

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 <u>Schedule 1 of the regulation 191/11</u>), or an agency, board or commission (<u>under 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
- 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

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:

Phone: 416-849-8276 TTY: 416-325-3408



Accessibility Directorate of Ontario

2017 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. Organization	on information					
Organization category *			Number of employees range *		Reporting year	
Designated Pu	Designated Public Sector		1-49 employees		2017	
Business detai	ls					
Organization legal name *					Number o	f employees in Ontario * Help
Township of Nipissing				10		
Business number	(BN9) * Help				·	
128842713						
_	ating/business name i	_	name		1	
Township of N	rating/business name			Language preference for communications *		
•	·	ration's principa	l business sativit	n. *	English	
91 - Public adr	escribes your organiz	alion's principa	i business activit	y	<u>Help</u>	
Subsector (if poss				Industry group (if	f nossible)	
` .	unicipal and regio	nal nublic ad	Iministration	1		al and regional public administr
Mailing address		Tai public de		o Too Other I	Tocal, mamorpe	arana regional public darilinisti
	tters can be sent to th	e person respo	nsible for coordir	nating the organiza	ation's AODA com	pliance activities.
Country *) Canada	\bigcirc	USA		International	
Type of address *	Street addre	ss	Street address s	served by route (Other	
Unit number	Street number * 45	Street name * Beatty				
Street type Street	Street direction		City * Nipissing			Province * ON (Ontario)
Postal code * P0H 1W0		1				
<u> </u>	-	•		ecountable for the	organization's cor	npliance with the AODA.)
Country *) Canada	\circ	USA		International	
Type of address *	Street addre	ss	Street address s	served by route (Other	
Unit number	Street number * 45	Street name * Beatty				
Street type	Street direction		City *			Province *
Street			Nipissing			ON (Ontario)
Postal code * P0H 1W0		1				

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.

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2017 Accessibility compliance report

Organization category Designated Public Sector	Number of employees range 1-49		
Filing organization legal name Township of Nipissing	1		
Filing organization business number (BN9) 128842713			
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 onta	rio.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 our lift you need help with a specific question, click the help links which will open in a new browser wind relevant AODA regulations and the link on the right to view relevant accessibility information resour Make your employment practices accessible	ow. Use the link on the left to view the		
Does your organization notify its employees and the public about the availability of accommodati	ons		
during the recruitment process? *			
Read O. Reg. 191/11 s.22 - 24: Recruitment Learn more about your requirements for question 1			
Comments for question 1			
 Does your organization provide employees with updated information about its policies to support employees with disabilities? * 	Yes No		
Read O. Reg. 191/11 s.25: Informing employees of supports Learn r	more about your requirements for question 2		
Comments for question 2			
 When requested, does your organization provide employees with disabilities information in an action format or with communication supports? * 	ccessible		
Read O. Reg. 191/11 s.26: Accessible formats and communication supports for employees Learn r	more about your requirements for question 3		
Comments for question 3			

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4. Does your organization prepare individualized workplace emergency response information for employees with disabilities? *	Yes	○ No
Read O. Reg. 191/11 s.27: Workplace emergency response information Learn more about	out your requirements	for question 4
Comments for if required question 4		
Make new or redeveloped public spaces accessible 5. Since January 1, 2016, has your organization constructed new or redeveloped existing recreational trails that you intend to maintain? * (if Yes, you will be required to answer additional questions)	○ Yes	No
Read O. Reg. 191/11 Part IV.1: Design of Public Spaces Standards - Definitions Learn more about	out your requirements	for question 5
5.a. Did your organization consult with the public and persons with disabilities prior to constructing new or redeveloping existing recreational trails as outlined in the s.80(8) of the Integrated Accessibility Standards Regulation (IASR)? *	○ Yes	○ No
Read O. Reg. 191/11 s.80(8): Consultation, recreational trails Learn more about	t your requirements fo	or question 5.a
Comments for question 5.a		
5.b. Does your organization ensure that its new or redeveloped recreational trails meet the technical requirements as outlined s.80(9) of the IASR? *	○ Yes	○ No
Read O. Reg. 191/11 s.80(9): Technical requirements for trails Learn more about	t your requirements fo	or question 5.b
Comments for question 5.b		
Since January 1, 2016, has your organization constructed new or redeveloped existing beach access routes that you intend to maintain? * (if Yes, you will be required to answer additional questions) Read O. Reg. 191/11 Part IV.1: Design of Public Spaces Standards - Definitions Learn more about the properties of the proper	Yes	No for question 6
6.a. Does your organization ensure that its new or redeveloped beach access routes meet the technical requirements as outlined in IASR s.80(10)? *	○ Yes	○ No
Read O. Reg. 191/11 s.80(10): Technical requirements for beach access routes Learn more about	t your requirements fo	or question 6.a
Comments for question 6.a		
7. Do your new or redeveloped recreational trail and/or beach access routes include boardwalks? * (if Yes, you will be required to answer additional questions)	○ Yes	○ No
7.a. Where new or redeveloped recreational trails and/or beach access routes have a boardwalk, does the boardwalk meet the technical requirements as outlined in s.80(12) of the IASR? *	◯ Yes	○ No
Read O. Reg. 191/11 s.80(12): Boardwalks Learn more about	t your requirements fo	or question 7.a
Comments for question 7 a		

