Completing your accessibility compliance report

You must complete the mandatory fields on each page before you can move to the next page. Mandatory fields are marked with an asterisk (*).

To start, save the form on your computer. Be sure to open the form with the latest version of Adobe Reader. You can save the form at any point in the process and return to it later. You may distribute the form within your organization for input before submitting.

You need the following to file your accessibility compliance report:

- · organization legal name
- 9-digit business number (BN9). This is the number that Canada Revenue Agency uses to identify your
 organization. You can find it on your federal or provincial tax return. If your organization does not have a business
 number (BN9), contact us to receive an AODA identifier to be used in place of a business number (BN9).
- organization category (Ontario Public Service/Ontario Legislative Assembly, Designated Public Sector, Business or Non-profit)

Note: If you select the wrong organization category, you may see questions that do not apply to you. You will need to correct the category and enter your data again to successfully submit your report.

- number of employees in your organization in Ontario
- name and contact information of your certifier (a director or senior officer with legal authority to say that the report is complete and accurate)

File for up to 20 organizations at once

You can use one form to file a report for up to 20 organizations. To do so, you need each organization's:

- · legal name
- business number (BN9) or AODA identifier
- · number of employees in Ontario
- · address

Each organization must have the same:

- organization category
- number of employees range (e.g. 20-49, 50+)
- · certifier
- · answers to all of the accessibility compliance questions

If not, you will need to complete a separate form for each organization.

Note: Users of assistive technology should pull up a list of buttons to get a list of the links on the form.

Begin your report

Follow these steps to complete your form:

1. Download and save the form

- · Download and save the form on your computer
- · Open the form with the latest version of Adobe Reader

2. Enter your organization's information

Enter your organization's information then select Next

3. Understand your requirements

• If you need information about the requirements, select the website link in **section B: Understand your accessibility requirements**. This will bring you to our website where you can see your requirements.

4. Certify your report

- Complete the Certifier Information section
- · The certifier must:
 - make sure all information on the form is complete and accurate
 - check the box to show they have authority to certify your organization
 - enter the certification date or select it from the drop-down calendar
- Enter your organization's primary contact. This is the person to be contacted if more information is needed. This person may be the certifier or a different person.

5. Answer the questions

- The questions on the form are based on the requirements that apply to your:
 - organization category
 - number of employees range
- Select **Yes** (if you are in compliance) or **No** (if you are not in compliance) for each question. You may add comments in the comment box below each question.
- Each report question has links to:
 - the regulation section that is related to that question
 - helpful resources to help you understand and comply with the requirements
- Once you have answered all of the questions, select Save form at the bottom of the page before selecting Next
- Review the accessibility compliance report summary.

6. Submit your report

- You may save the form at any time by selecting the Save form button. When you are ready to submit your
 report, select the Save and Submit button. You will be prompted to save the form on your computer first
 and then it will be submitted.
- Wait for a confirmation prompt with a confirmation number that either confirms submission or indicates any problems.
- Once the report is received, an email will be sent to the Certifier and the Primary Contact. This email will include:
 - a confirmation number
 - an accessible PDF copy of your report

If you have not received a confirmation number upon successfully submitting the form or have any questions, please contact the AODA Contact Centre (ServiceOntario) at:

Toll free phone: 1-866-515-2025 TTY Toll free: 1-800-268-7095

Phone: 416-849-8276 TTY: 416-325-3408

Alternate formats

If you need the accessibility compliance report in an alternate format, please email accessibility@ontario.ca.



Fields marked with an asterisk (*) are mandatory.

2023 Accessibility Compliance Report

Instructions

All information you provide is subject to the Freedom of Information and Protection of Privacy Act.

If you are a public sector organization with **20 or more employees** that is not designated under the Integrated Accessibility Standards Regulation (IASR) you are to comply with the IASR as a private/not-for-profit organization and complete the appropriate Accessibility Compliance Report. If you are a public sector organization with **fewer than 20 employees** that is not designated under the IASR, you are to comply with the IASR as a small business/non-profit organization and are exempt from the requirement to submit a report.

