

## How to complete 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 local computer and be sure to open it with 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:

- Nine-digit **Business number (BN9)**, that identifies your organization with the Canada Revenue Agency (found on federal and provincial tax returns). In the rare case that an organization doesn't have a Business number (BN9), an AODA identifier (assigned by the Accessibility Directorate of Ontario) would be used in its place.
- Your **Organization category**
  - if you are a Business or a Non-profit, your Organization category is Business/Non-profit
  - if you are a municipality, or a hospital, college, university, school board, public transportation provider (under [Schedule 1 of the regulation 191/11](#)), or an agency, board or commission (under [Column 1 of Table 1 of Ontario Regulation 146/10](#)), your Organization category is 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
- A person with authority to bind your organization (e.g. a director or senior officer) must certify your organization's accessibility compliance report as complete and accurate.

You are able to file on behalf of up to 20 organizations using one form. To do so you will need each organization's business number (BN9) or AODA identifier, number of employees and address. All organizations filing under the same form must have the same **Organization category** (e.g. Business/Non-profit), **Number of employees range** (e.g. 20-49, 50+), **certifier**, and all answers to the accessibility compliance questions must be the same. If not, you will need to complete a separate form for each organization.

If you require the accessibility compliance report in an alternate format, please contact [accessibility@ontario.ca](mailto:accessibility@ontario.ca)

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:

- Download and open the form
- Save the form on your computer and open it with Adobe Reader.
- Enter your organization's information then select **Next**.
- If you need information about your organization's requirements, click on the appropriate 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.
- The questions you will see on the form are based on the accessibility requirements that apply to your **Organization category** (e.g. Business/non-profit) and **Number of employees range** (e.g. 20-49, 50+).
- Click **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, click **Save form** at the bottom of the page before clicking **Next**.
- Review the accessibility compliance report summary.

## **Certify and submit your report**

- Complete the information in the **Certifier Information** section
- The certifier must:
  - Review all information entered on the form for completeness and accuracy.
  - Check the three boxes to indicate their authority as a certifier in your organization.
- Enter information for a primary contact in your organization. This person may be the certifier or a different person.
- You may save the form at any time by clicking the **Save form** button.
- When you are ready to submit your report, click the **Save and submit** button. You will be prompted to save the form on your local computer first and then it will be submitted.
- Wait for a confirmation prompt that either confirms submission or indicates any problems.
- Once you have successfully submitted your certified report, an email will be sent to the Certifier and the Primary Contact with a confirmation number and an accessible PDF copy of your organization's accessibility compliance report.

If you have any questions please contact the AODA Contact Centre (ServiceOntario) at:

Toll Free Phone: 1-866-515-2025  
Phone: 416-849-8276

TTY Toll free: 1-800-268-7095  
TTY: 416-325-3408

**Instructions**

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

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

**A. Organization information**

|  |  |                        |
|--|--|------------------------|
| Organization category *<br>Business / non-profit | Number of employees range *<br>20-49 employees | Reporting year<br>2017 |
|--|--|------------------------|

**Business details**

|   |   |
|---|---|
| Organization legal name *<br>DAVIS CONTROLS LIMITED | Number of employees in Ontario * <a href="#">Help</a><br>30 |
|---|---|

|   |
|---|
| Business number (BN9) * <a href="#">Help</a><br>101293470 |
|---|

Check if operating/business name is same as legal name

|  |   |
|--|---|
| Organization operating/business name<br>DAVIS CONTROLS LIMITED | Language preference for communications *<br>English |
|--|---|

|  |                      |
|--|----------------------|
| Sector that best describes your organization's principal business activity *<br>41 - Wholesale trade | <a href="#">Help</a> |
|--|----------------------|

|   |   |
|---|---|
| Subsector (if possible)<br>417 - Machinery, equipment and supplies merchant whole | Industry group (if possible)<br>4179 - Other machinery, equipment and supplies merchant |
|---|---|

**Mailing address**

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

|   |
|---|
| Country * <input checked="" type="radio"/> Canada <input type="radio"/> USA <input type="radio"/> International |
|---|

|  |
|--|
| Type of address * <input checked="" type="radio"/> Street address <input type="radio"/> Street address served by route <input type="radio"/> Other |
|--|

|             |                         |                                 |
|-------------|-------------------------|---------------------------------|
| Unit number | Street number *<br>2200 | Street name *<br>BRISTOL CIRCLE |
|-------------|-------------------------|---------------------------------|

|             |                  |                    |                            |
|-------------|------------------|--------------------|----------------------------|
| Street type | Street direction | City *<br>OAKVILLE | Province *<br>ON (Ontario) |
|-------------|------------------|--------------------|----------------------------|

|                          |
|--------------------------|
| Postal code *<br>L6H 5R3 |
|--------------------------|

