

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, Business/Non-profit)
 - 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 <u>Schedule 1 of Ontario Regulation 191/11</u>), or an agency, board or commission (under <u>Column 1 of Table 1 of Ontario Regulation 146/10</u>), 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 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. 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.

5. Certify and submit your report

- · Complete the Certifier Information section
- · The certifier must:
 - make sure all information on the form is complete and accurate
 - check all three boxes 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.
- 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

Email: accessibility@ontario.ca

Accessible alternate formats

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



Ministry for Seniors and Accessibility

2019 Accessibility Compliance Report

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. Organizatio	on information							
Organization category *			1	· ·	loyees range *	Reporting year		
Designated Pu	blic Sector			50+ employees		2019		
Business detai	ls							
Organization legal	I name *					of employees in Ontario * <u>Help</u>		
Renfrew Victor	·				447			
Business number 108172602	(BN9) * Help		oox if you have rece Seniors and Acces		identifier from the			
Check if opera	ting/business name i	s same as leg	al name					
Organization oper	ating/business name				Language	preference for communications *		
Renfrew Victor	ia Hospita i				English			
Sector that best de	escribes your organiz	ation's princip	al business activity	*	Help			
62								
Subsector (if poss	ible)			Industry group	(if possible)			
622				6221	•			
Mailing address	3							
Address where lett	ers can be sent to th	e person respo	onsible for coordina	ating the organi	zation's AODA com	npliance activities.		
Country *	Canada) USA		O International			
Type of address *	Street addre	ss () Street address se	erved by route	Other	,		
Street type	Street direction		City *		-	Province *		
Street	N (North/Nord)		Renfrew			ON (Ontario)		
Postal code * K7V 1P6								
Business addre	SS	• • • • • • • • • • • • • • • • • • • •		1 30 31 4				
(Address at which	letters can be sent to	the company	director/officer acc	ountable for the	e organization's cor	mpliance with the AODA.)		
Check if business address is same as mailing address								
Country *	Canada	. C) USA		O International			
Type of address * Street address Other								
	Street number * 499	Street name * Raglan	•					
Street type	Street direction		City *			Province *		
Street	N (North/Nord)		Renfrew			ON (Ontario)		
Postal code * K7V 1P6								



Ministry for Seniors and Accessibility

2019 Accessibility compliance report

Organization category Designated Public Sector	Number of employ	yees range 50+
Filing organization legal name Renfrew Victoria Hospital		
Filing organization business number (BN9) 108172602		
Fields marked with an asterisk (*) are mandatory.		
B. Understand your accessibility requirements		
Before you begin your report, you can learn about your accessibility requiremen	ts at 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 s 	school)	
● `a municipality		
C. Accessibility compliance report questions		
Instructions		
Please answer each of the following compliance questions. Use the Comments box if you	u wish to comment on any respon	se.
If you need help with a specific question, click the help links which will open in a new brown relevant AODA regulations and the link on the right to view relevant accessibility informations.		eft to view the
Foundation requirements		
1. Does your organization have written accessibility policies and a statement of commitment	ent? *	∕es ⊝ No
Read O. Reg. 191/11 s. 3: Establishment of accessibility policies	<u>Learn more about your requiremen</u>	nts for question 1
Comments for		
question 1		
 Has your organization established, implemented and maintained a multi-year accessible posted it on your organization's website? * 	ility plan and	′es
Read O. Reg. 191/11 s. 4: Accessibility plans	<u>earn more about your requiremer</u>	nts for question 2
Comments for question 2		
3. Has your organization completed a review of its progress implementing the strategy ou accessibility plan and documented the results in an annual status report posted on the website? *		res O No
	earn more about your requiremer	nts for question 3
Comments for question 3	•	
 Did your organization consult with people with disabilities when establishing, reviewing multi-year accessibility plan? * 	and updating its	es No
·	earn more about your requiremen	its for question 4
Comments for question 4		

