



Notification to Store Records Off Site

This form may only be used by in-state **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. 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.

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