

## 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 Adobe Reader 10 or higher. 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 (OPS/OLA, Designated Public Sector)

**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 Adobe Reader 10 or higher

### 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 past, current and future 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

## Accessible alternate formats

If you need the accessibility compliance report in an accessible format, please email [accessibility@ontario.ca](mailto:accessibility@ontario.ca).

### 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.

Fields marked with an asterisk (\*) are mandatory.

#### A. Organization information

Organization category *	Number of employees range *	Reporting year
<a href="#">Designated Public Sector</a>	<a href="#">50+ employees</a>	2021

#### Business details

Organization legal name *	Number of employees in Ontario *	<a href="#">Help</a>
<a href="#">Humber River Hospital</a>	<a href="#">4600</a>	

Business number (BN9) * <a href="#">Help</a>	<input type="checkbox"/> Check this box if you have received an AODA identifier from the Ministry for Seniors and Accessibility
<a href="#">872785191</a>	

Check if operating/business name is same as legal name

Organization operating/business name
<a href="#">Humber River Hospital</a>

Sector that best describes your organization's principal business activity *	<a href="#">Help</a>
<a href="#">Empty</a>	

Subsector (if possible)	Industry group (if possible)
<a href="#">Empty</a>	<a href="#">Empty</a>

#### 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  USA  International

Type of address \*  Street address  Street address served by route  Other

Unit number	Street number *	Street name *	
	<a href="#">1235</a>	<a href="#">Wilson</a>	
Street type	Street direction	City *	Province *
<a href="#">Avenue</a>	<a href="#">N (North/Nord)</a>	<a href="#">North York</a>	<a href="#">ON (Ontario)</a>

Postal code (e.g. A1A 1A1) *
<a href="#">M3M 0B2</a>

#### 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 on your selection.

Canada  USA  International

Type of address \*  Street address  Street address served by route  Other

Unit number	Street number *	Street name *	Street type	Street direction
	1235	Wilson	Avenue	N (North/Nord)
City *	Province *		Postal code (e.g. A1A 1A1) *	
North York	ON (Ontario)		M3M 0B2	

Organization category [Designated Public Sector](#) | Number of employees range [50+](#)

Filing organization legal name [Humber River Hospital](#)

Filing organization business number (BN9) [872785191](#)

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](https://ontario.ca/accessibility)

Additional accessibility requirements apply if you are:

- [a library board](#)
- [a producer of education material \(e.g. textbooks\)](#)
- [an education institution \(e.g. school board, college, university or school\)](#)
- [a municipality](#)

If you are a municipality submitting this report, and submitting on behalf of local boards, please indicate which boards below.

## 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) \* [2021-12-07](#)

### Certifier information

Last name *		First name *	
<a href="#">Collins</a>		<a href="#">Barbara</a>	
Position title *	Business phone number *	Extension	<input type="checkbox"/> Check here if TTY
<a href="#">Chief Executive Officer</a>	<a href="#">416-242-1000</a>		
Email *	Alternate phone number	Extension	Fax number
<a href="mailto:bcollins@hrh.ca">bcollins@hrh.ca</a>	<a href="#">416-616-4440</a>		

## Primary contact for the organization(s)

Check if the primary contact is same as the certifier

Last name \*

Heenan

First name \*

Michael

Position title \*

Vice President

Business phone number \*

416-242-1000

Extension

Check hereif TTY

Email \*

mheenan@hrh.ca

Alternate phone number

Extension

Fax number

## D. Accessibility compliance report questions

### Instructions

Please answer each of the following compliance questions. Use the Comments box if you wish to comment on any response.

If you need help with a specific question, click the help links which will open in a new browser window. Use the link on the left to view the relevant AODA regulations and the link on the right to view relevant accessibility information resources.

### Municipal Accessibility Advisory Committees

1. Is your organization a municipality with a population of 10,000 or more? \*

(If Yes, you will be required to answer additional questions.)

Yes

No

[Read Accessibility for Ontarians with Disabilities Act, 2005, S.O. 2005, c. 11, s. 29: Municipal Accessibility Advisory Committees](#)

[Learn more about your requirements for question 1](#)

1.a. Has your organization established an accessibility advisory committee as outlined in section 29 of the AODA? \*

(If Yes, you will be required to answer additional questions.)

