



Request to Store Records Off Site

Board of Pharmacy rules require drug distributors ***located in this state*** intending to maintain records at a location other than the place licensed by the State Board of Pharmacy must notify the Board. Any such alternate location shall be secured and accessible only to representatives or contractors of the wholesale distributor. **This form must be submitted prior to the movement of records off-site.**

A distributor of dangerous drugs includes the following license types: manufacturer of dangerous drugs, outsourcing facility, third-party logistics provider, repackager of dangerous drugs and wholesale distributor of dangerous drugs (includes broker and virtual wholesaler).

This form must be submitted using the document upload feature on the Board of Pharmacy website: www.pharmacy.ohio.gov/upload. Make sure to select "Off-Site Storage of Records" as the document type.

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

Be advised that the licensee and RP on the license is responsible for maintaining and securing all records regardless of where they are stored.

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.

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