

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

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.

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=QzdFVjA1b0IKa1ISUFIKbUNrUUxtdz09>

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=QzdFVjA1b0IKa1ISUFIKbUNrUUxtdz09>

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, Chair**
- B) **Roll Call, Declaration of a Quorum - Lesli Smith, City Clerk; Joyce G. Calvert, Chair**
- 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 minutes from the March 16, 2026, special meeting.
- 2) To approve the Certificate and Order to County Clerk and County Treasurer for Josh Brannon, District Treasurer.
- 3) To approve the recommendation to the Tulsa County Board of Commissioners to reappoint Jacqueline Triplett - Lund to the GEMS Board of Trustees for a term ending May 31, 2031.
- 4) To approve the purchase orders receiving report and payment claims as of 3/31/2026 totaling \$33,944.70.

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 4/2/2026 at 5:30 p.m.

Signed: Lesli Smith
City Clerk



Respond. Serve. Care.
MERCY-REGIONAL.COM
918.609.5800

To: Honorable Chair and GEMS Board Members

From: Brian Cook, Chief Operating Officer

Date: March 30, 2026

Ref: EMS Report February 26 – March 29, 2026

We logged 140 calls for service during this period while maintaining a 94% response time compliance.

103 patients were treated and transported.

17 patients refused transport.

9 cancelled prior to arrival.

8 Mutual aid received.

2 Mutual aid given

Transported by other 1

Brian Cook,

Chief Operating Officer

Brian Cook *Chief Operating Officer*

PO Box 2398 | Owasso, OK 74055 | Office: 918.609.5827 | bcook@mercy-regional.com

Mercy Regional of Oklahoma is a member of the Centurion Health Systems Family of companies.

