

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 <u>accessibility@ontario.ca</u>.



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Instructions

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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.

Fields marked with an asterisk (*) are mandatory.

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A. Organization information			
Organization category *	Number of employe	es range *	Reporting year
Business or Non-profit	50+ employees		2023
Business details			
Organization legal name *		Number of en	nployees in Ontario * <u>Help</u>
Pinchin Ltd.		502	
, ,	his box if you have received an AOD stry for Seniors and Accessibility	A identifier from	
Check if operating/business name is same a	as legal name		
Organization operating/business name			
Pinchin Ltd.			
Sector that best describes your organization's p 54 - Professional, scientific and technical s		Help	
Subsector (if possible)			
541 - Professional, scientific and technical	services		
Industry group (if possible)			

Mailing address

Address where letters can be sent to the person responsible for coordinating the organization's AODA compliance activities.

Country *

The fields below will change based on your selection.

Canada	\bigcirc L	JSA	 International 	
Type of address	* Street addre 	ss O Street address s	erved by route Othe	er
Unit number Unit 2	Street number * 2360	Street name * Meadowpine Blvd.		
Street type	Street direction	City * Mississauga		Province * ON (Ontario)
Postal code (e.g. L5N 6S2	A1A 1A1) *			

Business address

(Address at which letters can be sent to the company director/officer accountable for the organization's compliance with the AODA.)

Check if business address is same as mailing address

Country *					
The fields below	will change based of	on your seled	ction.		
Canada	\bigcirc (JSA	◯ Interna	tional	
Type of address	* Street addre 	ss C) Street address served by route	Other	
Unit number Unit 2	Street number * 2360	Street nam Meadowp			
Street type					
	Street direction				
			City * Mississauga		

Postal code (e.g. A1A 1A1) * L5N 6S2 Province * ON (Ontario)



Organization category Business or Non-profit

Number of employees range 50+

Filing organization legal name Pinchin Ltd.

Filing organization business number (BN9) 743463721

Fields marked with an asterisk (*) are mandatory.

B. Understand your accessibility requirements

Before you begin your report, you can learn about your accessibility requirements at ontario.ca/accessibility

Additional accessibility requirements apply if you are:

- <u>a library board</u>
- a producer of education material (e.g. textbooks)
- an education institution (e.g. school board, college, university or school)
- a municipality

C. Accessibility compliance report certification

Section 15 of the *Accessibility for Ontarians with Disabilities Act, 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 misleading information 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 legally bind the organization(s).

Primary Contact: The person who will be the main contact for 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) * 2023-07-13

Certifier information

Last name * Tait		First name * Laura		
Position title * Other	Position title other * Chief People & Culture Offic	Business phone number * 902-461-9999	Extension	Check here if TTY
Email * Itait@pinchin.com		Alternate phone number	Extension	Fax number

Primary contact for the organization(s)

Check if the primary contact is same as the certifier	
Last name *	First name *
Cridland	Heather

Position title * <mark>Other</mark>	Position title other * Senior HR Advisor	Business phone number 365-822-2771	* Extension	n 🗌 Ch TT	eck here if Y
Email * hcridland@pinchin.com		Alternate phone number	Extension	Fax numbe	r
D. Accessibility compliar	nce report questions		·	·	
Instructions					
Please answer each of the follow	wing compliance questions. Use	the Comments box if you	wish to comm	ent on any re	esponse.
	question, click the help links whic ons and the link on the right to vi				n the left to
General					
	d and implemented written policie oplicable accessibility requiremen			 Yes 	⊖ No
Read O. Reg. 191/11, s. 3 (1): E	Establishment of accessibility poli	icies Learn more ab	out your requ	irements for	question 1
Comments for question 1					
2. Has your organization estab (If Yes, please answer addit	lished and implemented a multi-y ional questions)	year accessibility plan? *		• Yes	() No
Read O. Reg. 191/11, s. 4 (1): A	Accessibility plans	Learn more abo	out your requ	irements for	question 2
2.a. Does your organization (If Yes, please answer				• Yes	⊖ No
<u>Read O. Reg. 191/11, s. 4 (</u>	1): Accessibility plans	Learn more abo	out your requ	irements for	question 2.a
Comments for question 2.a					
2.a.i Is your organizat	ion's accessibility plan posted or	n your organization's webs	ite? *	• Yes	⊖ No
Read O. Reg. 191/11,	s. 4 (1): Accessibility plans	Learn more abou	ut your require	ements for qu	uestion 2.a.i
Comments for question 2.a.i					
2.a.ii Does your organ when requested?	ization provide the accessibility p ? *	blan in an accessible forma	at	• Yes	◯ No
Read O. Reg. 191/11,	s. 4 (1): Accessibility plans	Learn more abou	it your require	ements for qu	uestion 2.a.ii
Comments for question 2.a.ii					

