



### 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](http://www.pharmacy.ohio.gov/upload). Be sure to select "OffSite Storage of Records" as the document type.*

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

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

<b>Name of off-site storage facility</b>		
<b>Street Address</b>	<b>City</b>	<b>Zip</b>

**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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