Run Number	Incident Created	Dispatched Time	Enroute Resulting	AtScene Resulting	Response Time	Late Reason	Transporting Resulting	AtDestination Resulting	Completed Resulting	Cancelled Reason	Destination	Vehicle Name
767453	2/26/2026 11:54	2/26/2026 11:55	2/26/2026 11:58	2/26/2026 11:59	0:04:05		2/26/2026 11:59	2/26/2026 12:03	2/26/2026 12:01		St Francis Tulsa Hospital	MERCY 401
768347	2/26/2026 15:14	2/26/2026 15:14	2/26/2026 15:16	2/26/2026 15:20	0:05:38		2/26/2026 15:20	2/26/2026 15:28	2/26/2026 16:22		St Francis Tulsa Hospital	MERCY 401
769207	2/27/2026 10:26	2/27/2026 10:27	2/27/2026 10:28	2/27/2026 10:34	0:06:55		2/27/2026 10:34	2/27/2026 11:23	2/27/2026 11:38	Transported by Other Resources	St John Tulsa Medical Center	MERCY 401
770182	2/27/2026 11:54	2/27/2026 11:55	2/27/2026 11:55	2/27/2026 11:58	0:03:05		2/27/2026 11:59	2/27/2026 15:31	2/27/2026 15:45	Patient Refusal	St Francis South Hospital	MERCY 402
770840	2/27/2026 14:51	2/27/2026 14:51	2/27/2026 14:51	2/27/2026 14:57	0:05:51		2/27/2026 14:59	2/27/2026 15:31	2/27/2026 15:45		St Francis South Hospital	MERCY 401
772259	2/27/2026 16:55	2/27/2026 16:54	2/27/2026 16:58	2/27/2026 17:05	0:08:15	South of 181	2/27/2026 17:17	2/27/2026 17:38	2/27/2026 18:06		St Francis Tulsa Hospital	MERCY 401
771411	2/27/2026 17:53	2/27/2026 17:58								Sent Mutual Aid		
771479	2/27/2026 20:30	2/27/2026 20:30	2/27/2026 20:33	2/27/2026 20:38	0:07:50					Patient Refusal		MERCY 401
771775	2/27/2026 22:03	2/27/2026 22:04	2/27/2026 22:06	2/27/2026 22:12	0:08:36		2/27/2026 22:32	2/27/2026 22:53	2/27/2026 23:13		St Francis South Hospital	MERCY 401
772212	2/28/2026 09:51	2/28/2026 09:51	2/28/2026 09:55	2/28/2026 09:50	0:07:39		2/28/2026 09:50	2/28/2026 09:52	2/28/2026 09:57		Hilcrest South Hospital	MERCY 401
772409	2/28/2026 09:27	2/28/2026 09:28	2/28/2026 09:29	2/28/2026 09:36	0:08:55		2/28/2026 09:44	2/28/2026 10:01	2/28/2026 10:09		St Francis Tulsa Hospital	MERCY 401
772595	2/28/2026 11:17	2/28/2026 11:17	2/28/2026 11:24	2/28/2026 11:34	0:16:15	Called from another call	2/28/2026 11:34	2/28/2026 12:01	2/28/2026 12:10		St John Tulsa Medical Center	MERCY 401
772737	2/28/2026 12:36	2/28/2026 12:36	2/28/2026 12:38	2/28/2026 12:41	0:05:35		2/28/2026 12:50	2/28/2026 13:12	2/28/2026 13:19		St Francis South Hospital	MERCY 401
772978	2/28/2026 14:57	2/28/2026 14:57	2/28/2026 15:05	2/28/2026 15:05	0:05:52		2/28/2026 15:11	2/28/2026 15:19	2/28/2026 15:35		St John Tulsa Medical Center	MERCY 401
774138	3/1/2026 09:42	3/1/2026 09:42	3/1/2026 09:42	3/1/2026 09:47	0:04:59		3/1/2026 10:05	3/1/2026 10:26	3/1/2026 10:45		St Francis South Hospital	MERCY 401
774533	3/1/2026 13:53	3/1/2026 13:53	3/1/2026 13:54	3/1/2026 13:59	0:05:40		3/1/2026 13:59	3/1/2026 13:59	3/1/2026 13:59		Hilcrest South Hospital	MERCY 402
774615	3/1/2026 14:04	3/1/2026 14:04	3/1/2026 14:04	3/1/2026 14:04	0:00:00		3/1/2026 14:04	3/1/2026 14:04	3/1/2026 14:04	Unit on Scene Cancelled		
774756	3/1/2026 21:59	3/1/2026 21:59	3/1/2026 21:59	3/1/2026 21:59	0:00:00		3/1/2026 21:59	3/1/2026 22:33	3/1/2026 22:56		St Francis Tulsa Hospital	MERCY 401
775001	3/1/2026 22:38	3/1/2026 22:38	3/1/2026 22:38	3/1/2026 22:40	0:02:02		3/1/2026 22:40	3/1/2026 22:40	3/1/2026 22:40		St John Tulsa Medical Center	MERCY 401
775373	3/2/2026 22:38	3/2/2026 22:38	3/2/2026 22:40	3/2/2026 22:47	0:09:00	South of 181	3/2/2026 22:47	3/2/2026 22:47	3/2/2026 22:47	Unit on Scene Cancelled		
775724	3/2/2026 23:53	3/2/2026 23:54	3/2/2026 23:54	3/2/2026 23:54	0:00:00		3/2/2026 23:54	3/2/2026 23:54	3/2/2026 23:54		St Francis South Hospital	MERCY 401
776037	3/3/2026 01:42	3/3/2026 01:42	3/3/2026 01:44	3/3/2026 01:48	0:05:57		3/3/2026 02:07	3/3/2026 02:29	3/3/2026 02:47		St John Tulsa Medical Center	MERCY 401
776038	3/3/2026 01:44	3/3/2026 01:44	3/3/2026 01:44	3/3/2026 01:54	0:07:58		3/3/2026 02:07	3/3/2026 02:30	3/3/2026 02:48		St Francis Tulsa Hospital	MERCY 402
776675	3/3/2026 10:56	3/3/2026 10:56	3/3/2026 10:59	3/3/2026 11:01	0:04:41		3/3/2026 11:44	3/3/2026 11:44	3/3/2026 12:15		St Francis Tulsa Hospital	MERCY 401
776753	3/3/2026 11:26	3/3/2026 11:26	3/3/2026 11:28	3/3/2026 11:32	0:04:06		3/3/2026 11:44	3/3/2026 11:44	3/3/2026 11:21		St Francis South Hospital	MERCY 402
779012	3/3/2026 12:52	3/3/2026 12:52	3/3/2026 12:54	3/3/2026 12:59	0:06:56					Patient Refusal		MERCY 401
779512	3/3/2026 15:28	3/3/2026 15:28	3/3/2026 15:34	3/3/2026 15:34	0:06:54		3/3/2026 16:03	3/3/2026 16:07	3/3/2026 16:24		St Francis Tulsa Hospital	MERCY 401
779572	3/3/2026 15:45	3/3/2026 15:46	3/3/2026 15:46	3/3/2026 15:50	0:04:18		3/3/2026 16:05	3/3/2026 16:21	3/3/2026 16:38		St Francis South Hospital	MERCY 402
779819	3/3/2026 18:20	3/3/2026 18:21	3/3/2026 18:21	3/3/2026 18:25	0:04:29		3/3/2026 18:47	3/3/2026 18:54	3/3/2026 20:05		St Francis Tulsa Hospital	MERCY 401
782444	3/4/2026 19:02	3/4/2026 19:02	3/4/2026 19:03	3/4/2026 19:04	0:02:26							MERCY 401
782770	3/4/2026 22:28	3/4/2026 22:28	3/4/2026 22:28	3/4/2026 22:28	0:00:00					Patient Refusal		MERCY 401
782982	3/5/2026 01:20	3/5/2026 01:20	3/5/2026 01:23	3/5/2026 01:23	0:03:13		3/5/2026 01:43	3/5/2026 02:01	3/5/2026 02:19		Hilcrest South Hospital	MERCY 401
783217	3/5/2026 07:15	3/5/2026 07:16	3/5/2026 07:16	3/5/2026 07:18	0:02:42		3/5/2026 07:18	3/5/2026 08:15	3/5/2026 08:33		St Francis South Hospital	MERCY 401
783601	3/5/2026 10:35	3/5/2026 10:35	3/5/2026 10:35	3/5/2026 10:38	0:03:36		3/5/2026 10:56	3/5/2026 11:14	3/5/2026 11:30		Hilcrest South Hospital	MERCY 401
784028	3/5/2026 12:51	3/5/2026 12:51	3/5/2026 12:51	3/5/2026 12:57	0:05:51		3/5/2026 13:06	3/5/2026 13:24	3/5/2026 13:47		Hilcrest South Hospital	MERCY 401
784535	3/5/2026 15:18	3/5/2026 15:18	3/5/2026 15:19	3/5/2026 15:21	0:02:17		3/5/2026 15:41	3/5/2026 15:59	3/5/2026 16:11		St Francis South Hospital	MERCY 401
784496	3/5/2026 16:18	3/5/2026 16:20	3/5/2026 16:20	3/5/2026 16:27	0:07:55					Unit on Scene Cancelled		
784778	3/5/2026 16:50	3/5/2026 16:51	3/5/2026 16:51	3/5/2026 16:55	0:04:28		3/5/2026 17:11	3/5/2026 17:38	3/5/2026 18:01		Hilcrest Medical Center	MERCY 401
785026	3/6/2026 17:38	3/6/2026 17:38	3/6/2026 17:38	3/6/2026 17:38	0:00:00		3/6/2026 17:38	3/6/2026 17:56	3/6/2026 18:07		St Francis South Hospital	MERCY 401
785151	3/6/2026 18:00	3/6/2026 18:10	3/6/2026 18:11	3/6/2026 18:11	0:11:14		3/6/2026 18:11	3/6/2026 18:57	3/6/2026 19:04		St Francis Tulsa Hospital	MERCY 401
785688	3/7/2026 11:15	3/7/2026 11:15	3/7/2026 11:18	3/7/2026 11:21	0:06:07		3/7/2026 11:44	3/7/2026 12:04	3/7/2026 12:05		St John Tulsa Medical Center	MERCY 401
786656	3/7/2026 11:48	3/7/2026 11:48	3/7/2026 11:57	3/7/2026 11:57	0:09:54		3/7/2026 12:16	3/7/2026 12:26	3/7/2026 12:50		Hilcrest South Hospital	MERCY 402
786773	3/7/2026 12:34	3/7/2026 12:37								Sent Mutual Aid		
786793	3/7/2026 12:35	3/7/2026 12:36	3/7/2026 12:40	3/7/2026 12:47	0:11:02	Resp from Creek TPK	3/7/2026 13:14	3/7/2026 13:38	3/7/2026 14:01		St Francis Tulsa Hospital	MERCY 303
786845	3/7/2026 17:30	3/7/2026 17:30	3/7/2026 17:31	3/7/2026 17:35	0:04:18		3/7/2026 17:59	3/7/2026 18:05	3/7/2026 18:14		St Francis South Hospital	MERCY 401
789328	3/7/2026 18:30	3/7/2026 18:30	3/7/2026 18:31	3/7/2026 18:35	0:04:52		3/7/2026 18:50	3/7/2026 19:07	3/7/2026 19:40		St Francis South Hospital	MERCY 401
789348	3/7/2026 18:44	3/7/2026 18:47								Sent Mutual Aid		
790039	3/8/2026 07:58	3/8/2026 07:59	3/8/2026 07:59	3/8/2026 08:03	0:05:11		3/8/2026 08:12	3/8/2026 08:31	3/8/2026 08:47		Hilcrest South Hospital	MERCY 401
790913	3/8/2026 11:30	3/8/2026 11:30	3/8/2026 11:42	3/8/2026 11:47	0:07:51		3/8/2026 12:38	3/8/2026 13:31	3/8/2026 13:57		St Francis South Hospital	MERCY 401
791021	3/8/2026 20:10	3/8/2026 20:10	3/8/2026 20:17	3/8/2026 20:17	0:06:52		3/8/2026 20:17	3/8/2026 21:07	3/8/2026 21:37		St Francis Tulsa Hospital	MERCY 401
791573	3/9/2026 05:42	3/9/2026 05:04	3/9/2026 05:04	3/9/2026 05:11	0:07:50		3/9/2026 05:24	3/9/2026 05:44	3/9/2026 05:58		St Francis Tulsa Hospital	MERCY 401
792013	3/9/2026 10:25	3/9/2026 10:25	3/9/2026 10:26	3/9/2026 10:30	0:04:56		3/9/2026 10:39	3/9/2026 10:54	3/9/2026 11:08		St Francis Tulsa Hospital	MERCY 401
792200	3/9/2026 11:41	3/9/2026 11:41	3/9/2026 11:51	3/9/2026 11:51	0:09:25		3/9/2026 11:52	3/9/2026 12:09	3/9/2026 12:28		St John Tulsa Medical Center	MERCY 401
792476	3/9/2026 12:48	3/9/2026 12:48	3/9/2026 12:48	3/9/2026 12:53	0:04:38		3/9/2026 13:10	3/9/2026 13:28	3/9/2026 13:44		Hilcrest South Hospital	MERCY 401
793226	3/9/2026 16:59	3/9/2026 16:59	3/9/2026 17:01	3/9/2026 17:06	0:06:33					Unit on Scene Cancelled		MERCY 401
793461	3/9/2026 19:22	3/9/2026 19:24	3/9/2026 19:24	3/9/2026 19:28	0:04:55					Patient Refusal		MERCY 401
793864	3/9/2026 23:24	3/9/2026 23:24	3/9/2026 23:26	3/9/2026 23:31	0:07:04		3/9/2026 23:53	3/10/2026 00:48	3/10/2026 00:58		Hilcrest South Hospital	MERCY 401
794154	3/10/2026 05:53	3/10/2026 05:54	3/10/2026 05:55	3/10/2026 06:00	0:06:22		3/10/2026 06:15	3/10/2026 06:43	3/10/2026 07:02		St Francis Tulsa Hospital	MERCY 401
794340	3/10/2026 08:45	3/10/2026 08:46	3/10/2026 08:47	3/10/2026 08:51	0:04:46		3/10/2026 09:16	3/10/2026 09:39	3/10/2026 10:02		St Francis Tulsa Hospital	MERCY 401
795235	3/10/2026 19:58	3/10/2026 19:58	3/10/2026 20:00	3/10/2026 20:03	0:05:02		3/10/2026 20:18	3/10/2026 20:42	3/10/2026 20:59		St Francis Tulsa Hospital	MERCY 401
795359	3/10/2026 23:34	3/10/2026 23:35	3/10/2026 23:38	3/10/2026 23:38	0:04:31		3/11/2026 00:24	3/11/2026 00:35	3/11/2026 01:08		St Francis South Hospital	MERCY 401
796727	3/11/2026 02:58	3/11/2026 02:58	3/11/2026 02:40	3/11/2026 02:44	0:05:27		3/11/2026 03:08	3/11/2026 03:27	3/11/2026 03:48		St Francis South Hospital	MERCY 401
796890												