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 Do your new or redeveloped recreational trails and/or beach access routes include ramps? * (if Yes, you will be required to answer additional questions) 	() Yes	○ No
Read O. Reg. 191/11 s.80(13): Ramps Learn more about years.	our requirements	for question 8
8.a. Where new or redeveloped recreational trails and/or beach access routes have a ramp, does the ramp meet the technical requirements as outlined in s.80(13) of the IASR? *	○ Yes	○ No
Read O. Reg. 191/11 s.80(13): Ramps Learn more about you	ır requirements fo	or question 8.a
Comments for question 8.a		
9. Since January 1, 2016, has your organization constructed new or redeveloped existing outdoor public use eating areas that you intend to maintain? * (if Yes, you will be required to answer additional questions) Read O. Reg. 191/11 s.80(17): Outdoor public use eating areas, general requirements Learn more about you		No for question 9
9.a. Does your organization ensure that where they construct or redevelop outdoor public use eating areas that they meet the requirements as outlined in s.80(17) of the IASR? *	Yes	○ No
Read O. Reg. 191/11 s.80(17): Outdoor public use eating areas, general requirements Learn more about you	ur requirements for	or question 9.a
Comments for question 9.a		
10. Since January 1, 2016, has your organization constructed new or redeveloped existing outdoor play spaces that you intend to maintain? * (if Yes, you will be required to answer additional questions)	◯ Yes	No
10.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 accessibility advisory committee where one was established as outlined in s.80(19) of the IASR? *	○ Yes	○ No
Read O. Reg. 191/11 s.80(19): Outdoor play spaces, consultation requirements Learn more about your	requirements for	question 10.a
Comments for question 10.a		
10.b. Did your organization incorporate accessibility features when constructing a new or redeveloping an existing play space as outlined in s.80(20a) of the IASR? *	○ Yes	○ No
Read O. Reg. 191/11 s.80(20a): Outdoor play spaces, accessibility in design Learn more about your	requirements for	question 10.b
Comments for question 10.b		
10.c. Does your organization's new or redeveloped play spaces have a firm ground surface as outlined in s.80(20b) of the IASR? *	○ Yes	○ No
Read O. Reg. 191/11 s.80(20b): Outdoor play spaces, accessibility in design Learn more about your	requirements for	r question 10.c
Comments for question 10.c		
11. Since January 1, 2016, has your organization constructed new or redeveloped existing exterior paths of travel that you intend to maintain? * (if Yes, you will be required to answer additional questions)	○ Yes	No
11.a. Where applicable, do your newly constructed or redeveloped exterior paths of travel meet the technical and general requirements as outlined in s.80(21) – 80(31) of the IASR? *	○ Yes	○ No
Read O. Reg. 191/11 s. 80(21) - 80(31): Exterior Paths of Travel Learn more about your	requirements for	question 11.a
Comments for question 11.a		

