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.

2023 Accessibility Compliance Report

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** 50+ employees 2023 **Business details** Organization legal name * Number of employees in Ontario * Help LENWORTH BUILDING SERVICES LIMITED 78 Business number (BN9) * 875142606 ∇ Check if operating/business name is same as legal name Organization operating/business name LENWORTH BUILDING SERVICES LIMITED Sector that best describes your organization's principal business activity * **Help** 23 - Construction Subsector (if possible) 238 - Specialty trade contractors Industry group (if possible) 2389 - Other specialty trade contractors 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 Type of address * Street address Street address served by route Other Unit number Street number * Street name * 4141 Sladeview Street direction Province * Street type City * ON (Ontario) Crescent Mississauga Postal code (e.g. A1A 1A1) * L5L 5T1 **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 *						
Unit number 1	Street number * 4141	Street nam Sladeview	-			
Street type Crescent	Street direction		City * Mississauga		Province * ON (Ontario)	
Postal code (e.g. A1A 1A1) * L5L 5T1						

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.



2023 Accessibility compliance report

Organization category Business or Non-profit					
Number of employees range	Number of employees range 50+				
Filing organization legal name	E LENWORTH BUILDING	SE	RVICES LIMITED		
Filing organization business r	number (BN9) 875142606	6			
Fields marked with an asteris	k (*) are mandatory.				
B. Understand your acce	ssibility requirements				
Before you begin your report, yo	u can learn about your acce	ssibi	lity requirements at ontario	o.ca/accessib	ility
Additional accessibility requirem • a library board	ents apply if you are:				
• a producer of edu	cation material (e.g. textbool	<u>ks)</u>			
• an education institution	tution (e.g. school board, col	lege	, university or school)		
• a municipality					
C. Accessibility complian	nce report certification)			
Section 15 of the <i>Accessibility fo</i> certifying that all the required inforganization(s).					
Note: It is an offence under the	Act to provide false or mislea	adino	g information in an accessi	bility report fil	led under the AODA.
The certifier may designate a protherwise the certifier will be the		y for	Seniors and Accessibility t	o contact the	organization(s);
Certifier: Someone who can leg	gally bind the organization(s)				
Primary Contact: The person w	ho will be the main contact t	for a	ccessibility issues.		
Acknowledgement					
✓ I certify that all the information	n is accurate and I have the	auth	nority to bind the organizati	on *	
Certification date (yyyy-mm-dd)	* 2023-11-28				
Certifier information	<u> </u>				
Last name * Morrow			First name * Andrew		
Position title * Vice President	Business phone number * 905-625-6555	Ext	ension	е	
Email * amorrow@lenworth.ca			Alternate phone number	Extension	Fax number
Primary contact for the org	ganization(s)				
Check if the primary contact is same as the certifier Last name * Morrow First name * Andrew					

Position title * Vice President	Business phone number * 905-625-6555	Extension	Check he	re		
Email * amorrow@lenworth.ca		Alternate	phone number	Extension	Fax number	er
D. Accessibility complian	nce report questions	'		1		
Instructions						
Please answer each of the follow	ving compliance questions. U	Jse the Comm	ents box if you v	vish to comm	ent on any r	esponse.
If you need help with a specific of view the relevant AODA regulation						on the left to
General						
Has your organization created accessibility by meeting all ap					Yes	○ No
Read O. Reg. 191/11, s. 3 (1): E	stablishment of accessibility	policies	Learn more abo	out your requ	irements for	question 1
Comments for question 1						
Has your organization estab (If Yes, please answer additi		ulti-year acces	sibility plan? *		Yes	○ No
Read O. Reg. 191/11, s. 4 (1): A	ccessibility plans		Learn more abo	out your requ	irements for	question 2
2.a. Does your organization (If Yes, please answer					Yes	○No
Read O. Reg. 191/11, s. 4 (1	l): Accessibility plans		Learn more abo	out your requ	irements for	question 2.a
Comments for question 2.a						
2.a.i Is your organizat	ion's accessibility plan poste	d on your orga	nization's websi	te? *	Yes	○ No
Read O. Reg. 191/11,	s. 4 (1): Accessibility plans	<u>L</u>	earn more abou	ıt your require	ements for q	uestion 2.a.i
Comments for question 2.a.i						
2.a.ii Does your organ when requested?	ization provide the accessibil	lity plan in an a	accessible forma	t	Yes	○ No
Read O. Reg. 191/11,	s. 4 (1): Accessibility plans	<u>L</u>	earn more abou	ıt your require	ements for q	uestion 2.a.ii
Comments for question 2.a.ii						

	2.b	Does your organization update the accessibility plan at least onc	ce every 5 years? *	Yes	○ No
		O. Reg. 191/11, s. 4 (1): Accessibility plans	Learn more about your requir	ements for	question 2.b
		ments for tion 2.b			
3.	Does	your organization provide appropriate training on: *			
Re	ad O.	Reg. 191/11, s. 7 (1): Training	Learn more about your requ	rements for	question 3
	3.a.	The AODA Integrated Accessibility Standards Regulation? *		Yes	○No
	Read	O. Reg. 191/11, s. 7 (1): Training	Learn more about your requ	rements for	question 3.a
		ments for tion 3.a			
	3.b	The Human Rights Code as it pertains to people with disabilities	?*	Yes	○ No
	Read	O. Reg. 191/11, s. 7 (1): Training	Learn more about your requir	ements for	question 3.b
		ments for tion 3.b			
In	forma	ation and communications			
4.	that is Note on yo	your organization have a process for receiving and responding to accessible to people with disabilities? * This requirement is applicable regardless of whether customers our premises.		Yes) No
Re	•	es, please answer an additional question) Reg. 191/11, s. 11 (1): Feedback	Learn more about your requ	irements for	question 4
		Does your organization notify the public about the availability of and communications supports with respect to the feedback process.	accessible formats	Yes	○ No
		Note: This requirement is applicable regardless of whether custo on your premises. *			
	Read	O. Reg. 191/11, s. 11(2): Feedback	Learn more about your requ	rements for	question 4.a
		ments for tion 4.a			

5.	indirectly ('c modify cont	organization have one (or more) website(s) which it controls controls' means that your organization is able to add, remover tent and functionality of the website)? * ase answer an additional question)		Yes	No
Re	ad O. Reg. 1	191/11, s. 14: Accessible websites and web content	Learn more about your	requirements for	question 5
	Web (record and a	l your organization's internet websites conform to World Wid Content Accessibility Guidelines 2.0 Level AA (except for liv ded audio descriptions)? In the comments box, please list the ddress of your publicly available web content, including wells, and apps. *	re captions and pre- ne complete names	Yes	○ No
	Read O. Re	eg. 191/11, s. 14: Accessible websites and web content	Learn more about your	requirements for	question 5.a
	Comments question 5.				
Cı	ıstomer Se	ervice			
6.	persons witStaff andPeople iPeople p	organization provide training about providing goods, service in disabilities to the following? * d volunteers involved in developing accessibility policies providing goods, services or facilities on behalf of the organ ase answer an additional question)		Yes	○ No
Re	ad O. Reg. 1	191/11, s. 80.49: Training for staff, etc.	Learn more about your	requirements for	question 6
	6.a. Does	the training include all of the following: *		Yes	○ No
	• A	review of the purposes of the AODA?			
	• A	review of the purposes of the Customer Service Standards	?		
	• Ho	ow to interact and communicate with persons with various t	ypes of disability?		
	the pe	ow to interact with persons with disabilities who use an assi e assistance of a guide dog or other service animal or the a erson? ow to use equipment or devices available on the provider's	ssistance of a support		
		ovided by the provider that may help with the provision of g cilities to a person with a disability?	oods, services or		
		hat to do if a person with a particular type of disability is hat coessing the provider's goods, services or facilities?	ving difficulty		
	Read O. Re	eg. 191/11, s. 80.49: Training for staff, etc.	Learn more about your	requirements for	question 6.a
	Comments question 6.				

	individualized workplace emergency response information? * (If Yes, please answer additional questions)			
	mployment Does your organization employ any persons with disabilities for whom	you have provided	○Yes	No
_				
	Comments for question 8.a			
	Read O. Reg. 191/11, s. 80.47 (5): Use of service animals and support persons	Learn more about your	requirements for	question 8.a
	 Determine that there is no other way to protect the health or with a disability or others on premises? 	safety of the person		
	 Determine a support person is necessary to protect the healt person with a disability or others on premises? 	th or safety of the		
	 Consult with the person with a disability? 			
	8.a. Does your organization do all of the following before requiring a to be accompanied by a support person on your premises: *	person with a disability	○Yes	○ No
	ead O. Reg. 191/11, s. 80.47 (5): Use of service animals and apport persons	Learn more about your	requirements for	question 8
8.	support person when on your premises? * (If Yes, please answer an additional question)		○ Yes	No
	Comments for question 7.a			
	Read O. Reg. 191/11, s. 80.48 (2): Notice of temporary disruptions	Learn more about your	requirements for	question 7.a
	Its anticipated duration?A description of available alternative facilities or services (if a	iny)?		
	The reason for the disruption?			
	7.a. Does the notice of the disruption include all of the following? *		Yes	○ No
Re	ead O. Reg. 191/11, s. 80.48 (1): Notice of temporary disruptions	Learn more about your	requirements for	question 7
	(If Yes, please answer an additional question)			

9.a.	Does your organization review the individualized workplace er information for all of the following? *	nergency response		○ No
	When the employee moves to a different location in the organization.	ganization?		
	When the employee's overall accommodation needs or plant	ans are reviewed?		
	When your organization reviews its general emergency po	licies?		
	d O. Reg. 191/11, s. 27 (4): Workplace emergency response	Learn more about your re	equirements for	question 9.a
	nments for			
que	stion 9.a			
9.b.	Do any of the employees for whom your organization has proviously workplace emergency response information require assistance (If Yes, please answer additional questions)		○ Yes	○ No
	d O. Reg. 191/11, s. 27 (2): Workplace emergency response	Learn more about your re	equirements for	question 9.b
Con	mation nments for stion 9.b			
	9.b.i Has your organization, with the employee's consent, present emergency response information to the person designates assistance to the employee? *		○ Yes	○ No
	Read O. Reg. 191/11, s. 27 (2): Workplace emergency response information	Learn more about your req	uirements for qu	uestion 9.b.i
	Comments for question 9.b.i			
	9.b.ii Was the individualized workplace emergency response i soon as practicable after your organization became aw accommodation due to the employee's disability? *		○Yes	○No
	Read O. Reg. 191/11, s. 27 (3): Workplace emergency response information	Learn more about your req	uirements for qu	uestion 9.b.i
	Comments for question 9.b.ii			

Design of public spaces			
 10. Since January 1, 2017, has your organization constructed new or redefollowing items? * Outdoor public use eating areas Outdoor play space Off-street parking Service counter Fixed queuing guides Waiting areas (If Yes, please answer additional questions) 	eveloped any of the	○ Yes (No
Read O. Reg. 191/11 Part IV.1: Design of public spaces standards	Learn more about your re	<u>quirements fo</u>	r question 10
10.a. Where applicable, do the newly constructed or redeveloped item requirements as outlined in the Design of Public Spaces Standar Read O. Reg. 191/11 Part IV.1: Design of public spaces standards			○ No
Comments for question 10.a	,		
10.b. Does your organization's multi-year accessibility plan include propreventative and emergency maintenance of the accessible elem spaces, and for dealing with temporary disruptions when accessing not in working order? *	nents in public	Yes	○ No
Read O. Reg. 191/11, s. 80.44: Maintenance of accessible elements	Learn more about your re	<u>quirements fo</u>	r question 10.b
Comments for question 10.b			

2023 Accessibility Compliance Report

Organization category Business or Non-profit

Number of employees range 50+

Filing organization legal name LENWORTH BUILDING SERVICES LIMITED

Filing organization business number (BN9) 875142606

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.**