809008	3/16/2026 12:44	3/16/2026 12:44	3/16/2026 12:45	3/16/2026 12:52	0:07:37		3/16/2026 13:18	3/16/2026 13:37	3/16/2026 14:19	St Francis South Hospital	MERCY 402
809902	3/16/2026 18:50	3/16/2026 18:50	3/16/2026 18:52	3/16/2026 18:53	0:03:21		3/16/2026 18:54	3/16/2026 19:01	3/16/2026 19:37	Hillcrest South Hospital	MERCY 401
810279	3/16/2026 23:35	3/16/2026 23:36	3/16/2026 23:37	3/16/2026 23:39	0:03:44		3/17/2026 00:02	3/17/2026 00:17	3/17/2026 00:33	St Francis South Hospital	MERCY 401
810369	3/17/2026 01:36	3/17/2026 01:37	3/17/2026 01:39	3/17/2026 01:50	0:13:47	Mutual Aid Given	3/17/2026 01:56	3/17/2026 02:20	3/17/2026 02:30	St Francis Tulsa Hospital	MERCY 404
810503	3/17/2026 04:01	3/17/2026 04:04	3/17/2026 04:05	3/17/2026 04:07	0:02:47		3/17/2026 04:26	3/17/2026 04:40	3/17/2026 05:00	St Francis South Hospital	MERCY 401
812048	3/17/2026 15:59	3/17/2026 15:59	3/17/2026 16:01	3/17/2026 16:04	0:02:24		3/17/2026 16:04	3/17/2026 16:58	3/17/2026 17:24	Hillcrest South Hospital	MERCY 401
813156	3/18/2026 06:47	3/18/2026 06:47	3/18/2026 06:49	3/18/2026 06:54	0:07:22		3/18/2026 07:08	3/18/2026 07:29	3/18/2026 07:52	St Francis Tulsa Hospital	MERCY 401
813205	3/18/2026 07:06	3/18/2026 07:06	3/18/2026 07:08	3/18/2026 07:13	0:07:09		3/18/2026 07:35	3/18/2026 07:41	3/18/2026 08:09	St Francis Glenpool	MERCY 402
813748	3/18/2026 11:50	3/18/2026 11:50	3/18/2026 11:52	3/18/2026 11:55	0:05:11		3/18/2026 12:06	3/18/2026 12:27	3/18/2026 13:00	Hillcrest South Hospital	MERCY 401
813850	3/18/2026 12:31	3/18/2026 12:31	3/18/2026 12:32	3/18/2026 12:35	0:04:08		3/18/2026 12:58	3/18/2026 13:34	3/18/2026 14:09	St Francis Tulsa Hospital	MERCY 402
814028	3/18/2026 13:14	3/18/2026 13:14	3/18/2026 13:16	3/18/2026 13:18	0:03:59		3/18/2026 13:32	3/18/2026 13:53	3/18/2026 14:47	Hillcrest South Hospital	MERCY 401
814249	3/18/2026 14:20	3/18/2026 14:21	3/18/2026 14:23	3/18/2026 14:31	0:10:40	Resp from Creek TPK	3/18/2026 14:52	3/18/2026 15:18	3/18/2026 15:40	St Francis Tulsa Hospital	MERCY 402
814945	3/18/2026 19:33	3/18/2026 19:33	3/18/2026 19:34	3/18/2026 19:37	0:04:06		3/18/2026 19:56	3/18/2026 20:22	3/18/2026 20:47	St John Tulsa Medical Center	MERCY 401
815918	3/19/2026 09:08	3/19/2026 09:09	3/19/2026 09:09	3/19/2026 09:13	0:05:32		3/19/2026 09:37	3/19/2026 10:01	3/19/2026 10:11	Hillcrest Medical Center	MERCY 402
817929	3/20/2026 00:08	3/20/2026 00:08	3/20/2026 00:10	3/20/2026 00:13	0:04:52		3/20/2026 00:34	3/20/2026 00:52	3/20/2026 01:14	St Francis South Hospital	MERCY 401
818491	3/20/2026 04:36	3/20/2026 04:37	3/20/2026 04:39	3/20/2026 04:40	0:04:29		3/20/2026 05:22	3/20/2026 05:39	3/20/2026 06:03	Patient Refusal	MERCY 401
818131	3/20/2026 04:57	3/20/2026 04:57	3/20/2026 05:00	3/20/2026 05:04	0:06:31		3/20/2026 05:22	3/20/2026 05:39	3/20/2026 06:03	St Francis South Hospital	MERCY 401
818494	3/20/2026 14:33	3/20/2026 14:34	3/20/2026 14:35	3/20/2026 14:38	0:04:04		3/20/2026 14:53	3/20/2026 15:07	3/20/2026 15:57	St Francis Tulsa Hospital	MERCY 402
819953	3/20/2026 16:54	3/20/2026 16:55	3/20/2026 16:57	3/20/2026 17:18	0:23:42	Mutual Aid Given	3/20/2026 17:19	3/20/2026 17:43	3/20/2026 17:55	St Francis Tulsa Hospital	MERCY 401
820019	3/21/2026 18:37	3/21/2026 18:18	3/21/2026 18:18	3/21/2026 18:24	0:06:39		3/21/2026 18:59	3/21/2026 18:59	3/21/2026 19:23	St Francis Tulsa Hospital	MERCY 403
822022	3/21/2026 18:21	3/21/2026 18:25								Servt Mutual Aid	
823245	3/21/2026 21:04	3/21/2026 21:04	3/21/2026 21:05	3/21/2026 21:28	0:25:13		3/21/2026 21:31	3/21/2026 21:48	3/21/2026 22:14	St Francis Tulsa Hospital	MERCY 401
823450	3/22/2026 15:35	3/22/2026 15:35	3/22/2026 15:36	3/22/2026 15:43	0:07:58		3/22/2026 16:09	3/22/2026 16:33	3/22/2026 16:50	St Francis Tulsa Hospital	MERCY 401
824717	3/23/2026 09:59	3/23/2026 09:58	3/23/2026 09:11	3/23/2026 09:30	0:29:47		3/23/2026 09:30	3/23/2026 09:35	3/23/2026 10:05	St Francis Tulsa Hospital	MERCY 402
824833	3/23/2026 10:07	3/23/2026 10:07	3/23/2026 10:08	3/23/2026 10:15	0:07:50					Patient Refusal	MERCY 401
826450	3/23/2026 21:14	3/23/2026 21:14	3/23/2026 21:17	3/23/2026 21:22	0:07:24		3/23/2026 21:32	3/23/2026 21:48	3/23/2026 22:05	St Francis Tulsa Hospital	MERCY 401
826925	3/24/2026 05:00	3/24/2026 05:01	3/24/2026 05:02	3/24/2026 05:04	0:03:30		3/24/2026 05:20	3/24/2026 05:41	3/24/2026 05:53	St Francis Tulsa Hospital	MERCY 401
826954	3/24/2026 05:09	3/24/2026 05:09	3/24/2026 05:11	3/24/2026 05:18	0:08:50					Patient Refusal	MERCY 402
827155	3/24/2026 08:48	3/24/2026 08:48	3/24/2026 08:49	3/24/2026 08:55	0:07:18		3/24/2026 09:11	3/24/2026 09:35	3/24/2026 09:50	St Francis Tulsa Hospital	MERCY 401
828094	3/24/2026 19:27	3/24/2026 19:30	3/24/2026 19:30	3/24/2026 19:41	0:13:48	Callt gave wrong address			3/24/2026 20:20	St Francis Tulsa Hospital	MERCY 401
830999	3/25/2026 14:45	3/25/2026 14:46	3/25/2026 14:46	3/25/2026 14:51	0:04:53		3/25/2026 15:08	3/25/2026 15:25	3/25/2026 15:40	St Francis Tulsa Hospital	MERCY 401
831448	3/25/2026 17:38	3/25/2026 17:38	3/25/2026 17:37	3/25/2026 17:43	0:04:04		3/25/2026 17:55	3/25/2026 18:00	3/25/2026 18:37	St Francis Glenpool	MERCY 401
831499	3/25/2026 17:52	3/25/2026 17:52	3/25/2026 17:53	3/25/2026 17:57	0:04:09				3/25/2026 18:54	MERCY 402	
831583	3/25/2026 18:25	3/25/2026 18:28								Servt Mutual Aid	
831930	3/25/2026 22:34	3/25/2026 22:55	3/25/2026 22:56	3/25/2026 22:42	0:07:16		3/25/2026 23:00	3/25/2026 23:22	3/25/2026 23:40	Hillcrest Medical Center	MERCY 401
832020	3/25/2026 23:10	3/25/2026 23:15	3/25/2026 23:15	3/25/2026 23:23	0:07:48				3/25/2026 23:42	Mutual Aid	
832062	3/25/2026 23:44	3/25/2026 23:44	3/25/2026 23:44	3/25/2026 23:47	0:02:30		3/26/2026 00:12	3/26/2026 00:32	3/26/2026 00:45	Mutual Aid	
832381	3/26/2026 05:21	3/26/2026 05:32	3/26/2026 05:35	3/26/2026 05:33	0:10:52		3/26/2026 05:50	3/26/2026 05:25	3/26/2026 06:49	St John Tulsa Medical Center	MERCY 401
833333	3/26/2026 12:56	3/26/2026 12:57	3/26/2026 12:59	3/26/2026 13:04	0:06:47		3/26/2026 13:16	3/26/2026 13:39	3/26/2026 13:56	St Francis Tulsa Hospital	MERCY 402
834481	3/26/2026 18:54	3/26/2026 18:54	3/26/2026 18:54	3/26/2026 18:56	0:02:59	Resp from BIAK and Yale				Cancelled by FODD	MERCY 403
834979	3/27/2026 04:04	3/27/2026 04:04	3/27/2026 04:07	3/27/2026 04:11	0:06:48		3/27/2026 04:25	3/27/2026 04:46	3/27/2026 05:09	St John Tulsa Medical Center	MERCY 401
835117	3/27/2026 09:47	3/27/2026 09:47	3/27/2026 09:49	3/27/2026 09:51	0:04:08					Patient Refusal	MERCY 402
835662	3/27/2026 11:36	3/27/2026 11:36	3/27/2026 11:39	3/27/2026 11:42	0:06:15		3/27/2026 11:57	3/27/2026 12:20	3/27/2026 12:46	Hillcrest South Hospital	MERCY 401
835799	3/27/2026 11:59	3/27/2026 11:59	3/27/2026 11:59	3/27/2026 12:04	0:05:17		3/27/2026 12:11	3/27/2026 12:31	3/27/2026 13:11	Hillcrest South Hospital	MERCY 402
835822	3/27/2026 12:30	3/27/2026 12:33								Servt Mutual Aid	
837218	3/28/2026 00:25	3/28/2026 00:28	3/28/2026 00:28	3/28/2026 00:16	0:08:58		3/28/2026 00:27	3/28/2026 00:47	3/28/2026 00:54	St Francis South Hospital	MERCY 401
839146	3/29/2026 00:01	3/29/2026 00:01	3/29/2026 00:02	3/29/2026 00:07	0:05:17		3/29/2026 00:27	3/29/2026 00:45	3/29/2026 01:17	St Francis Tulsa Hospital	MERCY 401
839279	3/29/2026 01:25	3/29/2026 01:27	3/29/2026 01:27	3/29/2026 01:29	0:02:22		3/29/2026 01:47	3/29/2026 02:03	3/29/2026 02:16	St Francis Tulsa Hospital	MERCY 401
839619	3/29/2026 09:30	3/29/2026 09:33	3/29/2026 09:33	3/29/2026 09:36	0:03:09					Cancelled by FD/PO	MERCY 402
840035	3/29/2026 14:41	3/29/2026 14:42	3/29/2026 14:44	3/29/2026 14:27	0:14:54	STAGED	3/29/2026 15:28	3/29/2026 15:31	3/29/2026 15:55	St Francis Tulsa Hospital	MERCY 402
840285	3/29/2026 16:42									Servt Mutual Aid	