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12. Since January 1, 2016, has your organization constructed new or redeveloped existing off-street parking facilities that you intend to maintain? * (if Yes, you will be required to answer additional questions)	○ Yes	No
12.a. When constructing new or redeveloping off-street parking facilities that you intend to maintain, do you ensure that the off-street parking facilities meet the accessibility requirements as outlined in s.80(32) – 80(37) of the IASR? *	Yes	○ No
Read O. Reg. 191/11 s.80(32) - 80(37): Accessible Parking Learn more about your	r requirements for	question 12.a
Comments for question 12.a		
13. Since January 1, 2016, has your organization constructed a new or replaced an existing service counter? * (if Yes, you will be required to answer additional questions)	○ Yes	No
13.a. Does your organization ensure that new or redeveloped service counters meet the technical requirements as outlined in s.80(41) of the IASR? *	○ Yes	○ No
Read O. Reg. 191/11 s. 80(41): Service counters Learn more about you	r requirements for	question 13.a
Comments for question 13.a		
14. Since January 1, 2016, has your organization constructed new fixed queuing guides? * (if Yes, you will be required to answer additional questions)	○ Yes	No
14.a. Does your organization ensure that new fixed queuing guides for obtaining services meet the technical requirements as outlined in s.80(42) of the IASR? *	○ Yes	○ No
Read O. Reg. 191/11 s.80(42): Fixed queuing guides Learn more about you	<u>r requirements for</u>	question 14.a
Read O. Reg. 191/11 s.80(42): Fixed queuing guides Comments for question 14.a	r requirements for	question 14.a
Comments for	r requirements for	• No
Comments for question 14.a 15.Since January 1, 2016, has your organization constructed new or redeveloped existing waiting areas? *		
Comments for question 14.a 15.Since January 1, 2016, has your organization constructed new or redeveloped existing waiting areas? * (if Yes, you will be required to answer additional questions) 15.a. Does your organization ensure that new or developed fixed seating waiting areas meet the		No No
Comments for question 14.a 15.Since January 1, 2016, has your organization constructed new or redeveloped existing waiting areas? * (if Yes, you will be required to answer additional questions) 15.a. Does your organization ensure that new or developed fixed seating waiting areas meet the technical requirements as outlined in s.80(43) of the IASR? *		No No
Comments for question 14.a 15.Since January 1, 2016, has your organization constructed new or redeveloped existing waiting areas? * (if Yes, you will be required to answer additional questions) 15.a. Does your organization ensure that new or developed fixed seating waiting areas meet the technical requirements as outlined in s.80(43) of the IASR? * Read O. Reg. 191/11 s.80(43): Waiting areas Comments for question 15.a 16. Does your organization's public spaces have accessible elements in place as required under the Design of Public Spaces Standard of the IASR? *		No No
Comments for question 14.a 15.Since January 1, 2016, has your organization constructed new or redeveloped existing waiting areas? * (if Yes, you will be required to answer additional questions) 15.a. Does your organization ensure that new or developed fixed seating waiting areas meet the technical requirements as outlined in s.80(43) of the IASR? * Read O. Reg. 191/11 s.80(43): Waiting areas Comments for question 15.a 16. Does your organization's public spaces have accessible elements in place as required under the Design of Public Spaces Standard of the IASR? * (if Yes, you will be required to answer additional questions)		No No question 15.a
Comments for question 14.a 15.Since January 1, 2016, has your organization constructed new or redeveloped existing waiting areas? * (if Yes, you will be required to answer additional questions) 15.a. Does your organization ensure that new or developed fixed seating waiting areas meet the technical requirements as outlined in s.80(43) of the IASR? * Read O. Reg. 191/11 s.80(43): Waiting areas Comments for question 15.a 16. Does your organization's public spaces have accessible elements in place as required under the Design of Public Spaces Standard of the IASR? * (if Yes, you will be required to answer additional questions)		No No question 15.a
Comments for question 14.a 15.Since January 1, 2016, has your organization constructed new or redeveloped existing waiting areas? * (if Yes, you will be required to answer additional questions) 15.a. Does your organization ensure that new or developed fixed seating waiting areas meet the technical requirements as outlined in s.80(43) of the IASR? * Read O. Reg. 191/11 s.80(43): Waiting areas Comments for question 15.a 16. Does your organization's public spaces have accessible elements in place as required under the Design of Public Spaces Standard of the IASR? * (if Yes, you will be required to answer additional questions) Read O. Reg. 191/11 Part IV. 1: Design of public spaces standards Learn more about you 16.a. 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 are not in working order as outlined in s.80(44) of	Yes Yes Yes Yes Yes Yes Yes Yes	No

