:37	12/28/2025 22:56	12/28/2025 23:06	St Francis Tulsa Hospital	MERCY 401
637844	12/28/2025 22:15	12/28/2025 22:15	12/28/2025 22:17	12/28/2025 22:20	0:04:16	12/29/2025 09:04	12/29/2025 09:13	12/29/2025 09:31	St Francis Glenpool	MERCY 401
638162	12/29/2025 08:49	12/29/2025 08:49	12/29/2025 08:51	12/29/2025 08:55	0:06:00	12/29/2025 08:55	12/29/2025 09:51	12/29/2025 10:25	Hillcrest Medical Center	MERCY 103
638166	12/29/2025 08:52	12/29/2025 08:52	12/29/2025 08:54	12/29/2025 09:01	0:08:48	12/29/2025 09:31	12/29/2025 09:51	12/29/2025 10:25	Hillcrest Medical Center	MERCY 103

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



Dir 1 251 4

9137X0C.004 BNCF:0008528



**24-Hour
 Automated
 Account Information**

1-877-602-2262

2 *0008528
 GLENPOOL AREA EMERGENCY MEDICAL
 SERVICE DISTRICT
 12205 S YUKON AVE
 GLENPOOL OK 74033-6635

PAGE 1

ACCOUNT NUMBER [REDACTED]
STATEMENT DATE 11/28/25

The

**“LET’S MAKE
 IT HAPPEN”**

*Loan Sale**

BancFirst
Loyal

To Oklahoma & You.

*Loans offered with approved credit. For secured consumer purpose loans only, excluding real estate, mobile home, or CD secured loans. For new loans or refinance of non-BancFirst loans.

ACCOUNT ANALYSIS

Beginning Balance	11/01/25	243,122.07
Deposits / Misc Credits	1	433.67
Withdrawals / Misc Debits	4	39,021.09
** Ending Balance	11/30/25	204,534.65 **

Service Charge	.00
Enclosures	4

DEPOSITS			
Date	Deposits	Withdrawals	Activity Description
11/14	433.67		TULSA COUNTY/REMIT

CHECKS								
* indicates skip in check numbers								
Date	Check No.	Amount	Date	Check No.	Amount	Date	Check No.	Amount
11/24	2284	15,000.00	11/18	2287*	208.33	11/10	2288	5,997.60
11/06	2285	17,815.16						

DAILY BALANCE SUMMARY					
Date	Balance	Date	Balance	Date	Balance
11/06	225,306.91	11/14	219,742.98	11/24	204,534.65
11/10	219,309.31	11/18	219,534.65		



Statement Date: 11/28/25

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

GLENPOOL AREA EMERGENCY 01/93 **BancFirst** **002284**
MEDICAL SERVICE DISTRICT
 12205 S. YUKON AVE. PH: 918-322-5409
 GLENPOOL, OK 74033-6635
 Glenpool, Oklahoma 74033-6635

PAY --- FIFTEEN THOUSAND & 00/100 DOLLARS --- DATE 11/04/2025 CHECK AMOUNT *****11,001.00

TO THE ORDER OF ** CENTURION HEALTH SYSTEMS, DBA MERCY REGIONAL **
 MERCY REGIONAL OKLAHOMA
 3106 N GARNET RD
 OWASSO, OK 74055

BY *John Harrison*
 BY *WLSmith*
 AUTHORIZED SIGNATURES

⑈00 2 284⑈ ⑆103003632⑆

Number: 2284 Date: 11/24/2025 Amount: \$15000.00

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

GLENPOOL AREA EMERGENCY 01/93 **BancFirst** **002285**
MEDICAL SERVICE DISTRICT
 12205 S. YUKON AVE. PH: 918-322-5409
 GLENPOOL, OK 74033-6635
 Glenpool, Oklahoma 74033-6635

PAY --- SEVENTEEN THOUSAND EIGHT HUNDRED FIFTEEN & 100 DOLLARS CHECK AMOUNT
 11/04/2025 *****17,811.16

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

BY *John Harrison*
 BY *WLSmith*
 AUTHORIZED SIGNATURES

⑈00 2 285⑈ ⑆103003632⑆

Number: 2285 Date: 11/6/2025 Amount: \$17815.16

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

GLENPOOL AREA EMERGENCY 01/93 **BancFirst** **002287**
MEDICAL SERVICE DISTRICT
 12205 S. YUKON AVE. PH: 918-322-5409
 GLENPOOL, OK 74033-6635
 Glenpool, Oklahoma 74033-6635