	•		•		
A. Organizatio	n information				
Organization cate	ganization category * Number of employees ra		oyees range *	Reporting year	
Business or No	n-profit		50+ employees	;	2023
Business details					
Organization legal name * Number of employees in Ontario *					f employees in Ontario * Help
Pusings numbo	r /DNO) *				
Business numbe	r (BN9) * <u>Help</u>				
Check if opera	ating/business nam	e is same as	s legal name		
	erating/business nar		o logal flamo		
organization ope	raing, saon 1000 nai				
Sector that best	describes your orga	nization's pi	incipal business activity *	<u>Help</u>	
Subsector (if pos	sible)				
Industry group (if	possible)				
Mailing addres					
	etters can be sent to	the person	responsible for coordinating the	organization's A	ODA compliance activities.
Country *					
The fields below	will change based o	on your sele	ction.		
Canada	\bigcirc (JSA	○ Inter	national	
Type of address	* Street addre	ss () Street address served by route	Other	
Unit number	Street number *	Street nam	<u> </u>		
Offic Harriber	Oli Cet Hamber	Olicot Hall			
Street type	Street direction		City *		Province *
71					
Postal code (e.g.	A1A 1A1) *				
Business add	ress				
(Address at which	n letters can be sent	to the comp	any director/officer accountable for	r the organizatio	n's compliance with the AODA.)
Check if busing	ness address is sam	ne as mailing	g address		

Country *							
The fields below	will change based o	n your sele	ction.				
CanadaUSA			◯ International				
Type of address	* Street addre	ss (Street address served by route	Other			
Unit number	Street number *	Street nam	ne *				
Street type	Street direction		City *		Province *		
Postal code (e.g. A1A 1A1) *							

Use the "Add new organization" button to add additional organizations to which this accessibility report is to be applied (maximum 20).

Note: All organizations must have the same organization category, number of employees range, compliance answers and certifier, and have different business numbers, in order to file under the same form.



2023 Accessibility compliance report

Organization category					
Number of employees range					
Filing organization legal name	9				
Fields marked with an asteris	k (*) are mandatory.				
B. Understand your acces	ssibility requireme	nts			
	•	accessi	sibility requirements at ontario.ca/accessibility		
Additional accessibility requirem • a library board	ents apply if you are:				
• a producer of edu	cation material (e.g. tex	tbooks))		
• an education instit	tution (e.g. school board	l, colleg	ge, university or school)		
• <u>a municipality</u>					
If you are a municipality submitti	ng this report, and subr	nitting c	on behalf of local boards, please indicate which boards below.		
C. Accessibility compliant Section 15 of the Accessibility for			ct, 2005 requires that accessibility reports include a statement		
			nd is accurate, signed by a person with authority to bind the		
Note: It is an offence under the	Act to provide false or n	nisleadii	ling information in an accessibility report filed under the AODA.		
The certifier may designate a protherwise the certifier will be the		nistry fo	or Seniors and Accessibility to contact the organization(s);		
Certifier: Someone who can leg	ally bind the organization	on(s).			
Primary Contact: The person w	ho will be the main con	tact for	r accessibility issues.		
Acknowledgement					
☐ I certify that all the information is accurate and I have the authority to bind the organization *					
Certification date (yyyy-mm-dd)	Certification date (yyyy-mm-dd) * 2023/08/08				
Certifier information					
Last name *			First name *		
Position title *	Business phone number 416-863-1188	er* Ex	Extension		

Email *		Alternate ph	one number	Extension	Fax numbe	r
Primary contact for the org	janization(s)					
Check if the primary contact	is same as the certifier					
Last name * Overend		First name *	Lo	ori		
Position title * Director, HR	Business phone number * 416-863-1188	Extension	Check her	re		
Email * loverend@torkini	manes.com	Alternate ph	one number	Extension	Fax numbe	r
D. Accessibility complian	ce report questions					
Instructions Please answer each of the follow If you need help with a specific quiew the relevant AODA regulation	uestion, click the help links w	hich will open in	a new brows	er window. U	lse the link o	•
General						
Has your organization created accessibility by meeting all ap					○ Yes	○ No
Read O. Reg. 191/11, s. 3 (1): E	stablishment of accessibility p	oolicies <u>Le</u>	earn more abo	out your requi	irements for	question 1
question 1	ished and implemented a mul	lti voor geeggib	ilitumlan2*		0.74	
Has your organization establ (If Yes, please answer addition		ni-year accessio	ility pian?			○ No
Read O. Reg. 191/11, s. 4 (1): A	ccessibility plans	<u>Le</u>	arn more abo	out your requi	irements for	question 2
2.a. Does your organization (If Yes, please answer						○ No
Read O. Reg. 191/11, s. 4 (1): Accessibility plans	Le	arn more abo	out your requi	irements for	question 2.a
Comments for question 2.a						
2.a.i Is your organizati	on's accessibility plan posted	on your organiz	ation's websi	te? *	○Yes	○ No
Read O. Reg. 191/11, s Comments for question 2.a.i	s. 4 (1): Accessibility plans	<u>Lea</u>	rn more abou	t your require	ements for qu	uestion 2.a.i