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



To Oklahoma & You™

Dir 1 251 3

9164X0C.004 BNCF:0008809



24-Hour
 Automated
 Account Information

1-877-602-2262

2 *0008809
 GLENPOOL AREA EMERGENCY MEDICAL
 SERVICE DISTRICT
 12205 S YUKON AVE
 GLENPOOL OK 74033-6635

PAGE 1

ACCOUNT NUMBER	[REDACTED]
STATEMENT DATE	2/27/26

Loyalty Checking
 A pawsitively rewarding account

BancFirst Loyal
 To Oklahoma & You™

- Cell Phone Protection*
- 24/7 Roadside Assistance
- Shopping, travel, and entertainment discounts
- \$20,000 AD&D Insurance
- Cash-back on everyday purchases
- And more for \$5 a month!

\$100 minimum opening deposit. Complete disclosures available at any BancFirst office.

*Must pay phone bill through your Loyalty Checking account.



ACCOUNT ANALYSIS

Beginning Balance	2/01/26	511,412.88
Deposits / Misc Credits	1	34,076.20
Withdrawals / Misc Debits	3	32,675.01
** Ending Balance	2/28/26	512,814.07 **

Service Charge	.00
Enclosures	3

DEPOSITS

Date	Deposits	Withdrawals	Activity Description
2/11	34,076.20		TULSA COUNTY/REMIT

CHECKS

* indicates skip in check numbers

Date	Check No.	Amount	Date	Check No.	Amount	Date	Check No.	Amount
2/18	2297	15,000.00	2/09	2298	17,466.68	2/24	2299	208.33

DAILY BALANCE SUMMARY

Date	Balance	Date	Balance	Date	Balance
2/09	493,946.20	2/18	513,022.40	2/24	512,814.07
2/11	528,022.40				

8002-00000



Statement Date: 2/27/26

PAGE 2

DO NOT ACCEPT UNLESS THIS CHECK IS PRINTED WITH A COLOR BACKGROUND CONTAINS A VOID PANTOGRAPH MICROPRINTING FACE AND BACK OF PAPER AND A WATERMARK ON THE REVERSE SIDE

GLENPOOL AREA EMERGENCY 01/93 **BancFirst** 002297
MEDICAL SERVICE DISTRICT
 12205 S. YUKON AVE. PH. 918-322-5409
 GLENPOOL, OK 74033-6635
 Glenpool, Oklahoma 39-363/1030

PAY --- FIFTEEN THOUSAND & 00/100 DOLLARS --- DATE 02/03/2026 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 *John Therman*
 BY *Wol Smith*
 AUTHORIZED SIGNATURES

⑆002297⑆ ⑆103003632⑆

DO NOT ACCEPT UNLESS THIS CHECK IS PRINTED WITH A COLOR BACKGROUND CONTAINS A VOID PANTOGRAPH MICROPRINTING FACE AND BACK OF PAPER AND A WATERMARK ON THE REVERSE SIDE

GLENPOOL AREA EMERGENCY 01/93 **BancFirst** 002298
MEDICAL SERVICE DISTRICT
 12205 S. YUKON AVE. PH. 918-322-5409
 GLENPOOL, OK 74033-6635
 Glenpool, Oklahoma 39-363/1030