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Provide accessible transportation services			
17. Does your organization provide conventional transportation services? * (if Yes, you will be required to answer additional questions)		○ Yes	No
Read O. Reg. 191/11 Part IV - Transportation Standards: Definitions	Learn more about your red	quirements for	question 17
17.a. Does your organization have electronic pre-boarding announcements of the rout destination or next major stop on its transportation vehicles, and do these annou the requirements set out in section 51. O. Reg. 191/11? *		○ Yes	○ No
Read O. Reg. 191/11 s.51(2): Pre-boarding announcements	_earn more about your requ	<u>iirements for c</u>	uestion 17.a
Comments for question 17.a			
17.b. Does your organization ensure that all destination points or available route stops through electronic means and legibly and visually displayed through electronic means.		○ Yes	○ No
Read O. Reg. 191/11 s.52(2) - 52(3): On-board announcements	_earn more about your requ	<u>iirements for c</u>	uestion 17.b
Comments for question 17.b			
18. Does your organization provide specialized transportation services? * (if Yes, you will be required to answer additional questions)		○ Yes	No
Read O. Reg. 191/11 Part IV - Transportation Standards: Definitions	Learn more about your red	quirements for	r question 18
18.a. Does your organization follow the eligibility requirements as outlined in section 6 Accessibility Standards Regulation? *	3 of the Integrated	○ Yes	○ No
Read O. Reg. 191/11 s.63: Categories of eligibility	_earn more about your requ	uirements for c	uestion 18.a
Comments for question 18.a			
19. In the jurisdiction where you provide specialized transportation services, does another provide conventional transportation services? * (if Yes, you will be required to answer additional questions)	organization	○ Yes	○ No
19.a. Does your organization ensure that it does not charge more than the highest fare conventional transportation services within the same jurisdiction? *	e charged for	○ Yes	○ No
Read O. Reg. 191/11 s.66: Fare parity	_earn more about your requ	uirements for c	uestion 19.a
Comments for question 19.a			
19.b. Does your organization ensure that it has, at minimum, the same hours and days one of the conventional transportation service providers within the same jurisdict	-	Yes	○ No
Read O. Reg. 191/11 s.70: Hours of service	_earn more about your requ	uirements for o	uestion 19.b
Comments for question 19.b			
20. Other than the requirements cited in the above questions, is your organization comply requirements in effect under the Integrated Accessibility Standards Regulation? *	ing with all other	Yes	○ No
Read O. Reg. 191/11: Integrated Accessibility Standards	Learn more about your red	quirements for	question 20
Comments for question 20			

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2017 Accessibility compliance report

Organization category Designated Public Sector				Number of employees range 1-49		
Filing organization legal name Township of Nipissing						
Filing organization business number (BN9) 128842713						
Fields marked with an asterisk (*) are mandatory.					
D. Accessibility compliance	e report summary					
Your responses to the questions	on your accessibility repo	rt indic	ate that your organization	is in complian	ce with AODA standards.	
Your organization may be audited	d to verify compliance.					
E. Accessibility compliance	e report certification					
Section 15 of the <i>Accessibility for O</i> the required information has been p						
Note: It is an offence under the Act	to provide false or misleadin	g inform	nation in an accessibility rep	ort filed under th	ne AODA.	
The certifier may designate a prima main contact.	ry contact for the Accessibilit	y Direct	torate to contact the organiz	ation(s); otherwi	ise the certifier will be the	
Certifier: Someone who can legally	bind the organization(s).					
Primary Contact: The person who	will be the main contact for a	ıccessib	ility issues.			
Acknowledgement						
✓ I certify that I have the authority	to bind all organizations spe	cified in	Section A of this form, *			
✓ I certify that all the required info	rmation has been included in	this re	port, and, *			
✓ I certify that the information in the	nis report is accurate. *					
Certification date (yyyy-mm-dd) *	2017-07-12					
Certifier information						
Last name *			First name *			
Barton			Charles			
Position title * Other	Business phone number * 705 724-2144	Exten	ision Check here if T	TY		
Email * admin@nipissingtownship.com		Alternate phone number	Extension	Fax number 705 724-5385		
Primary contact for the organizat	ion(s)					
☐ Check if the primary contact is s	same as the certifier					
Last name * First name *						
Croskery-Hodgins Kris			Kris			
Position title * Other	Business phone number * 705 724-2144	Exten	Sion Check here if T	TY		
Email * admin@nipissingtownship.co	om		Alternate phone number	Extension	Fax number 705 724-5385	

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