	2.a.ii Does your organization prov when requested? *	vide the accessibility plan in ar	accessible format	○ Yes	○No
	Read O. Reg. 191/11, s. 4 (1): Ac	ccessibility plans	Learn more about your require	ments for qu	uestion 2.a.ii
	Comments for question 2.a.ii				
	2.b Does your organization update th	e accessibility plan at least on	ce every 5 years? *	○ Yes	○ No
	Read O. Reg. 191/11, s. 4 (1): Accessi	bility plans	Learn more about your require	ements for q	uestion 2.b
	Comments for question 2.b				
3.	Does your organization provide approp	riate training on: *			
Re	ead O. Reg. 191/11, s. 7 (1): Training		Learn more about your requi	rements for o	question 3
	3.a. The AODA Integrated Accessibility	ty Standards Regulation? *		○Yes	○No
	Read O. Reg. 191/11, s. 7 (1): Training	1	Learn more about your requi	rements for o	question 3.a
	Comments for question 3.a				
	3.b The Human Rights Code as it per	rtains to people with disabilities	s? *	○ Yes	○ No
	Read O. Reg. 191/11, s. 7 (1): Training	1	Learn more about your require	ements for q	uestion 3.b
	Comments for question 3.b				

ln	formation and communications		
4.	Does your organization have a process for receiving and responding to feedback that is accessible to people with disabilities? * Note: This requirement is applicable regardless of whether customers are permitted on your premises. (If Yes, please answer an additional question)	○ Yes	○ No
Re	ead O. Reg. 191/11, s. 11 (1): Feedback Learn more about y	our requirements	for question 4
	4.a. Does your organization notify the public about the availability of accessible formats and communications supports with respect to the feedback process? Note: This requirement is applicable regardless of whether customers are permitted on your premises. *	○ Yes	s O No
	Read O. Reg. 191/11, s. 11(2): Feedback Learn more about y	our requirements	for question 4.a
	Comments for question 4.a		
5.	Does your organization have one (or more) website(s) which it controls directly or indirectly ('controls' means that your organization is able to add, remove and/or modify content and functionality of the website)? * (If Yes, please answer an additional question)	○ Yes	○ No
Re	ead O. Reg. 191/11, s. 14: Accessible websites and web content Learn more about y	our requirements	for question 5
	5.a. Do all your organization's internet websites conform to World Wide Web Consortium Web Content Accessibility Guidelines 2.0 Level AA (except for live captions and prerecorded audio descriptions)? In the comments box, please list the complete names and address of your publicly available web content, including websites, social media pages, and apps. *	○ Ye	s () No
	Read O. Reg. 191/11, s. 14: Accessible websites and web content Learn more about y	our requirements	for question 5.a
	Comments for question 5.a		
Cı	ustomer Service		
6.	Does your organization provide training about providing goods, services or facilities to persons with disabilities to the following? * • Staff and volunteers • People involved in developing accessibility policies	○Yes	S O No
	 People providing goods, services or facilities on behalf of the organization (If Yes, please answer an additional question) 		
Re	ead O. Reg. 191/11, s. 80.49: Training for staff, etc. Learn more about y	our requirements	for question 6
	·		