2.b	Does your organization	update the	accessibility plan	at least once	every 5 years? *
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Read O. Reg. 191/11, s. 4 (1): Accessibility plans	Learn more about your requirements for question 2.b
Comments for question 2.b	
3. Does your organization provide appropriate training on: *	
Read O. Reg. 191/11, s. 7 (1): Training	Learn more about your requirements for question 3
3.a. The AODA Integrated Accessibility Standards Regulation? *	● Yes ◯ No
<u>Read O. Reg. 191/11, s. 7 (1): Training</u>	Learn more about your requirements for question 3.a
Comments for question 3.a	
3.b The Human Rights Code as it pertains to people with disabilitie	es? * Yes No
<u>Read O. Reg. 191/11, s. 7 (1): Training</u>	Learn more about your requirements for question 3.b
Comments for question 3.b	
Information and communications	
 Does your organization have a process for receiving and responding that is accessible to people with disabilities?* Note: This requirement is applicable regardless of whether custome on your premises. (If Yes, please answer an additional question) 	
<u>Read O. Reg. 191/11, s. 11 (1): Feedback</u>	Learn more about your requirements for question 4
4.a. Does your organization notify the public about the availability of and communications supports with respect to the feedback pro Note: This requirement is applicable regardless of whether cus on your premises. *	ocess?
<u>Read O. Reg. 191/11, s. 11(2): Feedback</u>	Learn more about your requirements for question 4.a
Comments for question 4.a	

	modify o	y ('controls' means that your organization is able to add, remo content and functionality of the website)? * please answer an additional question)	ove and/or	0	
Re	ad O. Re	eg. 191/11, s. 14: Accessible websites and web content	Learn more about your re	quirements for	question 5
	W ree an pa	o all your organization's internet websites conform to World W eb Content Accessibility Guidelines 2.0 Level AA (except for I corded audio descriptions)? In the comments box, please list ad address of your publicly available web content, including we ages, and apps. *	ive captions and pre- the complete names	 Yes 	⊖ No
	Read O	. Reg. 191/11, s. 14: Accessible websites and web content	Learn more about your re	quirements for	question 5.a
	Comme questio				
Сι	ustomei	r Service			
6.	personsStaffPeopPeop	our organization provide training about providing goods, servic with disabilities to the following? * and volunteers ble involved in developing accessibility policies ble providing goods, services or facilities on behalf of the orga please answer an additional question)		• Yes	<u>Νο</u>
Re	ad O. Re	eg. 191/11, s. 80.49: Training for staff, etc.	Learn more about your re	quirements for	question 6
		bes the training include all of the following: *		• Yes	◯ No
	•	A review of the purposes of the AODA? A review of the purposes of the Customer Service Standard	c?		
	•	How to interact and communicate with persons with various			
	•	How to interact with persons with disabilities who use an ase the assistance of a guide dog or other service animal or the person?	sistive device or require		
	•	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 had 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 your re	quirements for	question 6.a