PAY --- TWO HUNDRED EIGHT & 33/100 DOLLARS --- DATE 11/04/2025 CHECK AMOUNT *****208.33

TO THE ORDER OF ** LESLI SMITH **

BY *John Harrison*
 BY *WLSmith*
 AUTHORIZED SIGNATURES

⑈00 2 287⑈ ⑆103003632⑆

Number: 2287 Date: 11/18/2025 Amount: \$208.33

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

GLENPOOL AREA EMERGENCY 01/93 **BancFirst** **002288**
MEDICAL SERVICE DISTRICT
 12205 S. YUKON AVE. PH: 918-322-5409
 GLENPOOL, OK 74033-6635
 Glenpool, Oklahoma 74033-6635

PAY --- FIVE THOUSAND NINE HUNDRED NINETY SEVEN & 60/100 DOLLARS CHECK AMOUNT
 11/04/2025 *****5,997.60

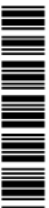
TO THE ORDER OF ** OKLA STATE AUDITOR & INSPECTORS OFFICE **
 RM 123, STATE CAPITAL
 2300 N LINCOLN BLVD
 OKLAHOMA CITY, OK 73105-4801

BY *John Harrison*
 BY *WLSmith*
 AUTHORIZED SIGNATURES

⑈00 2 288⑈ ⑆103003632⑆

Number: 2288 Date: 11/10/2025 Amount: \$5997.60

4022-00000



PERIOD: 11/01/2025 - 11/30/2025

ACCOUNT: 31-1001 GEMS CASH IN BANK

RECONCILIATION SUMMARY

BEGINNING STATEMENT BALANCE:	243,122.07	GL ACCOUNT BALANCE:	200,448.62
DEPOSITS:	+ 433.67	OUTSTANDING DEPOSITS:	- 0.00
WITHDRAWALS:	+ 39,021.09CR	OUTSTANDING CHECKS:	- 4,086.03CR
ADJUSTMENTS:	+ <u>0.00</u>	ADJUSTMENTS:	+ <u>0.00</u>
ENDING STATEMENT BALANCE:	204,534.65	ADJUSTED GL ACCOUNT BALANCE:	204,534.65

STATEMENT BALANCE:	204,534.65
BANK DIFFERENCE:	0.00
G/L DIFFERENCE:	0.00

CLEARED DEPOSITS:

11/14/2025	JULY GEMS TAX DEP FROM TC	<u>433.67</u>
TOTAL CLEARED DEPOSITS:		433.67
		=====

CLEARED CHECKS:

11/04/2025	002284	CENTURION HEALTH SYSTEMS, DBA M	15,000.00CR
11/04/2025	002285	CITY OF GLENPOOL - GEMS	17,815.16CR
11/04/2025	002287	LESLI SMITH	208.33CR
11/04/2025	002288	OKLA STATE AUDITOR & INSPECTOR	<u>5,997.60CR</u>
TOTAL CLEARED CHECKS:			39,021.09CR
			=====

CLEARED OTHER:

No Items.

31 -GEMS

ACCOUNT #	ACCOUNT DESCRIPTION	BALANCE	
<u>ASSETS</u>			
=====			
31-1001	GEMS CASH IN BANK	200,448.62	
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>228,882.68</u>
TOTAL ASSETS			228,882.68
=====			
<u>LIABILITIES</u>			
=====			
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>
<u>EQUITY</u>			
=====			
31-3001	FUND BALANCE	<u>383,003.17</u>	
	TOTAL BEGINNING EQUITY	383,003.17	
TOTAL REVENUE		3,925.87	
TOTAL EXPENSES		<u>158,046.36</u>	
TOTAL REVENUE OVER/(UNDER) EXPENSES		(154,120.49)	
TOTAL EQUITY & REV. OVER/(UNDER) EXP.			<u>228,882.68</u>
TOTAL LIABILITIES, EQUITY & REV.OVER/(UNDER) EXP.			228,882.68
=====			