Yes

No

[Read Accessibility for Ontarians with Disabilities Act, 2005, S.O. 2005, c. 11, s. 29: Municipal Accessibility Advisory Committees](#)

[Learn more about your requirements for question 1.a](#)

Comments for question 1.a

2. Are the majority of the members of the committee persons with disabilities? \*

Yes

No

[Read Accessibility for Ontarians with Disabilities Act, 2005, S.O. 2005, c. 11, s. 29 \(3\): Municipal Accessibility Advisory Committees](#)

[Learn more about your requirements for question 2](#)

Comments for question 2

3. Has the committee provided advice to council about site plans and drawings (as described in S.41 of the *Planning Act*) as well as advice on the requirements and implementation of accessibility standards? \*

Yes

No

[Read Accessibility for Ontarians with Disabilities Act, 2005, S.O. 2005, c. 11, s. 29 \(4\): Municipal Accessibility Advisory Committees](#)

[Learn more about your requirements for question 3](#)

Comments for question 3

### Foundational requirements

4. Does your organization have written accessibility policies that include a statement of commitment? \*

Yes

No

[Read O.Reg. 191/11 s. 3: Establishment of accessibility policies](#)

[Learn more about your requirements for question 4](#)

Comments for question 4

5. Does your organization have a document or documents of your accessibility policies publicly available and, on request, provide them in an accessible format? \*  Yes  No

[Read O. Reg. 191/11 s. 3 \(3\): Establishment of accessibility policies](#)

[Learn more about your requirements for question 5](#)

Comments for question 5

6. Has your organization established, implemented, maintained and posted a multi-year accessibility plan on your organization's website? \*  Yes  No

[Read O. Reg. 191/11 s. 4: Accessibility plans](#)

[Learn more about your requirements for question 6](#)

Comments for question 6

7. Has your organization completed a review of its progress implementing the strategy outlined in its accessibility plan and documented the results in an annual status report posted on the organization's website? \*  Yes  No

[Read O. Reg. 191/11 s. 4 \(1\), 4\(3\): Accessibility plans](#)

[Learn more about your requirements for question 7](#)

Comments for question 7

8. Did your organization consult with people with disabilities when establishing, reviewing and updating its multi-year accessibility plan? \*  Yes  No

[Read O. Reg. 191/11 s. 4 \(2\): Accessibility plans](#)

[Learn more about your requirements for question 8](#)

Comments for question 8

9. Does your organization provide the appropriate training on the Integrated Accessibility Standards Regulation and the Human Rights Code as it pertains to persons with disabilities? \*  Yes  No

[Read O. Reg. 191/11 s. 7: Training](#)

[Learn more about your requirements for question 9](#)

Comments for question 9

10. Were all persons that require training trained as soon as practicable? Under Section 7(1) of the Integrated Accessibility Standards Regulation, the following persons require training: (a) all persons who are an employee of, or a volunteer with, the organization; (b) all persons who participate in developing the organization's policies; and (c) all other persons who provide goods, services or facilities on behalf of the organization. \*  Yes  No

[Read O. Reg. 191/11 s. 7 \(3\): Training](#)

[Learn more about your requirements for question 10](#)

Comments for question 10

11. Does your organization provide training in respect of any changes to your accessibility policies on an ongoing basis? \*  Yes  No

[Read O. Reg. 191/11 s. 7 \(4\): Training](#)

[Learn more about your requirements for question 11](#)

Comments for question 11

12. Does your organization keep a record of the training provided, including the dates on which the training is provided and the number of individuals to whom it is provided? \*  Yes  No

[Read O. Reg. 191/11 s. 7 \(5\): Training](#)

[Learn more about your requirements for question 12](#)

Comments for question 12

13. Does your organization ensure that its public feedback processes are accessible to persons with disabilities by providing or arranging accessible formats or communication supports, upon request, and do you notify the public of this accessible feedback policy? Note: "public" can include customers, clients, third parties, or businesses. \*  Yes  No

[Read O. Reg. 191/11 s. 11: Feedback](#)

[Learn more about your requirements for question 13](#)

Comments for question 13

## Information and communications

14. As of January 1, 2021, 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 pre-recorded audio descriptions)? Please indicate in the comment box provided the complete names and addresses of your publicly available web content, including websites, social media pages, and apps \*  Yes  No

[Read O. Reg. 191/11 s. 14 \(4\): Accessible websites and web content](#)

[Learn more about your requirements for question 14](#)

Publicly available web content and comments for question 14

## Employment

15. Does your organization notify successful applicants of its policies for accommodating employees with disabilities during offers of employment? \*  Yes  No

[Read O. Reg. 191/11 s. 24: Notice to successful applicants](#)

[Learn more about your requirements for question 15](#)

Comments for question 15

16. Does your organization develop and have in place a written process for the development of documented individual accommodation plans for employees with disabilities? \*  Yes  No