**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 * <input checked="" type="radio"/> Canada <input type="radio"/> USA <input type="radio"/> International |
|---|

|  |
|--|
| Type of address * <input checked="" type="radio"/> Street address <input type="radio"/> Street address served by route <input type="radio"/> Other |
|--|

|             |                         |                                 |
|-------------|-------------------------|---------------------------------|
| Unit number | Street number *<br>2200 | Street name *<br>BRISTOL CIRCLE |
|-------------|-------------------------|---------------------------------|

|             |                  |                    |                            |
|-------------|------------------|--------------------|----------------------------|
| Street type | Street direction | City *<br>OAKVILLE | Province *<br>ON (Ontario) |
|-------------|------------------|--------------------|----------------------------|

|                          |
|--------------------------|
| Postal code *<br>L6H 5R3 |
|--------------------------|

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.

Organization category [Business / non-profit](#)Number of employees range [20-49](#)Filing organization legal name [DAVIS CONTROLS LIMITED](#)Filing organization business number (BN9) [101293470](#)

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

Additional accessibility requirements apply if you are:

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

## C. 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.

### Provide accessible customer service

1. Does your organization permit people with disabilities who are accompanied by a guide dog or service animal to keep the animal with them, unless otherwise excluded by law? \*
- Yes  No

[Read O. Reg. 191/11 s.80.47: Use of service animals and support persons](#)

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

Comments for question 1

2. If a person with a disability is accompanied by a support person, does your organization ensure that the persons are permitted to enter the premises together and that the person with a disability is not prevented from having access to the support person while on your premises? \*
- Yes  No

[Read O. Reg. 191/11 s.80.47\(4\): Use of service animals and support persons](#)

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

Comments for question 2

3. Does your organization ensure that the required persons receive training on the accessibility standards for customer service? \*
- Yes  No

[Read O. Reg. 191/11 s.80.49: Training for staff](#)

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

Comments for question 3

4. Has your organization established a process for receiving and responding to feedback on the accessibility of its customer service and does it make information about the feedback process readily available to the public? \*

Yes  No

[Read O. Reg. 191/11 s.80.50: Feedback process for providers of goods or services](#)

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

Comments for  
question 4

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5. Other than the requirements cited in the above questions, is your organization complying with all other requirements in effect under the Customer Service Standard? \*

Yes  No

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

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

Comments for  
question 5

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|   |   |
|---|---|
| Organization category <a href="#">Business / non-profit</a>           | Number of employees range <a href="#">20-49</a> |
| Filing organization legal name <a href="#">DAVIS CONTROLS LIMITED</a> |   |
| Filing organization business number (BN9) <a href="#">101293470</a>   |   |

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

### D. 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.

### E. 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 Accessibility Directorate 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 I have the authority to bind all organizations specified in Section A of this form, \*
- I certify that all the required information has been included in this report, and, \*
- I certify that the information in this report is accurate. \*

Certification date (yyyy-mm-dd) \* [2017-05-23](#)

#### Certifier information

|   |   |  |  |
|---|---|--|--|
| Last name *<br><a href="#">MONTGOMERY</a>                                       |   | First name *<br><a href="#">NEIL</a>                 |  |
| Position title *<br><a href="#">President</a>                                   | Business phone number *<br><a href="#">905 829-2000</a> | Extension <input type="checkbox"/> Check here if TTY |  |
| Email *<br><a href="mailto:neilm@daviscontrols.com">neilm@daviscontrols.com</a> |   | Alternate phone number                               | Fax number<br><a href="#">905 829-2630</a> |

#### Primary contact for the organization(s)

Check if the primary contact is same as the certifier

|   |   |  |  |
|---|---|--|--|
| Last name *<br><a href="#">ADLAM</a>  |   | First name *<br><a href="#">JOAN</a>                 |  |
| Position title *<br><a href="#">Other</a>   | Business phone number *<br><a href="#">905 829-6962</a> | Extension <input type="checkbox"/> Check here if TTY |  |
| Email *<br><a href="mailto:jadlam@daviscontrols.com">jadlam@daviscontrols.com</a> |   | Alternate phone number                               | Fax number<br><a href="#">905 829-2630</a> |