

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. Organizati	on information							
Organization category *			Number of emp		Reporting year			
Business / non-profit			50+ employe	loyees 2017				
Business deta	ils							
Organization lega					Number of employees in Ontario * Help			
Durham Furni					183			
Business number	r (BN9) * <u>Help</u>							
132743337								
	ating/business name is rating/business name	s same as lega	li name			preference for communications *		
Durham Furni	-				Language preference for communications * English			
	describes your organiz	ation's principa	al business activity	/ *	<u>Help</u>			
31-33 - Manuf				,	<u></u>			
Subsector (if pos	•			Industry group	(if possible)			
					,			
Mailing address Address where le	etters can be sent to th	e person respo	onsible for coordin	ating the organ	ization's AODA com	npliance activities.		
Country * Canada USA				◯ International				
Type of address	*	ss C) Street address s	erved by route	Other			
Unit number	Street number * 450	Street name * Lambton						
Street type	Street direction		City *			Province *		
Street	W (West)		Durham			ON (Ontario)		
Postal code * NOG 1R0								
<u>. </u>				countable for th	e organization's cor	mpliance with the AODA.)		
Country *	Canada	С) USA		International			
Type of address	* Street addre) Street address s	erved by route	Other			
Unit number	Street number * 450	Street name * Lambton						
Street type	Street direction		City *			Province *		
Street	W (West)		Durham			ON (Ontario)		
Postal code * NOG 1R0								

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 50+

Filing organization legal name Durham Furniture Inc

Filing organization business number (BN9) 132743337

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

Additional accessibility requirements apply if you are:

- <u>a municipality</u>
- an education institution (e.g. school board, college, university or school)
- <u>a producer of education material (e.g. textbooks)</u>
- <u>a library board</u>

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.

Make your employment practices accessible

1. Does your organization notify its employees and the public about the availability of acc during the recruitment process? *	ommodations	Yes	⊖ No
Read O. Reg. 191/11 s.22 - 24: Recruitment	Learn more about your	requirements	for question 1
Comments for			

2. Does your organization provide employees with updated information about its policies to support
 Yes
 No employees with disabilities? *
 Read O. Reg. 191/11 s.25: Informing employees of supports
 Learn more about your requirements for question 2
 Operating for

Comments for question 2

question 1

3. When requested, does your organization provide employees with disabilities information in an accessible format or with communication supports? *

Read O. Reg. 191/11 s.26: Accessible formats and communication supports for employees Learn more about your requirements for question 3

Comments for question 3

() No

 Does your organization prepare individualized workplace emergency response inform employees with disabilities? * 	• Yes	⊖ No	
Read O. Reg. 191/11 s.27: Workplace emergency response information	Learn more about yo	our requirements	for question 4
Comments for question 4			
Make new or redeveloped public spaces accessible			
5. Since January 1, 2017, has your organization constructed new or redeveloped existi that you intend to maintain? *	ng recreational trails	⊖Yes	() No
(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 yo	our requirements	for question 5
5.a. Did your organization consult with the public and persons with disabilities prior or redeveloping existing recreational trails as outlined in the s.80(8) of the Integ Standards Regulation (IASR)? *	to constructing new	⊖ Yes	◯ No
Read O. Reg. 191/11 s.80(8): Consultation, recreational trails	Learn more about you	r requirements fo	or question 5.a
Comments for question 5.a			
5.b. Does your organization ensure that its new or redeveloped recreational trails m requirements as outlined s.80(9) of the IASR? *	eet the technical	⊖ Yes	◯ No
Read O. Reg. 191/11 s.80(9): Technical requirements for trails	Learn more about you	r requirements for	or question 5.b
Comments for question 5.b			
 6. Since January 1, 2017, has your organization constructed new or redeveloped existi routes 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 yo	our requirements	for question 6
6.a. Does your organization ensure that its new or redeveloped beach access route requirements as outlined in IASR s.80(10)? *	s meet the technical	⊖ Yes	◯ No
Read O. Reg. 191/11 s.80(10): Technical requirements for beach access routes	Learn more about you	r requirements fo	or question 6.a
Comments for question 6.a			
 Do your new or redeveloped recreational trail and/or beach access routes include bc (if Yes, you will be required to answer additional questions) 	pardwalks? *	() Yes	◯ No
7.a. Where new or redeveloped recreational trails and/or beach access routes have the boardwalk meet the technical requirements as outlined in s.80(12) of the IA		⊖ Yes	⊖ No
Read O. Reg. 191/11 s.80(12): Boardwalks	Learn more about you	r requirements fo	or question 7.a
Comments for question 7.a			