6.a. Do	es the training inc	clude all of the follow	ving: *		○ Y	'es	○ No
•	A review of the p	ourposes of the AOD)A?				
•	A review of the p	ourposes of the Cust	tomer Service Stand	dards?			
•	How to interact a	and communicate wi	ith persons with vari	ous types of disability?			
•		•		n assistive device or rec the assistance of a sup	•		
•	How to use equipprovided by the p		elp with the provision	der's premises or othen n of goods, services or	wise		
٠		erson with a particu ovider's goods, serv		is having difficulty			
Read O.	Reg. 191/11, s. 8	30.49: Training for st	aff, etc.	Learn more abou	ut your requirements	s for o	uestion 6.a
Commer question							
disabilitie (If Yes, p	es, does your orga olease answer an	ruption of goods, se anization give a noti additional question)	ce of the disruption	to the public? *	Yes	○ I	
disabilitie (If Yes, p ead O. Reg	es, does your orga blease answer an g. 191/11, s. 80.4	anization give a noti additional question) 8 (1): Notice of temp	ce of the disruption oorary disruptions	to the public? * Learn more abou	ut your requirements	s for q	uestion 7
disabilitie (If Yes, p ead O. Reg	es, does your orga blease answer an g. 191/11, s. 80.4	anization give a noti additional question)	ce of the disruption oorary disruptions	to the public? * Learn more abou	G	s for q	
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8.	Does your organization ever require a person with a disability to be support person when on your premises? * (If Yes, please answer an additional question)	e accompanied by a	○ Yes	○ No
	ead O. Reg. 191/11, s. 80.47 (5): Use of service animals and	Learn more about your red	quirements for	question 8
su	pport persons			
	8.a. Does your organization do all of the following before requirir to be accompanied by a support person on your premises: *	0 1		○ No
	 Consult with the person with a disability? Determine a support person is necessary to protect the person with a disability or others on premises? 	health or safety of the		
	 Determine that there is no other way to protect the healt with a disability or others on premises? 	h or safety of the person		
	Read O. Reg. 191/11, s. 80.47 (5): Use of service animals and support persons	Learn more about your rec	quirements for	question 8.a
	Comments for question 8.a			
Er	mployment			
9.	Does your organization employ any persons with disabilities for w individualized workplace emergency response information? * (If Yes, please answer additional questions)	hom you have provided	○ Yes	○No
	ead O. Reg. 191/11, s. 27 (1): Workplace emergency response	Learn more about your red	quirements for	question 9
<u>IMI</u>	formation			
	9.a. Does your organization review the individualized workplace information for all of the following? *	emergency response		○ No
	 When the employee moves to a different location in the 	organization?		
	When the employee's overall accommodation needs or	plans are reviewed?		
	When your organization reviews its general emergency	policies?		
	Read O. Reg. 191/11, s. 27 (4): Workplace emergency response	Learn more about your red	uirements for	question 9.a
	information	•		
	Comments for question 9.a			

9.b.	Do any of the employees for whom your organization has pro- workplace emergency response information require assistant (If Yes, please answer additional questions)		○ Yes	○ No
<u>infor</u> Con	d O. Reg. 191/11, s. 27 (2): Workplace emergency response mation ments for stion 9.b	Learn more about your i	requirements for	question 9.b
	9.b.i Has your organization, with the employee's consent, p emergency response information to the person design assistance to the employee? *		○Yes	○ No
	Read O. Reg. 191/11, s. 27 (2): Workplace emergency response information Comments for question 9.b.i	Learn more about your re	quirements for q	uestion 9.b.i
	9.b.ii Was the individualized workplace emergency response soon as practicable after your organization became avaccommodation due to the employee's disability? *		○Yes	○No
	Read O. Reg. 191/11, s. 27 (3): Workplace emergency response information Comments for question 9.b.ii	Learn more about your re	quirements for q	uestion 9.b.i
Design	n of public spaces			
	e January 1, 2017, has your organization constructed new or rewing items? * Outdoor public use eating areas Outdoor play space Off-street parking Service counter Fixed queuing guides Waiting areas	edeveloped any of the)No No
	es, please answer additional questions) Reg. 191/11 Part IV.1: Design of public spaces standards	Learn more about your i	requirements for	question 10

10.a. Where applicable, do the newly constructed or redeveloped item requirements as outlined in the Design of Public Spaces Standar		○ Yes	○ No
Read O. Reg. 191/11 Part IV.1: Design of public spaces standards	Learn more about your requ	irements for	question 10.a
Comments for question 10.a			
10.b. Does your organization's multi-year accessibility plan include propreventative and emergency maintenance of the accessible elem spaces, and for dealing with temporary disruptions when access not in working order? *	nents in public	○ Yes	○ No
Read O. Reg. 191/11, s. 80.44: Maintenance of accessible elements	Learn more about your requ	irements for	question 10.l
Comments for question 10.b			



2023 Accessibility Compliance Report

E Acceptibility compliance report cumment
Fields marked with an asterisk (*) are mandatory.
Filing organization legal name
Number of employees range
Organization category

E. Accessibility compliance report summary

Your organization may be audited to verify compliance.

Completing your accessibility compliance report

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 organization. You can find it on your federal or provincial tax return. If your organization does not have a business
 number (BN9), contact us to receive an AODA identifier to be used in place of a business number (BN9).
- organization category (Ontario Public Service/Ontario Legislative Assembly, Designated Public Sector, Business or Non-profit)

Note: If you select the wrong organization category, you may see questions that do not apply to you. You will need to correct the category and enter your data again to successfully submit your report.

- number of employees in your organization in Ontario
- name and contact information of your certifier (a director or senior officer with legal authority to say that the report is complete and accurate)

File for up to 20 organizations at once

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 - the regulation section that is related to that question
 - helpful resources to help you understand and comply with the requirements
- Once you have answered all of the questions, select Save form at the bottom of the page before selecting Next
- Review the accessibility compliance report summary.