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

31 -GEMS
 FINANCIAL SUMMARY

% OF YEAR COMPLETED: 41.67

	CURRENT BUDGET	CURRENT PERIOD	PRIOR YEAR PO ADJUST.	Y-T-D ACTUAL	Y-T-D ENCUMBRANCE	BUDGET BALANCE	% OF BUDGET
<u>REVENUE SUMMARY</u>							
NON-DEPARTMENTAL	<u>437,896.00</u>	<u>433.67</u>	<u>0.00</u>	<u>3,925.87</u>	<u>0.00</u>	<u>433,970.13</u>	<u>0.90</u>
TOTAL REVENUES	437,896.00	433.67	0.00	3,925.87	0.00	433,970.13	0.90
=====							
<u>EXPENDITURE SUMMARY</u>							
GEMS	<u>437,896.00</u>	<u>39,229.42</u>	<u>0.00</u>	<u>158,046.36</u>	<u>27,075.34</u>	<u>252,774.30</u>	<u>42.28</u>
TOTAL EXPENDITURES	437,896.00	39,229.42	0.00	158,046.36	27,075.34	252,774.30	42.28
=====							
REVENUE OVER/ (UNDER) EXPENDITURES	0.00	(38,795.75)	0.00	(154,120.49)	(27,075.34)	0.00	0.00

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

31 -GEMS

% OF YEAR COMPLETED: 41.67

REVENUES	CURRENT BUDGET	CURRENT PERIOD	PRIOR YEAR PO ADJUST.	Y-T-D ACTUAL	Y-T-D ENCUMBRANCE	BUDGET BALANCE	% OF BUDGET
NON-DEPARTMENTAL							
=====							
TAXES							
31-5-00-5006 TAXES	<u>417,157.00</u>	<u>433.67</u>	<u>0.00</u>	<u>3,925.87</u>	<u>0.00</u>	<u>413,231.13</u>	<u>0.94</u>
TOTAL TAXES	417,157.00	433.67	0.00	3,925.87	0.00	413,231.13	0.94
INVESTMENT INCOME							
31-5-00-5301 INTEREST	0.00	0.00	0.00	0.00	0.00	0.00	0.00
31-5-00-5306 MISCELLANEOUS	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>
TOTAL INVESTMENT INCOME	0.00	0.00	0.00	0.00	0.00	0.00	0.00
OTHER FINANCING SOURCES							
31-5-00-5409 USE OF FUND BALANCE	<u>20,739.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>20,739.00</u>	<u>0.00</u>
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	433.67	0.00	3,925.87	0.00	433,970.13	0.90
** TOTAL REVENUES **							
	<u>437,896.00</u>	<u>433.67</u>	<u>0.00</u>	<u>3,925.87</u>	<u>0.00</u>	<u>433,970.13</u>	<u>0.90</u>
	=====	=====	=====	=====	=====	=====	=====