PAY --- SEVENTEEN THOUSAND FOUR HUNDRED SIXTY SIX & DATE /100 DOLLARS CHECK AMOUNT 02/03/2026 \$****17,466.68

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

BY *John Therman*
 BY *Wol Smith*
 AUTHORIZED SIGNATURES

⑆002298⑆ ⑆103003632⑆

Number: 2297 Date: 2/18/2026 Amount: \$15000.00

Number: 2298 Date: 2/9/2026 Amount: \$17466.68

DO NOT ACCEPT UNLESS THIS CHECK IS PRINTED WITH A COLOR BACKGROUND CONTAINS A VOID PANTOGRAPH MICROPRINTING FACE AND BACK OF PAPER AND A WATERMARK ON THE REVERSE SIDE

GLENPOOL AREA EMERGENCY 01/93 **BancFirst** 002299
MEDICAL SERVICE DISTRICT
 12205 S. YUKON AVE. PH. 918-322-5409
 GLENPOOL, OK 74033-6635
 Glenpool, Oklahoma 39-363/1030

PAY TWO HUNDRED EIGHT & 33/100 DOLLARS DATE 02/03/2026 CHECK AMOUNT \$***** 108.33

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

BY *Wol Smith*
 BY *Wol Smith*
 AUTHORIZED SIGNATURES

⑆002299⑆ ⑆103003632⑆

Number: 2299 Date: 2/24/2026 Amount: \$208.33

4022-00000



PERIOD: 2/01/2026 - 2/28/2026

ACCOUNT: 31-1001 GEMS CASH IN BANK

RECONCILIATION SUMMARY

BEGINNING STATEMENT BALANCE:	511,412.88	GL ACCOUNT BALANCE:	512,397.41
DEPOSITS:	+ 34,076.20	OUTSTANDING DEPOSITS:	- 0.00
WITHDRAWALS:	+ 32,675.01CR	OUTSTANDING CHECKS:	- 416.66CR
ADJUSTMENTS:	+ 0.00	ADJUSTMENTS:	+ 0.00
ENDING STATEMENT BALANCE:	512,814.07	ADJUSTED GL ACCOUNT BALANCE:	512,814.07

STATEMENT BALANCE: 512,814.07
 BANK DIFFERENCE: 0.00
 G/L DIFFERENCE: 0.00

CLEARED DEPOSITS:

2/11/2026	JULY GEMS TAX DEP FROM TC	<u>34,076.20</u>
TOTAL CLEARED DEPOSITS:		34,076.20

=====

CLEARED CHECKS:

2/03/2026	002297	CENTURION HEALTH SYSTEMS, DBA M	15,000.00CR
2/03/2026	002298	CITY OF GLENPOOL - GEMS	17,466.68CR
2/03/2026	002299	JOSHUA M. BRANNON	<u>208.33CR</u>
TOTAL CLEARED CHECKS:			32,675.01CR

=====

CLEARED OTHER:

No Items.

31 -GEMS

ACCOUNT #	ACCOUNT DESCRIPTION	BALANCE	
<u>ASSETS</u>			
=====			
31-1001	GEMS CASH IN BANK	512,397.41	
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>540,831.47</u>
TOTAL ASSETS			540,831.47
			=====
<u>LIABILITIES</u>			
=====			
31-2001	ACCOUNTS PAYABLE	32,186.38	
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>32,186.38</u>
<u>EQUITY</u>			
=====			
31-3001	FUND BALANCE	<u>383,003.17</u>	
	TOTAL BEGINNING EQUITY	383,003.17	
TOTAL REVENUE		408,716.68	
TOTAL EXPENSES		<u>283,074.76</u>	
TOTAL REVENUE OVER/(UNDER) EXPENSES		125,641.92	
TOTAL EQUITY & REV. OVER/(UNDER) EXP.			<u>508,645.09</u>
TOTAL LIABILITIES, EQUITY & REV.OVER/(UNDER) EXP.			540,831.47
			=====

CITY OF GLENPOOL
 PRIOR YEAR ENCUMBRANCE FINANCIAL (UNAUDITED)
 AS OF: FEBRUARY 28TH, 2026

31 -GEMS
 FINANCIAL SUMMARY

% OF YEAR COMPLETED: 66.67

	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>34,076.20</u>	<u>0.00</u>	<u>408,716.68</u>	<u>0.00</u>	<u>29,179.32</u>	<u>93.34</u>
TOTAL REVENUES	437,896.00	34,076.20	0.00	408,716.68	0.00	29,179.32	93.34
	=====	=====	=====	=====	=====	=====	=====
<u>EXPENDITURE SUMMARY</u>							
GEMS	<u>437,896.00</u>	<u>65,069.72</u>	<u>0.00</u>	<u>283,074.76</u>	<u>0.00</u>	<u>154,821.24</u>	<u>64.64</u>
TOTAL EXPENDITURES	437,896.00	65,069.72	0.00	283,074.76	0.00	154,821.24	64.64
	=====	=====	=====	=====	=====	=====	=====
REVENUE OVER/ (UNDER) EXPENDITURES	0.00	(30,993.52)	0.00	125,641.92	0.00	0.00	0.00

31 -GEMS

% OF YEAR COMPLETED: 66.67

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>34,076.20</u>	<u>0.00</u>	<u>408,716.68</u>	<u>0.00</u>	<u>8,440.32</u>	<u>97.98</u>
TOTAL TAXES	417,157.00	34,076.20	0.00	408,716.68	0.00	8,440.32	97.98
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	34,076.20	0.00	408,716.68	0.00	29,179.32	93.34

** TOTAL REVENUES **	<u>437,896.00</u>	<u>34,076.20</u>	<u>0.00</u>	<u>408,716.68</u>	<u>0.00</u>	<u>29,179.32</u>	<u>93.34</u>
=====							

31 -GEMS

% OF YEAR COMPLETED: 66.67

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	30,000.00	0.00	135,000.00	0.00	45,000.00	75.00
31-6-01-6225 FIRST RESPONDER/ADMIN FEES	203,678.00	34,236.40	0.00	131,137.60	0.00	72,540.40	64.38
31-6-01-6235 CONTRACT SERVICES	13,800.00	833.32	0.00	7,873.98	0.00	5,926.02	57.06
31-6-01-6236 AUDIT FEES	25,918.00	0.00	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	65,069.72	0.00	280,009.18	0.00	143,386.82	66.13
<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	65,069.72	0.00	283,074.76	0.00	154,821.24	64.64
<hr/>							
TOTAL EXPENDITURES	437,896.00	65,069.72	0.00	283,074.76	0.00	154,821.24	64.64
=====							
REVENUE OVER/(UNDER) EXPENDITURES	0.00	(30,993.52)	0.00	125,641.92	0.00	(125,641.92)	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	5.6%	7.0%	6.1%	5.4%	4.6%	5.9%	4.6%
January	85.6%	91.3%	90.0%	91.3%	85.8%	80.3%	80.8%
February	93.3%	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 February 28, 2026 GEMS received 93.3% of tax revenue originally budgeted.
 In other words, \$40,716.68 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 2027
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:	02 May 2027
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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:	31 March 2027	Exp. Date:	31 July 2028
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1-IV Bag	Exp. Date:	31 March 2028
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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:	17 December 2026	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:	21 July 2027
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:	31 March 2027	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 2026	Exp. Date: 31 March 2026
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: 30 September 2026
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:		
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="838"/> | New Seal: | <input type="text" value="001"/> |
| Exp.: | <input type="text" value="31 March 2027"/> | Exp.: | <input type="text" value="31 March 2028"/> |
- 2 IV bags
- 2 IV/IO drop admin sets
-

Center Pocket

- | | | | |
|-------|--|-----------|--|
| Seal: | <input type="text" value="828"/> | New Seal: | <input type="text" value="002"/> |
| Exp.: | <input type="text" value="09 October 2026"/> | Exp.: | <input type="text" value="09 October 2026"/> |
- 2-Asherman chest seals
- 2- 4X4 Gauze
- 1-Roll white duct tape
- 1-Tactical Tourniquet
- 3- 5X9 Gauze
- 2-Rolls Coban
- 2- Ice packs
- 2- Stretch Gauze

Center Pocket Cont.

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

Bottom Right Pocket

Seal:

850

New Seal:

003

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

Bottom Left Pocket

Seal:

856

New Seal:

004

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

Bop Right Pocket: (Ped/Infant)

Seal:

871

New Seal:

005

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

Exp.:

06 July 2028

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:	29 May 2028	Exp. Date:	29 May 2028
2-18g IV	Exp. Date:	24 May 2027	Exp. Date:	24 May 2027
2-20g IV	Exp. Date:	29 August 2027	Exp. Date:	29 August 2027
2-22g IV	Exp. Date:	15 April 2027	Exp. Date:	15 April 2027
2-24g IV	Exp. Date:	25 October 2027	Exp. Date:	25 October 2027
4-Saline Flushes	{ Exp. Date:	15 April 2027	Exp. Date:	05 June 2027
	{ Exp. Date:	25 April 2026	Exp. Date:	01 April 2026
2-IV Start Kits		<input checked="" type="checkbox"/>		
2-EZ Stabilizers	Exp. Date:	02 May 2027	Exp. Date:	21 September 2026
2-45mm 15g IO Needle Set	Exp. Date:	30 June 2026	Exp. Date:	30 June 2026
2-25mm 15g IO Needle Set	Exp. Date:	31 May 2026	Exp. Date:	30 September 2026
1-IV Bag	Exp. Date:	30 June 2027		
1 Pressure Bag		<input checked="" type="checkbox"/>		

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:	06 May 2027	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:	31 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:	30 September 2026	
1 - Roll Med Tape	<input checked="" type="checkbox"/>		

LIFEPAK MONITOR

Pedi AED Pads	Exp. Date:	22 March 2026	NC Capno	<input checked="" type="checkbox"/>
Child/ Adult AED Pads	Exp. Date:	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)

2 IV bags

2 IV/IO drop admin sets

Seal:

007

New Seal:

006

Exp.:

31 March 2027

Exp.:

31 March 2028



Center Pocket

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

Seal:

811

New Seal:

008

Exp.:

31 October 2026

Exp.:

31 October 2026



Exp.:

30 November 2028

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:

825

New Seal:

009

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

Bottom Left Pocket

Seal:

801

New Seal:

010

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

Top Right Pocket: (Ped/Infant)

Seal:

890

New Seal:

011

- 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



GLENPOOL AREA EMERGENCY MEDICAL SERVICE
DISTRICT
 MEETING MINUTES
 MARCH 16, 2026

COUNCIL PRESENT:	Tim Fox, Jaci Triplett-Lund, Joyce Calvert, Chris Brobst, Shayne Buchanan
COUNCIL ABSENT:	
STAFF PRESENT:	David Tillotson, LeaAnn Reed, David Agbetunsin, Lesli Smith, Josh Brannon.
STAFF ABSENT:	

- A) **Call to Order - Joyce G. Calvert, Chair**
Chair Calvert called the special meeting to order at 6:59 p.m.
- B) **Roll Call, Declaration of a Quorum - Lesli Smith, City Clerk; Joyce G. Calvert, Chair**
Lesli Smith called the roll; Chair Calvert declared a quorum present. Eric Wade, Attorney, of Rosenstein, Fist & Ringold, were also in attendance.
- C) **Public Comments**
There were no public comments.
- D) **Consideration and appropriate action relating to a request for approval of the Consent Agenda.**
 - 1) To approve the minutes from the March 3,2026, meeting.

Moved by Jaci Triplett-Lund, seconded by Tim Fox

For	Against
Tim Fox, Jaci Triplett-Lund, Joyce Calvert, Chris Brobst, Shayne Buchanan	None
5	0

Abstained	Absent
None	

0	
---	--

To approve the consent agenda.

CARRIED.

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

No items were removed from the consent agenda.

F) **Scheduled Business**

- 1) Discussion and possible action to approve or deny renewal of the agreement with Centurion Health Systems, dba Mercy Regional Ambulance Services and the City of Glenpool to provide ambulance services to the Glenpool Area Emergency Medical Service District.

Moved by Chris Brobst, seconded by Joyce Calvert

For	Against
Tim Fox, Jaci Triplett-Lund, Joyce Calvert, Chris Brobst, Shayne Buchanan	None
5	0

Abstained	Absent
None	
0	

To approve renewal of the agreement to include the 5% increase starting July 1,2026, with Centurion Health Systems, dba Mercy Regional Ambulance Services and the Glenpool Area Emergency Medical Services District (GEMS) to provide ambulance services to the GEMS.

CARRIED.

G) **Adjournment**

The special meeting was adjourned at 7:01 p.m.

To: Honorable Chair and Trustees

From: Josh Brannon, Finance Director

Meeting Date: April 6, 2026

Department/Office: Finance

Item Name: Certificate and Order to Tulsa County Clerk and County Treasurer

Summary:

Tulsa County requires renewal of the Certificate and Order accompanied by a Treasurer's bond to be submitted upon expiration of the 2025-2026 bond. The attached renewal Certificate and Bond for Josh Brannon, Treasurer, will cover 2026-2027.

Recommended Action:

Staff recommends Board approval of the Certificate of Order and submittal to the Tulsa County Treasurer's office.

Budget:

Attachments:

1. Certificate and Municipal Order (Josh Brannon - GEMS)(2026)
2. Surety Bond (Josh Brannon) GEMS 03-30-26

**CERTIFICATE AND ORDER
TO COUNTY CLERK AND COUNTY TREASURER**

_____ Oklahoma, _____, 20__

To the County Clerk and County Treasurer of _____ County, Oklahoma.

We, the undersigned, presiding officer and Clerk of the Governing Board of (City, Town, Multi-County, Library, Board of Education, School District, (state which) _____ of _____

("Public Body") in said County, State of Oklahoma, hereby authorize you, from and after the date hereof, for the current term or for the remainder of such current term in case of appointment to fill vacancy, such authority to continue until the end of such term, and no longer, unless sooner revoked, to pay over any public funds collected for the aforesaid Public Body in accordance with the provisions of 68 Okl.St. Ann. § 2923, to _____ Address _____, Oklahoma as TREASURER of said Public Body for the term stated; and his legal qualifications for said office are hereby certified to be truly and correctly stated as follows:

- (1) Date Elected or Re-elected _____ 20__;
- (2) Date Appointed or Re-Appointed _____, 20__ (Note 1);
- (3) Filed Surety Bond in sum of _____ Dollars (_____)
with _____ as Surety;
- (4) Bond Terms begins _____, 20__, and Expires/Renews _____, 20__;
- (5) Number of Bond _____;
- (6) Date Bond was approved by Governing Board _____, 20__ (if applicable); and
- (7) Said new Bond is in custody and control of _____ (Note 2), or was deposited with _____ for safekeeping.

Approved on _____, 20__ by _____ endorsement made.

Signed and Certified at _____, Oklahoma, this _____ day of _____, 20__.

Presiding Officer

Official Title

**ATTESTING
OFFICER'S SEAL**

ATTEST:

Attesting Officer

Official Title

Note 1: Where Treasurer is appointed for an indefinite term, provide the original date of appointment. This form must be submitted annually even if Treasurer is appointed for an indefinite term, and must be submitted at any time a bond renews or the named Surety changes.

Note 2: Treasurer should not have custody of his own bond. If Financial Secretary of City serves both as Clerk and Treasurer, Mayor or other chief officer should have custody.

Note 3: See 11 Okl.St. Ann. § 8-105, requiring bond for Treasurer of a municipality; 70 Okl.St. Ann §§ 5-114 & 5-115 requiring bond for Treasurer of a Board of Education; and 65 Okl.St. Ann. § 4-105 requiring bond for Multi-County Library.