6. Submit your report

- You may save the form at any time by selecting the Save form button. When you are ready to submit your
 report, select the Save and Submit button. You will be prompted to save the form on your computer first
 and then it will be submitted.
- Wait for a confirmation prompt with a confirmation number that either confirms submission or indicates any problems.
- Once the report is received, an email will be sent to the Certifier and the Primary Contact. This email will include:
 - a confirmation number
 - an accessible PDF copy of your report

If you have not received a confirmation number upon successfully submitting the form or have any questions, please contact the AODA Contact Centre (ServiceOntario) at:

Toll free phone: 1-866-515-2025 TTY Toll free: 1-800-268-7095

Phone: 416-849-8276 TTY: 416-325-3408

Alternate formats

If you need the accessibility compliance report in an alternate format, please email accessibility@ontario.ca.



Fields marked with an asterisk (*) are mandatory.

2023 Accessibility Compliance Report

Instructions

All information you provide is subject to the Freedom of Information and Protection of Privacy Act.

If you are a public sector organization with **20 or more employees** that is not designated under the Integrated Accessibility Standards Regulation (IASR) you are to comply with the IASR as a private/not-for-profit organization and complete the appropriate Accessibility Compliance Report. If you are a public sector organization with **fewer than 20 employees** that is not designated under the IASR, you are to comply with the IASR as a small business/non-profit organization and are exempt from the requirement to submit a report.

A Organization	n information				
A. Organizatio			la de la constant	т	
Organization cate	• .		Number of employees range *		Reporting year
Business or No	•		50+ employees		2023
Business deta	_				
Organization lega	al name *			Number of	employees in Ontario * Help
Duainasa numba	- /DNO\ *				
Business number	r (BN9) * <u>Help</u>				
	ating/business name		s legal name		
Organization ope	rating/business nar	ne			
Sector that best of	describes your orga	nization's pr	rincipal business activity *	<u>Help</u>	
0.1	"				
Subsector (if pos	sible)				
Industry group (if	possible)				
Mailing addres					
Address where le	tters can be sent to	the person	responsible for coordinating the org	ganization's A	ODA compliance activities.
Country *					
The fields below	will change based o	n your sele	ction.		
Canada	\cap I	JSA	○ Interna	tional	
	<u> </u>		<u> </u>		
Type of address	* Street addre	ss () Street address served by route	Other	
Unit number	Street number *	Street nam	ie *		
Street type	Street direction		City *		Province *
Postal code (e.g.	A1A 1A1) *				
Business addı	ess				
(Address at which	letters can be sent	to the comp	any director/officer accountable for the	ne organizatior	's compliance with the AODA.)
Check if busin	ess address is sam	e as mailing	g address		

Country *					
The fields below will change based on your selection.					
Canada	\bigcirc (JSA	○ Interna	itional	
Type of address	* Street addre	ss (Street address served by route	Other	
Unit number	Street number *	Street nam	ne *		
Street type	Street direction		City *		Province *
Postal code (e.g.	A1A 1A1) *				

Use the "Add new organization" button to add additional organizations to which this accessibility report is to be applied (maximum 20).

Note: All organizations must have the same organization category, number of employees range, compliance answers and certifier, and have different business numbers, in order to file under the same form.



2023 Accessibility compliance report

Organization category					
Number of employees range					
Filing organization legal name					
Fields marked with an asteris	k (*) are mandatory.				
B. Understand your acces	ssibility requireme	nts			
Before you begin your report, yo	u can learn about your a	ccessibi	ility requireme	nents at ontario.ca/accessibility	
Additional accessibility requirements apply if you are: • a library board					
• a producer of edu	cation material (e.g. textl	oooks)			
an education institution	tution (e.g. school board,	college	e, university o	or school)	
• <u>a municipality</u>					
If you are a municipality submitti	ing this report, and subm	itting on	n behalf of loc	cal boards, please indicate which boards below.	
C. Accessibility compliar	nce report certificat	ion			
Section 15 of the <i>Accessibility for Ontarians with Disabilities Act</i> , 2005 requires that accessibility reports include a statement certifying that all the required information has been provided and is accurate, signed by a person with authority to bind the organization(s).					
Note: It is an offence under the	Act to provide false or m	isleadin	g information	n in an accessibility report filed under the AODA.	
The certifier may designate a primary contact for the Ministry for Seniors and Accessibility to contact the organization(s); otherwise the certifier will be the main contact.					
Certifier: Someone who can leg	ally bind the organization	n(s).			
Primary Contact: The person w	ho will be the main cont	act for a	ccessibility is	ssues.	
Acknowledgement					
☐ I certify that all the information is accurate and I have the authority to bind the organization *					
Certification date (yyyy-mm-dd)	* 2023/08/08				
Certifier information	-				
Last name *			First name *	*	
Position title *	Business phone numbe 416-863-118	I .	tension	Check here if TTY	