31 -GEMS

% OF YEAR COMPLETED: 41.67

DEPARTMENTAL EXPENDITURES	CURRENT BUDGET	CURRENT PERIOD	PRIOR YEAR PO ADJUST.	Y-T-D ACTUAL	Y-T-D ENCUMBRANCE	BUDGET BALANCE	% OF BUDGET
<u>GEMS</u>							
=====							
<u>PERSONAL SERVICES</u>							
31-6-01-6101 SALARIES & WAGES	0.00	0.00	0.00	0.00	0.00	0.00	0.00
31-6-01-6102 INSURANCE	0.00	0.00	0.00	0.00	0.00	0.00	0.00
31-6-01-6111 FICA	0.00	0.00	0.00	0.00	0.00	0.00	0.00
31-6-01-6113 WORKMANS COMP	0.00	0.00	0.00	0.00	0.00	0.00	0.00
31-6-01-6114 UNEMPLOYMENT	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL PERSONAL SERVICES	0.00	0.00	0.00	0.00	0.00	0.00	0.00
<u>SUPPLIES</u>							
31-6-01-6202 OPERATING SUPPLIES	5,500.00	0.00	0.00	3,065.58	0.00	2,434.42	55.74
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	3,065.58	0.00	4,934.42	38.32
<u>OTHER CHARGES & SERVICES</u>							
31-6-01-6210 AMBULANCE CONTRACT	180,000.00	15,000.00	0.00	75,000.00	15,000.00	90,000.00	50.00
31-6-01-6225 FIRST RESPONDER/ADMIN FEES	203,678.00	17,815.16	0.00	67,775.84	11,658.68	124,243.48	39.00
31-6-01-6235 CONTRACT SERVICES	13,800.00	416.66	0.00	6,207.34	416.66	7,176.00	48.00
31-6-01-6236 AUDIT FEES	25,918.00	5,997.60	0.00	5,997.60	0.00	19,920.40	23.14
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	39,229.42	0.00	154,980.78	27,075.34	241,339.88	43.00
<u>TRAVEL & TRAINING</u>							
31-6-01-6262 TRAVEL AND TRAINING	6,500.00	0.00	0.00	0.00	0.00	6,500.00	0.00
TOTAL TRAVEL & TRAINING	6,500.00	0.00	0.00	0.00	0.00	6,500.00	0.00
<u>MISCELLANEOUS</u>							
31-6-01-6283 INVESTMENT EXPENSES	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL MISCELLANEOUS	0.00	0.00	0.00	0.00	0.00	0.00	0.00
<u>CAPITAL EXPENDITURES</u>							
31-6-01-6333 CAPITAL PURCHASES	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL CAPITAL EXPENDITURES	0.00	0.00	0.00	0.00	0.00	0.00	0.00
<u>OTHER FINANCING USES</u>							
31-6-01-6745 TSF TO RESERVES	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL OTHER FINANCING USES	0.00	0.00	0.00	0.00	0.00	0.00	0.00
<hr/>							
TOTAL GEMS	437,896.00	39,229.42	0.00	158,046.36	27,075.34	252,774.30	42.28
<hr/>							
TOTAL EXPENDITURES	437,896.00	39,229.42	0.00	158,046.36	27,075.34	252,774.30	42.28
=====							
REVENUE OVER/(UNDER) EXPENDITURES	0.00	(38,795.75)	0.00	(154,120.49)	(27,075.34)	181,195.83	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	0.6%	0.5%	0.3%	0.4%	0.6%	0.6%	0.7%
September	0.7%	0.8%	0.6%	0.5%	0.8%	0.8%	0.7%
October	0.8%	1.0%	1.0%	1.4%	1.2%	1.0%	1.1%
November	0.9%	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 November 30, 2025 GEMS received 0.9% of tax revenue originally budgeted.
 In other words, \$3,925.87 has been received of the \$437,896.00 tax revenue originally budgeted.



GLENPOOL FIRE DEPARTMENT
MED BAG CHECKLIST

Unit:
Date:

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

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

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

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

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

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

IV COMPARTMENT

Sharps Shuttle

IV 10 Drop Administration Sets

1-Roll Medical Tape

1-Arrow IO Drill

2-14g IV	Exp. Date:	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

2-EZ Stabilizers	Exp. Date:	19 March 2029	Exp. Date:	
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2-45mm 15g IO Needle Set	Exp. Date:	30 November 2027	Exp. Date:	31 December 2026
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2-25mm 15g IO Needle Set	Exp. Date:	30 June 2028	Exp. Date:	
--------------------------	------------	--------------	------------	--

1-IV Bag	Exp. Date:	30 June 2027
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1 Pressure Bag

AIRWAY COMPARTMENT

1-2.5 ET Tube	Exp. Date:	01 December 2027	1-7.0 ET Tube	Exp. Date:	01 January 2027
1-3.0 ET Tube	Exp. Date:	31 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:	31 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:	21 July 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	
Size 9.3	Exp. Date:	07 December 2026	Green	Exp. Date: 01 October 2026
Size 10	Exp. Date:	28 April 2027	Purple	Exp. Date:
Size 10.7	Exp. Date:	29 March 2027	Yellow	Exp. Date: 01 November 2027
Size 11.3	Exp. Date:	10 February 2026	Red	Exp. Date:

MEDICINE COMPARTMENT

1-Glucagon Kit 1mg	Exp. Date:	31 December 2026	
1-50% Dextrose	Exp. Date:	03 March 2027	
2 - Epinephrine Injection 1mg/mL	Exp. Date:	30 September 2026	Exp. Date: 30 September 2026
2 - 18g Filter Needles	Exp. Date:	14 June 2028	Exp. Date: 25 November 2028
2 - 23g Eclipse Needle	Exp. Date:	31 March 2027	Exp. Date: 31 March 2027
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:	30 March 2026	
1 - Levalbuterol 0.31	Exp. Date:	30 March 2026	
2 - Ipratropium Bromide 0.5mg (Atrovent)	Exp. Date:	31 July 2026	Exp. Date: 31 July 2026
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="879"/> | New Seal: | <input type="text" value="838"/> |
| Exp.: | <input type="text" value="31 March 2027"/> | 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 October 2026"/> | Exp.: | <input type="text" value="31 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

