



## Notification to Store Records Off Site

*This form may only be used by non-pharmacy terminal distributors of dangerous drugs (clinics, animal shelters, laboratories, etc.). It must be submitted using the document upload feature on the Board of Pharmacy website: [www.pharmacy.ohio.gov/upload](http://www.pharmacy.ohio.gov/upload). Be sure to select "Off-Site Storage of Records" as the document type.*

Name of Licensee	TDDD License No.
Street Address	Name of Responsible Person (RP)
City	RP Contact Phone (xxx-xxx-xxxx)
Zip Code	RP E-Mail Address

**What is the name and address of the off-site storage facility where the licensee intends to store records of accountability?**

Name of off-site storage facility		
Street Address	City	Zip

**Provide a brief explanation of why you need to utilize off-site storage and how you intend to secure the records stored off-site.**

*This form must be submitted using the document upload feature on the Board of Pharmacy website: [www.pharmacy.ohio.gov/upload](http://www.pharmacy.ohio.gov/upload).*