Email *			Alterna	te phone number	Extension	Fax numbe	r
Primar	y contact for the org	ganization(s)			1		
Chec	ck if the primary contact me * Overend	is same as the certifier	First na	ıme * Lori			
Position	title * Director, HR	Business phone number * 416-863-1188	Extension	Check her	re		
Email *	loverend@torkinmane	es.com	Alterna	te phone number	Extension	Fax numbe	r
D. Acc	essibility compliar	nce report questions				•	
If you ne	answer each of the followed	ving compliance questions. Us question, click the help links w ons and the link on the right to	hich will op	en in a new brows	er window. U	Jse the link o	•
Genera	al						
		d and implemented written pol plicable accessibility requiren				○Yes	○ No
Read O	. Reg. 191/11, s. 3 (1): E	stablishment of accessibility	<u>oolicies</u>	Learn more abo	out your requi	irements for	question 1
		lished and implemented a mu	lti-year acco	essibility plan? *		○ Yes	○ No
`	. Reg. 191/11, s. 4 (1): A	,		Learn more abo	out your requi	irements for	question 2
2.a.	Does your organization (If Yes, please answer					○Yes	○No
Rea	d O. Reg. 191/11, s. 4 (′	l): Accessibility plans		Learn more abo	out your requi	irements for	question 2.a
	nments for stion 2.a						
	2.a.i Is your organizat	ion's accessibility plan posted	on your or	ganization's websi	te? *	○ Yes	○ No
	Read O. Reg. 191/11, Comments for question 2.a.i	s. 4 (1): Accessibility plans		Learn more abou	t your require	ements for qu	uestion 2.a.i

	2.a.ii Does your organization prov when requested? *	ride the accessibility plan in ar	n accessible format	○ Yes	○No
	Read O. Reg. 191/11, s. 4 (1): Ac	cessibility plans	Learn more about your require	ements for qu	uestion 2.a.ii
	Comments for question 2.a.ii				
	2.b Does your organization update the	e accessibility plan at least on	ce every 5 years? *	○ Yes	○ No
	Read O. Reg. 191/11, s. 4 (1): Accessit	pility plans	Learn more about your requir	ements for q	uestion 2.b
	Comments for question 2.b				
3.	Does your organization provide appropr	riate training on: *			
Re	ead O. Reg. 191/11, s. 7 (1): Training		Learn more about your requi	rements for	question 3
	3.a. The AODA Integrated Accessibilit	y Standards Regulation? *		○Yes	○No
	Read O. Reg. 191/11, s. 7 (1): Training		Learn more about your requi	rements for	question 3.a
	Comments for question 3.a				
	3.b The Human Rights Code as it per	tains to people with disabilitie	s? *		○ No
	Read O. Reg. 191/11, s. 7 (1): Training		Learn more about your requir	ements for q	uestion 3.b
	Comments for question 3.b				

ln	nformation and communications		
4.	Does your organization have a process for receiving and responding to feedback that is accessible to people with disabilities? * Note: This requirement is applicable regardless of whether customers are permitted on your premises. (If Yes, please answer an additional question)	○Yes	○ No
Re		your requirements	for question 4
	4.a. Does your organization notify the public about the availability of accessible formats and communications supports with respect to the feedback process? Note: This requirement is applicable regardless of whether customers are permitted on your premises. *	○ Yes	S No
	Read O. Reg. 191/11, s. 11(2): Feedback Learn more about	your requirements	for question 4.a
	Comments for question 4.a		
5.	Does your organization have one (or more) website(s) which it controls directly or indirectly ('controls' means that your organization is able to add, remove and/or modify content and functionality of the website)? * (If Yes, please answer an additional question)	○ Yes	○ No
Re	ead O. Reg. 191/11, s. 14: Accessible websites and web content Learn more about	your requirements	for question 5
	5.a. Do all your organization's internet websites conform to World Wide Web Consortium Web Content Accessibility Guidelines 2.0 Level AA (except for live captions and prerecorded audio descriptions)? In the comments box, please list the complete names and address of your publicly available web content, including websites, social media pages, and apps. *		S No
	Read O. Reg. 191/11, s. 14: Accessible websites and web content Learn more about	your requirements	for question 5.a
	Comments for question 5.a		
Cı	sustomer Service		
6.	persons with disabilities to the following? * • Staff and volunteers • People involved in developing accessibility policies	○Yes	S ○ No
	 People providing goods, services or facilities on behalf of the organization (If Yes, please answer an additional question) 		
Re		your requirements	for question 6
	-	•	•