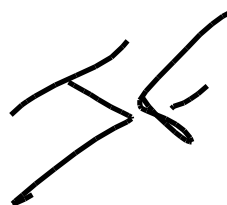
Bop Right Pocket: (Ped/Infant)

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:	02 February 2026	Exp. Date:	02 February 2026
2-18g IV	Exp. Date:	01 October 2027	Exp. Date:	05 April 2027
2-20g IV	Exp. Date:	29 August 2027	Exp. Date:	29 August 2027
2-22g IV	Exp. Date:	15 March 2027	Exp. Date:	28 April 2027
2-24g IV	Exp. Date:	27 October 2027	Exp. Date:	27 October 2027
4-Saline Flushes	{ Exp. Date:	01 April 2026	Exp. Date:	27 March 2026
	{ Exp. Date:	14 March 2027	Exp. Date:	05 June 2027

2-IV Start Kits

2-EZ Stabilizers	Exp. Date:	02 May 2027	Exp. Date:	21 September 2026
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2-45mm 15g IO Needle Set	Exp. Date:	30 June 2026	Exp. Date:	30 June 2026
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2-25mm 15g IO Needle Set	Exp. Date:	31 May 2026	Exp. Date:	30 September 2026
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1-IV Bag	Exp. Date:	30 June 2027
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1 Pressure Bag

AIRWAY COMPARTMENT

1-2.5 ET Tube	Exp. Date:	16 July 2026	1-7.0 ET Tube	Exp. Date:	02 April 2026
1-3.0 ET Tube	Exp. Date:	28 May 2026	1-7.5 ET Tube	Exp. Date:	15 October 2026
1-3.5 ET Tube	Exp. Date:	21 July 2027	1-8.0 ET Tube	Exp. Date:	06 August 2026
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:	14 July 2027	1-9.0 ET Tube	Exp. Date:	20 August 2026
1-5.0 ET Tube	Exp. Date:	25 February 2027	1-OPA Kit	<input checked="" type="checkbox"/>	
1-5.5 ET Tube	Exp. Date:	21 July 2027	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:	28 May 2026			

AIRWAY COMPARTMENT CONT.

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

Size 8.7	Exp. Date:	31 July 2028	4 KAD		
Size 9.3	Exp. Date:	08 March 2028	Green	Exp. Date:	
Size 10	Exp. Date:	15 July 2029	Purple	Exp. Date:	
Size 10.7	Exp. Date:	25 July 2026	Yellow	Exp. Date:	01 July 2026
Size 11.3	Exp. Date:	10 February 2026	Red	Exp. Date:	01 October 2027

MEDICINE COMPARTMENT

1-Glucagon Kit 1mg	Exp. Date:	31 December 2026	
1-10% Dextrose	Exp. Date:	28 February 2026	
2 - Epinephrine Injection 1mg/mL	Exp. Date:	28 February 2026	Exp. Date: 28 February 2026
2 - 18g Filter Needles	Exp. Date:	25 November 2028	Exp. Date: 25 November 2028
2 - 23g Eclipse Needle	Exp. Date:		Exp. Date:
2- 21g Precision Glide Needle	Exp. Date:	31 March 2027	Exp. Date: 31 March 2026
2 - 18/20g Hypo. Needle	Exp. Date:	01 March 2026	Exp. Date: 01 March 2027
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:	31 March 2026	Exp. Date: 31 March 2026
1 - 2% Lidocane Hcl	Exp. Date:	28 February 2026	
1 - Nebulizer Kit	<input checked="" type="checkbox"/>		
3 - Albuterol 2.5mg	Exp:	30 September	Exp: 30 September
1 - Levalbuterol 1.25mg	Exp. Date:	31 March 2026	
1 - Levalbuterol 0.31mg	Exp. Date:	30 November 2025	
2 - Ipratropium Bromide 0.5mg (Atrovent)	Exp. Date:	31 July 2026	Exp. Date: 31 July 2026
1 - Low Dose Aspirin (81 mg)	Exp. Date:	31 December 2025	
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:	18 March 2027	BVM Capno	<input checked="" type="checkbox"/>
PEDI Pulse OX	Exp. Date:	01 October 2026	NC Capno w/ O2	<input checked="" type="checkbox"/>
Electrodes	Exp. Date:	05 October 2026	Razor	<input checked="" 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="320"/> | New Seal: | <input type="text"/> |
| Exp.: | <input type="text" value="31 March 2027"/> | Exp.: | <input type="text" value="31 December 2025"/> |
- 2 IV bags
- 2 IV/IO drop admin sets
-