 Do your new or redeveloped recreational trails and/or beach access routes include ra (if Yes, you will be required to answer additional questions) 	amps? *	⊖ Yes	⊖ No	
<u>Read O. Reg. 191/11 s.80(13): Ramps</u>	Learn more about you	r requirements	for question 8	
8.a. Where new or redeveloped recreational trails and/or beach access routes have ramp meet the technical requirements as outlined in s.80(13) of the IASR? *	e a ramp, does the	⊖ Yes	⊖ No	
Read O. Reg. 191/11 s.80(13): Ramps	Learn more about your r	equirements for	or question 8.a	
Comments for question 8.a				
 9. Since January 1, 2017, has your organization constructed new or redeveloped existing use eating areas that you intend to maintain? * (if Yes, you will be required to answer additional questions) 		() Yes	No No	
Read O. Reg. 191/11 s.80(17): Outdoor public use eating areas, general requirements	-			
9.a. Does your organization ensure that where they construct or redevelop outdoor areas that they meet the requirements as outlined in s.80(17) of the IASR? *	public use eating	⊖ Yes	() No	
Read O. Reg. 191/11 s.80(17): Outdoor public use eating areas, general requirement	nts Learn more about your i	requirements fo	or question 9.a	
Comments for question 9.a				
 Since January 1, 2017, has your organization constructed new or redeveloped exist spaces that you intend to maintain? * (if Yes, you will be required to answer additional questions) 	ting outdoor play	⊖ Yes	No	
10.a. When constructing new or redeveloping existing outdoor play spaces, did you consult with the public and persons with disabilities on the needs of children ar 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 re	equirements for	question 10.a	
Comments for question 10.a				
10.b. Did your organization incorporate accessibility features when constructing a n an existing play space as outlined in s.80(20a) of the IASR? *	new or redeveloping	⊖ Yes	⊖ No	
Read O. Reg. 191/11 s.80(20a): Outdoor play spaces, accessibility in design	Learn more about your re	equirements for	question 10.b	
Comments for question 10.b				
10.c. Does your organization's new or redeveloped play spaces have a firm ground in s.80(20b) of the IASR? *	l surface as outlined	⊖ Yes	⊖ No	
Read O. Reg. 191/11 s.80(20b): Outdoor play spaces, accessibility in design	Learn more about your re	equirements for	question 10.c	
Comments for question 10.c				
 11. Since January 1, 2017, has your organization constructed new or redeveloped exis travel that you intend to maintain? * (if Yes, you will be required to answer additional questions) 	ting exterior paths of	() Yes	() No	
11.a. Where applicable, do your newly constructed or redeveloped exterior paths of technical and general requirements as outlined in s.80(21) – 80(31) of the IAS		⊖ Yes	⊖ No	
Read O. Reg. 191/11 s. 80(21) - 80(31): Exterior Paths of Travel	Learn more about your re	quirements for	question 11.a	
Comments for question 11.a				

 Since January 1, 2017, has your organization constructed new or redeveloped existing off-stree parking facilities that you intend to maintain? * (if Yes, you will be required to answer additional questions) 	eet OYes	No No
12.a. When constructing new or redeveloping off-street parking facilities that you intend to mai you ensure that the off-street parking facilities meet the accessibility requirements as out s.80(32) – 80(37) of the IASR? *		◯ No
Read O. Reg. 191/11 s.80(32) - 80(37): Accessible Parking Learn mo	ore about your requirements for	or question 12.a
Comments for question 12.a		
 13. Since January 1, 2017, has your organization constructed a new or replaced an existing servic counter? * (if Yes, you will be required to answer additional questions) 	ce O Yes	No
 13.a. Does your organization ensure that new or redeveloped service counters meet the techn requirements as outlined in s.80(41) of the IASR? * 	nical O Yes	◯ No
Read O. Reg. 191/11 s. 80(41): Service counters	ore about your requirements fo	or question 13.a
Comments for question 13.a		
 14. Since January 1, 2017, 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 mee technical requirements as outlined in s.80(42) of the IASR? *	et the Yes	◯ No
Read O. Reg. 191/11 s.80(42): Fixed queuing guides	ore about your requirements fo	or question 14.a
Comments for question 14.a		
15.Since January 1, 2017, has your organization constructed new or redeveloped existing waiting (if Yes, you will be required to answer additional questions)	areas? * Yes	() No
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? *	he O Yes	⊖ No
Read O. Reg. 191/11 s.80(43): Waiting areas Learn mo	ore about your requirements fo	or question 15.a
Comments for question 15.a		
 16. Does your organization's public spaces have accessible elements in place as required under t of Public Spaces Standard of the IASR? * (if Yes, you will be required to answer additional questions) 	the Design O Yes	No
	more about your requirements	for question 16
16.a. Does your organization's multi-year accessibility plan include procedures for preventative emergency maintenance of the accessible elements in public spaces, and for dealing wit temporary disruptions when accessible elements are not in working order as outlined in s the IASR? *	h 🖯 🖓 🕹	⊖ No
Read O. Reg. 191/11 s.80(44): Maintenance of accessible elements Learn mo	ore about your requirements for	or question 16.a
Comments for question 16.a		

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17. Other than the requirements cited in the above questions, is your organization complying with all other
requirements in effect under the Integrated Accessibility Standards Regulation? *

Read O. Reg. 191/11: Integrated Accessibility Standards

Comments for question 17

• Yes

() No

Learn more about your requirements for question 17



Organization category Business / non-profit

Number of employees range 50+

Filing organization legal name Durham Furniture Inc

Filing organization business number (BN9) 132743337

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) * 2017-04-27

Certifier information

Last name * Morris				First name * Lynn			
Position title * Other	Business phone number * 519 369-2345	Exten 2230		Check here if TT	Y		
Email * Imorris@durhamfurniture.cor	n			ate phone number 379-2837	Extension	Fax number	

Primary contact for the organization(s)

 \checkmark Check if the primary contact is same as the certifier

Last name * Morris				First name * