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.



✓ Check if business address is same as mailing address

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 **Business or Non-profit** 20-49 employees 2023 **Business details** Organization legal name * Number of employees in Ontario * Help Brigholme Inc Business number (BN9) * Check this box if you have received an AODA identifier Help from the Ministry for Seniors and Accessibility 122229818 Check if operating/business name is same as legal name Organization operating/business name **Brigholme Interiors** Sector that best describes your organization's principal business activity * Help **Empty** Subsector (if possible) **Empty** Industry group (if possible) **Empty** 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 O USA International Street address served by route Type of address * Street address) Other Unit number Street name * Street number * 4118 14th Avenue Street type Street direction City * Province * ON (Ontario) Markham Postal code (e.g. A1A 1A1) * L3R 0J3 **Business address** (Address at which letters can be sent to the company director/officer accountable for the organization's compliance with the AODA.)

Country *						
The fields below	will change based c	n your seled	ction.			
Canada	○ USA		◯ Internat			
Type of address	* OStreet addre	ss C	Street address served by route	Other		
Unit number	Street number * 4118		Street name * 14th Avenue			
Street type	Street direction		City * Markham	Province * ON (Ontario)		
Postal code (e.g. L3R 0J3	A1A 1A1) *					



Organization category Busin	ness or Non-profit						
Number of employees range							
Filing organization legal nam							
Filing organization business		818					
Fields marked with an asteris	sk (*) are mandatory.						
B. Understand your acce	essibility requiremen	ıts					
Before you begin your report, yo	ou can learn about your ac	cessibil	lity requiren	nents at <u>ontario</u>	.ca/accessibi	ility	
Additional accessibility requiren	nents apply if you are:						
 a library board 							
a producer of edu	ucation material (e.g. textb	ooks)					
• an education inst	itution (e.g. school board,	college	university	or echool)			
<u>an education inst</u>	<u>itulion (e.g. school board, </u>	college	, university	<u> </u>			
• <u>a municipality</u>							
C. Accessibility complia	nce report certificati	on					
Section 15 of the <i>Accessibility t</i> certifying that all the required in organization(s).			•				
Note: It is an offence under the	Act to provide false or mis	sleading	j informatio	n in an accessib	oility report fil	ed under the AODA.	
The certifier may designate a p otherwise the certifier will be th		stry for	Seniors and	d Accessibility to	o contact the	organization(s);	
Certifier: Someone who can le	gally bind the organization	(s).					
Primary Contact: The person	who will be the main conta	act for a	ccessibility i	ssues.			
Acknowledgement							
✓ I certify that all the information	on is accurate and I have	the auth	ority to bind	I the organization	on *		
Certification date (yyyy-mm-dd)	* 2024-01-12						
Certifier information	·						
Last name * Howard			First name * Stacy				
			ension	Chook har			
General Manager	905-513-3618			Check here if TTY	C		
Email *				hone number	Extension	Fax number	
stacy howard@brigholme.com			905_475_0	10/13	I		

Primary contact for the organization(s)

✓ Check if the primary contact is same as the certifier

Last name *

Howard

First name *

Stacy

Position title * Business phone number * 905-513-3618		Extension	Extension Check here if TTY			
Email * stacy.howard@brigholme.com	Alternate p 905-475-0	hone number 0043	Extension	Fax number		
D. Accessibility complian	nce report questions					
Instructions						
Please answer each of the follow	wing compliance questions. U	Jse the Comme	nts box if you v	vish to comm	ent on any r	esponse.
If you need help with a specific view the relevant AODA regulat						n the left to
Customer Service						
·	ne following? * oping accessibility policies services or facilities on beha				Yes	○ No
Read O. Reg. 191/11, s. 80.49:	Training for staff, etc.	<u> </u>	_earn more abo	out your requ	irements for	question 1
1.a. Does the training inclu	de all of the following: *				Yes	○ No
A review of the pure.	poses of the AODA?					
 A review of the pure 	poses of the Customer Servi	ice Standards?				
How to interact and	d communicate with persons	with various typ	es of disability	?		
	h persons with disabilities wh guide dog or other service a			•		
	nent or devices available on to ovider that may help with the n with a disability?					
	son with a particular type of c rider's goods, services or faci		g difficulty			
Read O. Reg. 191/11, s. 80	49: Training for staff, etc.	<u> </u>	_earn more abo	out your requ	irements for	question 1.a
Comments for question 1.a						

2.	If there is a temporary disruption of goods, services or facilities used by persons with disabilities, does your organization give a notice of the disruption to the public? * (If Yes, please answer an additional question)			No	
Re	ead O. Reg. 191/11, s. 80.48 (1): Notice of temporary disruptions	Learn more about yo	ur requirements	s for question 2	
	2.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 	iny)?			
	Read O. Reg. 191/11, s. 80.48 (2): Notice of temporary disruptions	Learn more about yo	ur requirement	s for question 2	<u>.a</u>
	Comments for question 2.a				
Re	Does your organization ever require a person with a disability to be accass a support person when on your premises? * (If Yes, please answer an additional question) and O. Reg. 191/11, s. 80.47 (5): Use of service animals and poport persons	companied by <u>Learn more about yo</u>	Yes our requirements	No S for question 3	
	 3.a. Does your organization do all of the following before requiring a product disability to be accompanied by a support person on your premise. Consult with the person with a disability? 		Yes	No	
	 Determine a support person is necessary to protect the healt person with a disability or others on premises? 	h or safety of the			
	 Determine that there is no other way to protect the health or sperson with a disability or others on premises? 	safety of the			
	Read O. Reg. 191/11, s. 80.47 (5): Use of service animals and support persons Comments for question 3.a	Learn more about yo	ur requirement	s for question 3	<u>.a</u>



Organization category Business or Non-profit

Number of employees range 20-49

Filing organization legal name Brigholme Inc

Filing organization business number (BN9) 122229818

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.**