Center Pocket

- | | | | |
|-------|--|-----------|--|
| Seal: | <input type="text" value="811"/> | New Seal: | <input type="text"/> |
| Exp.: | <input type="text" value="31 October 2026"/> | Exp.: | <input type="text" value="31 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
- 1- OB Kit
- Exp.:
-

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



To: Honorable Chair and GEMS District Board Members

From: Josh Brannon, Finance Director

Meeting Date: January 5, 2026

Department/Office: Finance

Item Name: To approve the purchase orders receiving report and payment claims as of 12/29/2025 totaling \$32,883.34.

Summary:

To approve the purchase orders receiving report and payment claims as of 12/29/2025 totaling \$32,883.34.

Recommended Action:

Staff recommends a motion to accept the PO Receipt Register report dated 12/29/2025 and approve the following payments:

PO #	Account	Vendor	Description	Inv#	Amount
26-23136	31-6-01-6210	Centurion Health Systems	Ambulance Service Jan 2026	3457	\$15,000.00
26-23164	31-6-01-6225	City of Glenpool	1st Responder Dec 2025	DEC2025	\$17,466.68
26-23165	31-6-01-6235	Lesli Smith	District Clerk	LS122025	\$208.33
26-23166	31-6-01-6235	Joshua Brannon	District Treasurer	JB122025	\$208.33
Total					\$32,883.34

Budget:

Attachments:

1. GEMS Packet 01-05-2026

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

VENDOR NAME	INVOICE	POST DATE	BANK	INVOICE AMOUNT	VENDOR TOTAL
31-000004	CENTURION HEALTH SYSTEMS, DBA M 3457	12/31/2025	31	15,000.00	15,000.00
31-000005	CITY OF GLENPOOL - GEMS 1117202512222025	12/29/2025	31	17,466.68	17,466.68
31-000033	JOSHUA M. BRANNON JB122025	12/31/2025	31	208.33	208.33
31-000032	LESLI SMITH LS122025	12/31/2025	31	208.33	208.33
TOTALS				32,883.34	32,883.34

APPROVED

BY

Joyce G. Calvert, January 5, 2026

PURCHASE ORDER	DESCRIPTION	VENDOR #	VENDOR NAME	DATE INVOICE	AMOUNT
DEPARTMENT: 01 - NON-DEPARTMENTAL					
26-23136	MERCY REGIONAL OKLAHOMA	31-000004	CENTURION HEALTH SYSTEMS,DEA	12/2025 3457	15,000.00
26-23164	1st RESPONDER DEC 2025	31-000005	CITY OF GLENPOOL - GEMS	12/2025 1117202512222025	17,466.68
26-23165	GEMS DIST CLERK DEC 2025	31-000032	LESLI SMITH	12/2025 LS122025	208.33
26-23166	GEMS DIST TREA DEC 2025	31-000033	JOSHUA M. BRANNON	12/2025 JB122025	208.33
DEPARTMENT TOTAL:					32,883.34
FUND TOTAL:					32,883.34
GRAND TOTAL:					32,883.34

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 # 26-23136

12/17/2025

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.

12/17/2025

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. 12/17/2025

ENCUMBERING OFFICER DATE

UNITS	DESCRIPTION	INV PART NUMBER	REQUEST	G/L ACCOUNT	PROJ	PRICE	AMOUNT
0.00	MERCY REGIONAL OK INV 3457 MERCY REGIONAL OKLAHOMA INVOICE 3457 DECEMBER 2025 ALS AMBULANCE SUBSSIDY FOR JANUARY 206 MERCY REGIONAL OKLAHOMA		00041237	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.

12/16/25
 REQ 000 41237
 Mercy Regional Oklahoma

Invoice

P.O. Box 2398
 Owasso, OK 74055

Date	Invoice #
12/12/2025	3457

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 January 2026	15,000.00	15,000.00

Phone #	Fax #
9186095829	918-609-5799

Total	\$15,000.00
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P U R C H A S E O R D E R

CITY OF GLENPOOL, OK

Email invoices: AP@cityofglenpool.com

Subject line must include PO and Vendor name or emails will be rejected
PURCHASE ORDER # 26-23164 12/29/2025

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.