5. Does your organization have one (or more) website(s) which it controls directly or

Comments for question 6.a

• Yes

⊖ No

7.	If there is a temporary disruption of goods, services or facilities used disabilities, does your organization give a notice of the disruption to the (If Yes, please answer an additional question)		● Yes 🔿	No
Re	ead O. Reg. 191/11, s. 80.48 (1): Notice of temporary disruptions	Learn more about your	requirements for	question 7
	7.a. Does the notice of the disruption include all of the following? *		• Yes	◯ No
	The reason for the disruption?			
	Its anticipated duration?			
	A description of available alternative facilities or services (if a	any)?		
	Read O. Reg. 191/11, s. 80.48 (2): Notice of temporary disruptions	<u>Learn more about your</u>	requirements for	question 7.a
	Comments for question 7.a			
8.	Does your organization ever require a person with a disability to be a support person when on your premises? * (If Yes, please answer an additional question)	ccompanied by a	⊖ Yes	No
	ead O. Reg. 191/11, s. 80.47 (5): Use of service animals and	Learn more about your	requirements for	question 8
<u>su</u>	pport persons			
	8.a. Does your organization do all of the following before requiring a to be accompanied by a support person on your premises: *	person with a disability	⊖ Yes	⊖ No
	Consult with the person with a disability?			
	 Determine a support person is necessary to protect the hea person with a disability or others on premises? 	lth or safety of the		
	 Determine that there is no other way to protect the health or with a disability or others on premises? 	safety of the person		
	Read O. Reg. 191/11, s. 80.47 (5): Use of service animals and	Learn more about your	requirements for	question 8.a
	support persons Comments for question 8.a			
	mloumont			
	mployment		-	_
9.	Does your organization employ any persons with disabilities for whon individualized workplace emergency response information? * (If Yes, please answer additional questions)	n you have provided	⊖ Yes) No
	ead O. Reg. 191/11, s. 27 (1): Workplace emergency response formation	Learn more about your	requirements for	question 9

9.a. Does your organization review the individualized workplace eme information for all of the following? *	ergency response	⊖Yes	⊖ No
When the employee moves to a different location in the orga	anization?		
 When the employee's overall accommodation needs or plan 	s are reviewed?		
When your organization reviews its general emergency polic	cies?		
Read O. Reg. 191/11, s. 27 (4): Workplace emergency response	Learn more about your requi	rements for o	question 9.a
information			
Comments for question 9.a			
9.b. Do any of the employees for whom your organization has provid workplace emergency response information require assistance? (If Yes, please answer additional questions)		⊖ Yes	🔿 No
Read O. Reg. 191/11, s. 27 (2): Workplace emergency response	Learn more about your requi	rements for o	question 9.b
information Comments for question 9.b			
9.b.i Has your organization, with the employee's consent, pro emergency response information to the person designate 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 require	ments for qu	<u>iestion 9.b.i</u>
9.b.ii Was the individualized workplace emergency response inf soon as practicable after your organization became awa accommodation due to the employee's disability? * <u>Read O. Reg. 191/11, s. 27 (3): Workplace emergency</u>		⊖ Yes ments for qu	◯ No iestion 9.b.ii
response information			

Comments for question 9.b.ii

Design of public spaces

 Since January 1, 2017, has your organization constructed new or rede following items? * 	veloped any of the	⊖Yes (No
Outdoor public use eating areas			
Outdoor play space			
Off-street parking			
Service counter			
Fixed queuing guides			
Waiting areas			
(If Yes, please answer additional questions)			
Read O. Reg. 191/11 Part IV.1: Design of public spaces standards	Learn more about you	r requirements for	r question 10
10.a. Where applicable, do the newly constructed or redeveloped items 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 you	r requirements for	r question 10.a
Comments for question 10.a			
10.b. Does your organization's multi-year accessibility plan include pro preventative and emergency maintenance of the accessible elem spaces, and for dealing with temporary disruptions when accessi not in working order? *	nents in public	⊖ Yes	◯ No
preventative and emergency maintenance of the accessible elem spaces, and for dealing with temporary disruptions when accessi	nents in public ble elements are	U U	<u> </u>

question 10.b



Organization category Business or Non-profit

Number of employees range 50+

Filing organization legal name Pinchin Ltd.

Filing organization business number (BN9) 743463721

Fields marked with an asterisk (*) are mandatory.

E. Accessibility compliance report summary

Your responses to the questions on your accessibility report indicate that your organization is in compliance with AODA standards. **Your organization may be audited to verify compliance.**