[Read O. Reg. 191/11 s. 28: Documented individual accommodation plans](#)

[Learn more about your requirements for question 16](#)

Comments for question 16

## Transportation

17. Does your organization provide transportation services? \* (If Yes, you will be required to answer an additional question.)  Yes  No

[Read O. Reg. 191/11 Part IV: Transportation standards](#)

[Learn more about your requirements for question 17](#)

17.a. Does your organization conduct employee and volunteer accessibility training on the safe use of accessibility equipment and features of your transportation vehicles? \*  Yes  No

[Read O. Reg. 191/11 s. 36: Accessibility training](#)

[Learn more about your requirements for question 17.a](#)

Comments for question 17.a



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## Design of public spaces

18. Since your organization last reported on its accessibility compliance, has your organization constructed new or redeveloped existing off-street parking facilities that it intends to maintain? \*  Yes  No  
(If Yes, you will be required to answer an additional question.)

[Read O. Reg. 191/11 Part IV.1: Design of public spaces standards](#)

[Learn more about your requirements for question 18](#)

- 18.a. When constructing new or redeveloping off-street parking facilities that your organization intends to maintain, does it ensure that the off-street parking facilities meet the accessibility requirements as outlined in the Design of Public Spaces standards? \*  Yes  No

[Read O. Reg. 80.32-37: Accessible parking](#)

[Learn more about your requirements for question 18.a](#)

Comments for question 18.a

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19. Since your organization last reported on accessibility compliance, has your organization constructed new or redeveloped existing outdoor play spaces that it intends to maintain? \*  Yes  No  
(If Yes, you will be required to answer an additional question.)

[Read O. Reg. 191/11 Part IV.1: Design of public spaces standards](#)

[Learn more about your requirements for question 19](#)

- 19.a. When constructing new or redeveloping existing outdoor play spaces, did your organization consult with the public and persons with disabilities on the needs of children and caregivers, and if you represent a municipality did your organization consult with the municipal advisory committee where one was established as outlined in s. 80.19 of the Integrated Accessibility Standards Regulation? \*  Yes  No

[Read O. Reg. 191/11 s. 80.19: Outdoor play spaces](#)

[Learn more about your requirements for question 19.a](#)

Comments for question 19.a

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20. Does your organization's multi-year accessibility plan include procedures for preventative and emergency maintenance of the accessible elements in public spaces, and for dealing with temporary disruptions when accessible elements required under the Integrated Accessibility Standards Regulations Part IV are not in working order? \*  Yes  No

[Read O. Reg. 191/11 s. 80.44: Maintenance of accessible elements](#)

[Learn more about your requirements for question 20](#)

Comments for question 20

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## Confirmation questions

21. Other than the requirements cited in the above questions, is your organization complying with all other requirements for the **Information and Communications Standards** under the Integrated Accessibility Standards Regulation? \*  Yes  No

[Read O. Reg. 191/11 Part II: Information and communications standards](#)

[Learn more about your requirements for question 21](#)

Comments for question 21

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22. Other than the requirements cited in the above questions, is your organization complying with all other requirements for the **Employment Standards** under the Integrated Accessibility Standards Regulation? \*  Yes  No

[Read O. Reg. 191/11 Part III: Employment standards](#)

[Learn more about your requirements for question 22](#)

Comments for question 22

23. Other than the requirements cited in the above questions, is your organization complying with all other requirements for **Transportation Standards** under the Integrated Accessibility Standards Regulation? \*

Yes  No

[Read O. Reg. 191/11 Part IV: Transportation standards](#)

[Learn more about your requirements for question 23](#)

Comments for  
question 23

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24. Other than the requirements cited in the above questions, is your organization complying with all other requirements for the **Customer Service Standards** under the Integrated Accessibility Standards Regulation? \*

Yes  No

[Read O. Reg. 191/11 Part IV.2: Customer service standards](#)

[Learn more about your requirements for question 24](#)

Comments for  
question 24

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25. Other than the requirements cited in the above questions, is your organization complying with all other requirements for the **Design of Public Spaces Standards** under the Integrated Accessibility Standards Regulation? \*

Yes  No

[Read O. Reg. 101/11 Part IV.1: Design of Public Spaces standards](#)

[Learn more about your requirements for question 25](#)

Comments for  
question 25

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Organization category [Designated Public Sector](#)

Number of employees range [50+](#)

Filing organization legal name [Humber River Hospital](#)

Filing organization business number (BN9) [872785191](#)

Fields marked with an asterisk (\*) are mandatory.

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## E. Accessibility compliance report summary

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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.