A			○ No
 A review of the purposes of the AODA? 			
A review of the purposes of the Customer Service Standard	ls?		
How to interact and communicate with persons with various	types of disability?		
 How to interact with persons with disabilities who use an ast the assistance of a guide dog or other service animal or the person? 	•		
 How to use equipment or devices available on the provider's provided by the provider that may help with the provision of facilities to a person with a disability? 	•		
 What to do if a person with a particular type of disability is h accessing the provider's goods, services or facilities? 	aving difficulty		
Read O. Reg. 191/11, s. 80.49: Training for staff, etc.	Learn more about you	<u>ır requirements for</u>	question 6.a
If there is a temporary disruption of goods, services or facilities used disabilities, does your organization give a notice of the disruption to the		○ Yes ○	No
(If Yes, please answer an additional question)	·		
	Learn more about you	ır requirements for	question 7
(If Yes, please answer an additional question)	·	ur requirements for	question 7
(If Yes, please answer an additional question) ad O. Reg. 191/11, s. 80.48 (1): Notice of temporary disruptions	·	•	
(If Yes, please answer an additional question) ad O. Reg. 191/11, s. 80.48 (1): Notice of temporary disruptions 7.a. Does the notice of the disruption include all of the following? *	·	•	
(If Yes, please answer an additional question) ad O. Reg. 191/11, s. 80.48 (1): Notice of temporary disruptions 7.a. Does the notice of the disruption include all of the following? * • The reason for the disruption?	Learn more about you	•	
(If Yes, please answer an additional question) ad O. Reg. 191/11, s. 80.48 (1): Notice of temporary disruptions 7.a. Does the notice of the disruption include all of the following? * • The reason for the disruption? • Its anticipated duration?	Learn more about you	Yes	○ No
(If Yes, please answer an additional question) ad O. Reg. 191/11, s. 80.48 (1): Notice of temporary disruptions 7.a. Does the notice of the disruption include all of the following? * • The reason for the disruption? • Its anticipated duration? • A description of available alternative facilities or services (if a Read O. Reg. 191/11, s. 80.48 (2): Notice of temporary disruptions Comments for	Learn more about you any)?	Yes	○ No
(If Yes, please answer an additional question) ad O. Reg. 191/11, s. 80.48 (1): Notice of temporary disruptions 7.a. Does the notice of the disruption include all of the following? * • The reason for the disruption? • Its anticipated duration? • A description of available alternative facilities or services (if a Read O. Reg. 191/11, s. 80.48 (2): Notice of temporary disruptions	Learn more about you any)?	Yes	○ No
(If Yes, please answer an additional question) ad O. Reg. 191/11, s. 80.48 (1): Notice of temporary disruptions 7.a. Does the notice of the disruption include all of the following? * • The reason for the disruption? • Its anticipated duration? • A description of available alternative facilities or services (if a Read O. Reg. 191/11, s. 80.48 (2): Notice of temporary disruptions Comments for	Learn more about you any)?	Yes	○ No
(If Yes, please answer an additional question) ad O. Reg. 191/11, s. 80.48 (1): Notice of temporary disruptions 7.a. Does the notice of the disruption include all of the following? * • The reason for the disruption? • Its anticipated duration? • A description of available alternative facilities or services (if a Read O. Reg. 191/11, s. 80.48 (2): Notice of temporary disruptions Comments for	Learn more about you any)?	Yes	○ No
(If Yes, please answer an additional question) ad O. Reg. 191/11, s. 80.48 (1): Notice of temporary disruptions 7.a. Does the notice of the disruption include all of the following? * • The reason for the disruption? • Its anticipated duration? • A description of available alternative facilities or services (if a Read O. Reg. 191/11, s. 80.48 (2): Notice of temporary disruptions Comments for	Learn more about you any)?	Yes	○ No
(If Yes, please answer an additional question) ad O. Reg. 191/11, s. 80.48 (1): Notice of temporary disruptions 7.a. Does the notice of the disruption include all of the following? * • The reason for the disruption? • Its anticipated duration? • A description of available alternative facilities or services (if a Read O. Reg. 191/11, s. 80.48 (2): Notice of temporary disruptions Comments for	Learn more about you any)?	Yes	○ No
(If Yes, please answer an additional question) ad O. Reg. 191/11, s. 80.48 (1): Notice of temporary disruptions 7.a. Does the notice of the disruption include all of the following? * • The reason for the disruption? • Its anticipated duration? • A description of available alternative facilities or services (if a Read O. Reg. 191/11, s. 80.48 (2): Notice of temporary disruptions Comments for	Learn more about you any)?	Yes	○ No
(If Yes, please answer an additional question) ad O. Reg. 191/11, s. 80.48 (1): Notice of temporary disruptions 7.a. Does the notice of the disruption include all of the following? * • The reason for the disruption? • Its anticipated duration? • A description of available alternative facilities or services (if a Read O. Reg. 191/11, s. 80.48 (2): Notice of temporary disruptions Comments for	Learn more about you any)?	Yes	○ No