12/29/2025

I HEREBY CERTIFY THAT THE AMOUNT OF THIS ENCUMBRANCE HAS BEEN
ENTERED AGAINST THE DESIGNATED APPROPRIATION ACCOUNTS AND THAT
THIS ENCUMBRANCE IS WITHIN THE AUTHORIZED AVAILABLE BALANCE OF
SAID APPROPRIATION. 12/29/2025

PURCHASING OFFICER

DATE

ENCUMBERING OFFICER

DATE

UNITS	DESCRIPTION	INV PART NUMBER	REQUEST	G/L ACCOUNT	PROJ	PRICE	AMOUNT
0.00	1ST RESPONDER DEC 2025 1st RESPONDER DEC 2025		00041295	31 -6-01-6225		0.00	17,466.68 *

** TOTAL ** 17,466.68

*** APPROVAL FOR PURCHASE ***

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

OFFICER OR DEPARTMENT HEAD IN CHARGE

DATE

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

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



INVOICE

REQ # 00041295

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

Customer Number: 01-0172

Invoice Number: 1117202512222025

Invoice Date: 12/29/2025

Due Date: 1/21/2026

P.O. # :

TREASURER
 GEMS-
 12205 S YUKON AVE
 GLENPOOL OK 74033

ITEM DESCRIPTION	UNITS	TYPE	PRICE	AMOUNT
1ST RESPONDER DEC 2025	N/A	MONTH	N/A	17,466.68
11/17/2025-12/22/2025				
*****THANK YOU*****			TOTAL DUE	\$17,466.68

GEMS ADMIN/FIRST RESPONDER REIMBURSEMENTS
11/17/2025-12/22/2025

TOTAL RUNS	236
EMR RUNS	148
FIRE RUNS	88
EMR RATIO	62.71%
RUN RATE	\$116.16
AMDIN	\$275.00
OVERTIME	

TOTAL	\$17,466.68
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Glenpool Fire Department Operations December 2025

11/17/25-12/22/25

GEMS

Run Type	# of Calls	Totals Calls
EMS Runs	148	236
Fire Runs	88	
Overlapping	53	

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 # 26-23165 12/29/2025

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

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

I HEREBY APPROVE THE ISSUANCE OF THIS PURCHASE ORDER.

12/29/2025

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. 12/29/2025

ENCUMBERING OFFICER DATE

UNITS	DESCRIPTION	INV PART NUMBER	REQUEST	G/L ACCOUNT	PROJ	PRICE	AMOUNT
0.00	GEMS DIST CLERK DEC 2025 L SMITH INV NO. LS122025 GEMS DIST CLERK DEC 2025		00041291	31 -6-01-6235		0.00	208.33 *

** TOTAL ** 208.33

*** APPROVAL FOR PURCHASE ***

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

OFFICER OR DEPARTMENT HEAD IN CHARGE

DATE

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INVOICE

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

INVOICE #: LS122025

DATE: 1/5/2026

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	
DECEMBER 2025	\$208.33
Total	\$208.33

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

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

CITY OF GLENPOOL, OK

Email invoices: AP@cityofglenpool.com

Subject line must include PO and Vendor name or emails will be rejected
PURCHASE ORDER # 26-23166 12/29/2025

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.

12/29/2025

I HEREBY CERTIFY THAT THE AMOUNT OF THIS ENCUMBRANCE HAS BEEN ENTERED AGAINST THE DESIGNATED APPROPRIATION ACCOUNTS AND THAT THIS ENCUMBRANCE IS WITHIN THE AUTHORIZED AVAILABLE BALANCE OF SAID APPROPRIATION. 12/29/2025

PURCHASING OFFICER

DATE

ENCUMBERING OFFICER

DATE

UNITS	DESCRIPTION	INV PART NUMBER	REQUEST	G/L ACCOUNT	PROJ	PRICE	AMOUNT
0.00	GEMS DIST TREA DEC 2025 J. BRANNON INV NO. JB122025 GEMS DIST TREA DEC 2025		00041292	31 -6-01-6235		0.00	208.33 *

** TOTAL **

208.33

*** APPROVAL FOR PURCHASE ***

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

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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 IT'S PRICE, THE NUMBER OR VOLUME OF EACH ITEM, ITS TOTAL PRICE, THE TOTAL OF THE PURCHASE, AND DATE OF THE PURCHASE.

