

**Pharmacy Requesting Off-Site Record Storage**

Pharmacy: \_\_\_\_\_

Permit #: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Records to be moved off-site:

Prescriptions \_\_\_\_\_

Dispensing Reports \_\_\_\_\_

Invoices \_\_\_\_\_

Inventory Records \_\_\_\_\_

Other Records (specify): \_\_\_\_\_

Age of Records: Greater than \_\_\_\_\_ years.

Storage location:

Facility name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Is the storage location climate controlled and protected from fire, water, or other potential damage? Yes:\_\_\_ No:\_\_\_

How will the storage location be secured? \_\_\_\_\_

Name(s) and titles of those with access (i.e. key) to storage location:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Person Making Request: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_