8.	Does your organization ever require a person with a disability to be support person when on your premises? * (If Yes, please answer an additional question)	pe accompanied by a	○ Yes	○ No
	ead O. Reg. 191/11, s. 80.47 (5): Use of service animals and	Learn more about your red	quirements for	question 8
su	pport persons			
	8.a. Does your organization do all of the following before requirir to be accompanied by a support person on your premises: *	0 .	○ Yes	○ No
	 Consult with the person with a disability? Determine a support person is necessary to protect the person with a disability or others on premises? 	health or safety of the		
	 Determine that there is no other way to protect the healt with a disability or others on premises? 	h or safety of the person		
	Read O. Reg. 191/11, s. 80.47 (5): Use of service animals and support persons	Learn more about your rec	quirements for	question 8.a
	Comments for question 8.a			
Er	mployment			
9.	Does your organization employ any persons with disabilities for w individualized workplace emergency response information? * (If Yes, please answer additional questions)	hom you have provided	○ Yes	○No
	ead O. Reg. 191/11, s. 27 (1): Workplace emergency response	Learn more about your red	quirements for	question 9
<u>IMI</u>	formation			
	9.a. Does your organization review the individualized workplace information for all of the following? *	emergency response		○ No
	 When the employee moves to a different location in the 	organization?		
	When the employee's overall accommodation needs or	plans are reviewed?		
	When your organization reviews its general emergency	policies?		
	Read O. Reg. 191/11, s. 27 (4): Workplace emergency response	Learn more about your red	uirements for	question 9.a
	information	·		
	Comments for question 9.a			

9.b.	Do any of the employees for whom your organization has proworkplace emergency response information require assistant (If Yes, please answer additional questions)		○ Yes	○ No
<u>infor</u> Con	d O. Reg. 191/11, s. 27 (2): Workplace emergency response mation ments for stion 9.b	Learn more about your re	equirements fo	or question 9.k
	9.b.i Has your organization, with the employee's consent, presency response information to the person design assistance to the employee? *			○ No
	Read O. Reg. 191/11, s. 27 (2): Workplace emergency response information Comments for question 9.b.i	Learn more about your red	quirements for	question 9.b.i
	9.b.ii Was the individualized workplace emergency response soon as practicable after your organization became a accommodation due to the employee's disability? *		○ Yes	○No
	Read O. Reg. 191/11, s. 27 (3): Workplace emergency response information Comments for question 9.b.ii	Learn more about your red	quirements for	question 9.b.i
Design	of public spaces			
follo • • •	e January 1, 2017, has your organization constructed new or riving items? * Outdoor public use eating areas Outdoor play space Off-street parking Service counter Fixed queuing guides Waiting areas es, please answer additional questions)	edeveloped any of the	○ Yes	○No NO
Read O	Reg. 191/11 Part IV.1: Design of public spaces standards	Learn more about your re	equirements fo	or question 10

10.a. Where applicable, do the newly constructed or redeveloped item requirements as outlined in the Design of Public Spaces Standar		○ Yes	○ No
Read O. Reg. 191/11 Part IV.1: Design of public spaces standards	Learn more about your requ	irements for	question 10.a
Comments for question 10.a			
10.b. Does your organization's multi-year accessibility plan include propreventative and emergency maintenance of the accessible elem spaces, and for dealing with temporary disruptions when access not in working order? *	nents in public	○ Yes	○ No
Read O. Reg. 191/11, s. 80.44: Maintenance of accessible elements	Learn more about your requ	irements for	question 10.l
Comments for question 10.b			



2023 Accessibility Compliance Report

E Acceptability compliance report cumment
Fields marked with an asterisk (*) are mandatory.
Filing organization legal name
Number of employees range
Organization category

E. Accessibility compliance report summary

Your organization may be audited to verify compliance.