5. Does your organization provide the appropriate training on the Integrated Accessible Regulation and the Human Rights Code as it pertains to persons with disabilities?		Yes	O No
Read O. Reg. 191/11 s. 7: Training	Learn more about your re	quirements for	r question 5
Comments for question 5			
6. Has your organization established and documented a process to receive and respondow its goods or services are provided to persons with disabilities, including actions organization will take when a complaint is received? *		Yes	○ No
Read O. Reg. 191/11 s. 80.50: Feedback process required	Learn more about your re-	quirements for	question 6
Comments for question 6			
7. Does your organization ensure that its feedback processes are accessible to person providing or arranging accessible formats or communication supports, upon reques the public of this accessible feedback policy? *	t, and do you notify	Yes	○ No
Read O. Reg. 191/11 s. 11: Feedback Comments for question 7	Learn more about your red	quirements for	question 7
Information and communications			
8. Does your organization have a process to provide accessible formats and communi persons with disabilities in a timely manner and at no more than the cost for other p the same information, and do you notify the public of this accessible information pol Read O. Reg. 191/11 s. 12: Accessible formats and communications supports	ersons who ask for	Yes	No No
Comments for question 8	Lean more about your rec	unements to	<u>question o</u>
Employment			
 Does your organization notify its employees and the public about the availability of a its recruitment process? * 	accommodations in	Yes	○ No
Read O. Reg. 191/11 s. 22-24: Recruitment	Learn more about your red	uirements for	question 9
Comments for question 9			
10. Does your organization notify successful applicants of its policies for accommodating disabilities during offers of employment? *	ng employees with	Yes	○ No
Read O. Reg. 191/11 s. 24: Notice to successful applicants	Learn more about your req	uirements for	question 10
Comments for question 10			
11. Does your organization develop and have in place a written process for the develop documented individual accommodation plans for employees with disabilities? *	pment of	Yes	○ No
Read O. Reg. 191/11 s. 28: Documented individual accommodation plans Comments for question 11	Learn more about your req	uirements for	question 11

Transportation			
12. 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 req	uirements for	question 12
12:a. Does your organization conduct employee and volunteer accessibility training accessibility equipment and features of your transportation vehicles? *	on the safe use of	Yes	O No
Read O. Reg. 191/11 s. 36: Accessibility training	Learn more about your requ	uirements for	question 12.a
Comments for question 12.a			
Design of public spaces			
13. Since your organization last reported on its accessibility compliance, has your organ new or redeveloped existing off-street parking facilities that it intends to maintain? * (If Yes, you will be required to answer an additional question.)		○ Yes	No
Read O. Reg. 101/11 Part IV.1: Design of public spaces standards	Learn more about your requ	uirements for	question 13
13.a. When constructing new or redeveloping off-street parking facilities that your or to maintain, does it ensure that the off-street parking facilities meet the access as outlined in sections 80.32 – 80.37 of the IASR? *		○ Yes	○ No
Read O. Reg. 80.32-37: Accessible parking	Learn more about your requ	uirements for	question 13.a
Comments for question 13.a			
14. Since your organization last reported on accessibility compliance, has your organization new or redeveloped existing outdoor public spaces that it intends to maintain? * (If Yes, you will be required to answer additional questions.)	ition constructed	○ Yes	● No
Read O. Reg. 191/11 Part IV.1: Design of public spaces standards	Learn more about your requ	irements for o	question 14
14.a. When constructing new or redeveloping existing outdoor play spaces, did your consult with the public and persons with disabilities on the needs of children ar you represent a municipality did your organization consult with the municipal awhere one was established as outlined in s. 80.19 of the Integrated Accessibili Regulation? *	nd caregivers, and if dvisory committee	○ Yes	○ No
Read O. Reg. 191/11 s. 80.19: Outdoor play spaces	Learn more about your requ	irements for o	uestion 14.a
Comments for question 14,a			
14.b. Does your organization's multi-year accessibility plan include procedures for premergency maintenance of the accessible elements in public spaces, and for a temporary disruptions when accessible elements required under the Integrated Standards Regulations Part IV are not in working order? *	dealing with	○ Yes	○ No
Read O. Reg. 191/11 s. 80.44: Maintenance of accessible elements	Learn more about your requi	irements for o	uestion 14.b
Comments for question 14.b			
Customer service			
15. In your policies, practices and procedures, does your organization permit persons wi keep their service animals with them on the parts of your premises that are open to t third parties, except where the animal is excluded by law? If excluded by law, does y have alternate ways for people with service animals to access and use your goods, s facilities?	the public or other your organization	Yes	○ No
	Learn more about your requi	rements for a	uestion 15
Comments for question 15	:		

General requirements			
16. Other than the requirements cited in the above questions, is your organization of applicable requirements for the information and communications standards in Integrated Accessibility Standards Regulation? *	Yes	○ No	
Read O. Reg. 191/11 Part II: Information and communications standards	Learn more about you	r requirements for	question 16
Comments for question 16			
17. Other than the requirements cited in the above questions, is your organization co applicable requirements for the employment standards in effect under the Integ Standards Regulation? *		Yes	○ No
Read O. Reg. 191/11 Part III: Employment standards	Learn more about your	requirements for	question 17
Comments for question 17			
18. Other than the requirements cited in the above questions, is your organization co applicable requirements for the transportation standards in effect under the Intensional Standards Regulation? *		Yes	○ No
Read O. Reg. 191/11 Part IV: Transportation standards	Learn more about your	requirements for	question 18
Comments for question 18			
19. Other than the requirements cited in the above questions, is your organization collapplicable requirements for the design of public spaces standards in effect und 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 19
Comments for question 19			
20. Other than the requirements cited in the above questions, is your organization cor applicable requirements for the customer service standards under the Integrate Standards Regulation? *		Yes	○ No
Read O. Reg. 191/11 Part IV.2: Customer service standards	Learn more about your	requirements for	question 20
Comments for question 20			
21. Other than the requirements cited in the above questions, is your organization cor general requirements in effect under the Integrated Accessibility Standards Regul		Yes	○ No
Read O. Reg. 191/11 Part I: General requirements	Learn more about your	requirements for	question 21
Comments for question 21		•	



Ministry for Seniors and Accessibility

2019 Accessibility Compliance Report

Organization category Designated Public Sector				Number of employees range 50+			
Filing organization legal name Renfrew Victoria Hospital							
Filing organization business	number (BN9) 108172	2602					
	(4)						
Fields marked with an asterisk	**						
D. Accessibility compliand	e report summary						
Your responses to the questions	on your accessibility repo	rt indic	ate th	at your organization	is in compliar	nce with AODA standards.	
Your organization may be audite	d to verify compliance.						
E. Accessibility compliand	e report certification						
Section 15 of the Accessibility for the required information has been							
Note: It is an offence under the Ac	t to provide false or misleadir	ng infor	mation	in an accessibility rep	oort filed under	the AODA.	
The certifier may designate a prima will be the main contact.	ary contact for the Ministry for	r Senio	rs and .	Accessibility to contac	ct the organizat	ion(s); otherwise the certifier	
Certifier: Someone who can legall	y bind the organization(s).						
Primary Contact: The person who	will be the main contact for a	accessi	bility is:	sues.		•	
Acknowledgement							
☑ I certify that I have the authority	to bind all organizations spe	cified in	n Sectio	on A of this form, *			
I certify that all the required info	rmation has been included in	this re	port, ar	nd, *			
✓ I certify that the information in t	his report is accurate. *						
Certification date (yyyy-mm-dd) *	2019-09-11						
Certifier information	-						
Last name * Boudreau			First r Julia	name *			
Position title * Vice President	Business phone number * 613 432-4851	Exten 275	sion	Check here if T	TY		
Email * boudreauj@renfrewhosp.com	n .		Altern	ate phone number	Extension	Fax number 613 432-8649	
Primary contact for the organ	ization(s)						
Check if the primary contact is s	same as the certifier						
_ast name * Dominy			First r Deni	ame * Se			
Position title * Other	Business phone number * 613 432-4851	Exten 186	sion	Check here if T	ТҮ		
Email * dominyd@renfrewhosp.com			Altern	ate phone number	Extension	Fax number 613 432-8649	