**CERTIFICATE AND
ORDER**

OF _____
Name of Public Body

County of _____

State of Oklahoma, to the County Clerk and
County Treasurer

Qualifying _____

_____ Okla.,
as Treasurer of said Public Body.

Received and Filed this _____ day of
_____ 20 _____

County Clerk- County Treasurer

Deputy

Amount of Bond _____

Date of Bond _____ 20 _____

Bond Expires/Renews _____ 20 _____

SURETIES



Western Surety Company

CONTINUATION CERTIFICATE

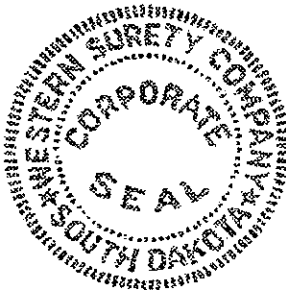
Western Surety Company hereby continues in force Bond No. 67044242 briefly described as TREASURER/FINANCE DIRECTOR -GLENPOOL AREA EMERGENCY MEDICAL SERVICE DISTRICT (GEMS) CITY OF GLENPOOL, for JOSHUA MICHAEL BRANNON, as Principal, in the sum of \$ FIFTY THOUSAND AND NO/100 Dollars, for the term beginning March 30, 2026, and ending March 30, 2027, subject to all the covenants and conditions of the original bond referred to above.

This continuation is issued upon the express condition that the liability of Western Surety Company under said Bond and this and all continuations thereof shall not be cumulative and shall in no event exceed the total sum above written.

Dated this 29th day of December, 2025.

WESTERN SURETY COMPANY

By Larry Kasten
Larry Kasten, Vice President



THIS "Continuation Certificate" MUST BE FILED WITH THE ABOVE BOND.

Western Surety Company

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS:

That WESTERN SURETY COMPANY, a corporation organized and existing under the laws of the State of South Dakota, and authorized and licensed to do business in the States of Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, Wyoming, and the United States of America, does hereby make, constitute and appoint

Larry Kasten of Sioux Falls,
State of South Dakota, its regularly elected Vice President,
as Attorney-in-Fact, with full power and authority hereby conferred upon him to sign, execute, acknowledge and deliver for and on its behalf as Surety and as its act and deed, the following bond:

One TREASURER/FINANCE DIRECTOR -GLENPOOL AREA EMERGENCY MEDICAL SERVICE
DISTRICT (GEMS) CITY OF GLENPOOL
bond with bond number 67044242

for JOSHUA MICHAEL BRANNON
as Principal in the penalty amount not to exceed: \$50,000.00

Western Surety Company further certifies that the following is a true and exact copy of Section 7 of the by-laws of Western Surety Company duly adopted and now in force, to-wit:

Section 7. All bonds, policies, undertakings, Powers of Attorney, or other obligations of the corporation shall be executed in the corporate name of the Company by the President, Secretary, any Assistant Secretary, Treasurer, or any Vice President, or by such other officers as the Board of Directors may authorize. The President, any Vice President, Secretary, any Assistant Secretary, or the Treasurer may appoint Attorneys-in-Fact or agents who shall have authority to issue bonds, policies, or undertakings in the name of the Company. The corporate seal is not necessary for the validity of any bonds, policies, undertakings, Powers of Attorney or other obligations of the corporation. The signature of any such officer and the corporate seal may be printed by facsimile.

This Power of Attorney may be signed by digital signature and sealed by a digital or otherwise electronic-formatted corporate seal under and by the authority of the following Resolution adopted by the Board of Directors of the Company by unanimous written consent dated the 27th day of April, 2022:

"RESOLVED: That it is in the best interest of the Company to periodically ratify and confirm any corporate documents signed by digital signatures and to ratify and confirm the use of a digital or otherwise electronic-formatted corporate seal, each to be considered the act and deed of the Company."

In Witness Whereof, the said WESTERN SURETY COMPANY has caused these presents to be executed by its Vice President Larry Kasten with the corporate seal affixed this 29th day of December, 2025

ATTEST

L. Bauder
L. Bauder, Assistant Secretary



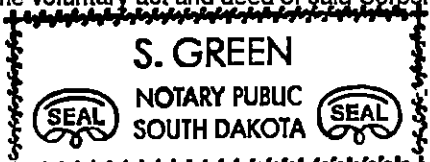
WESTERN SURETY COMPANY

Larry Kasten
Larry Kasten, Vice President

STATE OF SOUTH DAKOTA }
COUNTY OF MINNEHAHA } ss

On this 29th day of December, 2025, before me, a Notary Public, personally appeared Larry Kasten and L. Bauder

who, being by me duly sworn, acknowledged that they signed the above Power of Attorney as Vice President and Assistant Secretary, respectively, of the said WESTERN SURETY COMPANY, and acknowledged said instrument to be the voluntary act and deed of said Corporation.



S. Green
Notary Public

My Commission Expires February 12, 2027

To validate bond authenticity, go to www.cnasurety.com > Owner/Obligee Services > Validate Bond Coverage.





Western Surety Company

The State of Oklahoma requires we notify you of the following:

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

To: Honorable Chair and Trustees
From: Lesli Smith, City Clerk
Meeting Date: April 6, 2026
Department/Office: Administration
Item Name: Trustee Appointment

Summary:

The EMS District was established under Section 9C, Article X of the Oklahoma Constitution. Trustees are appointed by the County Commission to serve five-year terms. Trustee Jacqueline Triplett-Lund's current term is set to expire on May 31, 2026. The Tulsa County Commission has requested a recommendation from the Glenpool City Council and the GEMS Board of Trustees regarding the reappointment of Trustee Jacqueline Triplett-Lund for an additional five-year term, to expire on May 31, 2031.

Recommended Action:

Staff recommends approving the recommendation to the Tulsa County Board of Commissioners to reappoint Jacqueline Triplett - Lund to the GEMS Board of Trustees for a term ending May 31, 2031.

Budget:

N/A

Attachments:

None

To: Honorable Chair and GEMS District Board Members

From: Josh Brannon, Finance Director

Meeting Date: April 6, 2026

Department/Office: Finance

Item Name: To approve the purchase orders receiving report and payment claims as of 3/31/2026 totaling \$33,944.70.

Summary:

To approve the purchase orders receiving report and payment claims as of 3/31/2026 totaling \$33,944.70.

Recommended Action:

Staff recommends a motion to accept the PO Receipt Register report dated 3/31/2026 and approve the following payments:

PO #	Account	Vendor	Description	Inv#	Amount
26-23707	31-6-01-6210	Centurion Health Systems	Ambulance Service Apr 2026	3489	\$15,000.00
26-23708	31-6-01-6225	City of Glenpool	1st Responder Mar 2025	MAR2026	\$17,002.04
26-23709	31-6-01-6206	IMS, Inc.	Nitrile Gloves	#1007	\$1,526.00
26-23710	31-6-01-6235	Lesli Smith	District Clerk	LS032026	\$208.33
26-23711	31-6-01-6235	Joshua Brannon	District Treasurer	JB032026	\$208.33
Total					\$33,944.70

Budget:

Attachments:

1. GEMS Packet 04-06-26

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	3489	4/06/2026	31	15,000.00	15,000.00
31-000005	CITY OF GLENPOOL - GEMS	22020263292026	4/06/2026	31	17,002.04	17,002.04
31-000021	IMS, INC.	1007	4/06/2026	31	1,526.00	1,526.00
31-000033	JOSHUA M. BRANNON	JB32026	4/06/2026	31	208.33	208.33
31-000032	LESLI SMITH	LS032026	4/06/2026	31	208.33	208.33
TOTALS					33,944.70	33,944.70

APPROVED

BY

 Joyce G. Calvert, April 6, 2026

PURCHASE ORDER CLAIM REGISTER
 SUMMARY REPORT

PURCHASE ORDER	DESCRIPTION	VENDOR #	VENDOR NAME	DATE INVOICE	AMOUNT
DEPARTMENT: 01 - NON-DEPARTMENTAL					
26-23707	MERCY REGIONAL AMB APRIL	31-000004	CENTURION HEALTH SYSTEMS, DBA	4/2026 3489	15,000.00
26-23708	1ST RESPONDER INVOICE	31-000005	CITY OF GLENPOOL - GEMS	4/2026 22020263292026	17,002.04
26-23709	GEMS GLOVES FOR FIRE DEPT	31-000021	IMS, INC.	4/2026 1007	1,526.00
26-23710	GEMS DIST CLERK SMITH 4/2	31-000032	LESLI SMITH	4/2026 LS032026	208.33
26-23711	GEMS DIST TREA BRANNON 4/	31-000033	JOSHUA M. BRANNON	4/2026 JB32026	208.33
DEPARTMENT TOTAL:					33,944.70
FUND TOTAL:					33,944.70
GRAND TOTAL:					33,944.70

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 # 26-23707 03/31/2026

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.

