



Request to Store Records Off Site

Board of Pharmacy rules require all in-state licensees to obtain permission to store any required records off-site. This form 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.

| | |
|-----------------------|--|
| 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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