03/31/2026

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. 03/31/2026

PURCHASING OFFICER

DATE

ENCUMBERING OFFICER

DATE

UNITS	DESCRIPTION	INV PART NUMBER	REQUEST	G/L ACCOUNT	PROJ	PRICE	AMOUNT
0.00	MERCY REGIONAL AMB APRIL 2026 INVOICE NO. 3489 MERCY REGIONAL AMB APRIL 2026		00041975	31 -6-01-6210		0.00	15,000.00 *

*** TOTAL ** 15,000.00

*** APPROVAL FOR PURCHASE ***

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

OFFICER OR DEPARTMENT HEAD IN CHARGE

DATE

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

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

Reg 00041975

Mercy Regional Oklahoma

Invoice

P.O. Box 2398
Owasso, OK 74055

Date	Invoice #
3/11/2026	3489

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 April 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 # 26-23708 03/31/2026

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.

03/31/2026

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. 03/31/2026

PURCHASING OFFICER

DATE

ENCUMBERING OFFICER

DATE

UNITS	DESCRIPTION	INV PART NUMBER	REQUEST	G/L ACCOUNT	PROJ	PRICE	AMOUNT
0.00	FIRST RESPONDER 1ST RESPONDER INVOICE		00041990	31 -6-01-6225		0.00	17,002.04 *

*** TOTAL ** 17,002.04

*** APPROVAL FOR PURCHASE ***

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

OFFICER OR DEPARTMENT HEAD IN CHARGE

DATE

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



INVOICE

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

Customer Number: 01-0172

Invoice Number: 22020263292026

Invoice Date: 3/31/2026

Due Date: 4/28/2026

P.O. # :

TREASURER
 GEMS-
 12205 S YUKON AVE
 GLENPOOL OK 74033

ITEM DESCRIPTION	UNITS	TYPE	PRICE	AMOUNT
1ST RESPDRS 2/20/26-3/26/2026	N/A	MONTH	N/A	17,002.04
2/20/2026-3/29/2026				
*****THANK YOU*****			TOTAL DUE	\$17,002.04

REQ # 00041990

II-6-01-6225

GEMS ADMIN/FIRST RESPONDER REIMBURSEMENTS
2/20/2026-3/29/2026

TOTAL RUNS	221
EMR RUNS	144
FIRE RUNS	77
EMR RATIO	65.16%
RUN RATE	\$116.16
AMDIN	\$275.00
OVERTIME	

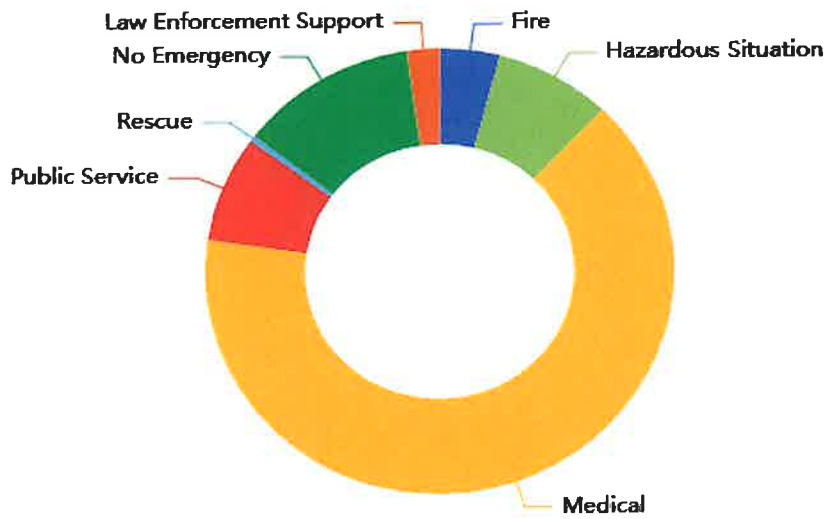
TOTAL	\$17,002.04
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Glenpool Fire Department Operations February 2026

2/20/26-3/29/26

GEMS

Run Type	# of Calls	Totals Calls
EMS Runs	144	221
Fire Runs	77	
Overlapping	41	



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 # 26-23709 03/31/2026

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.

03/31/2026

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. 03/31/2026

PURCHASING OFFICER

DATE

ENCUMBERING OFFICER

DATE

UNITS	DESCRIPTION	INV PART NUMBER	REQUEST	G/L ACCOUNT	PROJ	PRICE	AMOUNT
0.00	GEMS GLOVES FOR FIRE DEPT INVO. NO. 1007 GEMS GLOVES FOR FIRE DEPT		00041976	31 -6-01-6202		0.00	1,526.00 *

*** TOTAL ** 1,526.00

*** APPROVAL FOR PURCHASE ***

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

OFFICER OR DEPARTMENT HEAD IN CHARGE

DATE

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

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

Reg 00041976

ESTIMATE

IMS, Inc.
12311 S 74th East Ave
Bixby, OK 74008-5852

admin@imssupplies.com
+1 (800) 476-9657

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

Ship to
Max Wilson
Glenpool Fire Dept
12205 S YUKON AVE
GLENPOOL, OK 74033-6635 US

Estimate details
Estimate no.: 1007
Estimate date: 02/25/2026

PO Number: Quote

#	Product or service	Description	Qty	Rate	Amount
1.	NPFT2650-CS	NPFT2650 Surecare Powder Free Black Nitrile Gloves, X-Large CASE	14	\$109.00	\$1,526.00
2.	Sales Tax	Sales Tax calculated by AvaTax for 3697-V2 at Wed Feb 25 07:59:07 UTC 2026	1	\$0.00	\$0.00
				Total	\$1,526.00

Accepted date

Accepted by

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 # 26-23710 03/31/2026

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

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

I HEREBY APPROVE THE ISSUANCE OF THIS PURCHASE ORDER.

03/31/2026

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. 03/31/2026

PURCHASING OFFICER

DATE

ENCUMBERING OFFICER

DATE

UNITS	DESCRIPTION	INV PART NUMBER	REQUEST	G/L ACCOUNT	PROJ	PRICE	AMOUNT
0.00	GEMS DIST CLERK SMITH 4/2026 INVO. NO LS03202026 GEMS DIST CLERK SMITH 4/2026		00041974	31 -6-01-6235		0.00	208.33 *

** TOTAL **

208.33

*** APPROVAL FOR PURCHASE ***

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

OFFICER OR DEPARTMENT HEAD IN CHARGE

DATE

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

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

Req# 00041974

INVOICE

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

INVOICE #: LS032026
DATE: 4/6/2026

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

<u>Description</u>	<u>Amount</u>
Contract Fees & Services	
MARCH 2026	\$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 # 26-23711 03/31/2026

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.

03/31/2026

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. 03/31/2026

PURCHASING OFFICER

DATE

ENCUMBERING OFFICER

DATE

UNITS	DESCRIPTION	INV PART NUMBER	REQUEST	G/L ACCOUNT	PROJ	PRICE	AMOUNT
0.00	GEMS DIST TREA BRANNON 4/2026 INV NO. JB032026 GEMS DIST TREA BRANNON 4/2026		00041973	31 -6-01-6235		0.00	208.33 *

** TOTAL **

208.33

*** APPROVAL FOR PURCHASE ***

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

OFFICER OR DEPARTMENT HEAD IN CHARGE

DATE

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

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

Reg # 00041973

INVOICE

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

INVOICE #: JB032026

DATE: 4/6/2026

6BILL 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	
MARCH 2026	\$208.33

Total **\$208.33**

If you have any questions concerning this invoice, Joshua Brannon / 918-209-4628 / Email:
Jbrannon@cityofglenpool.com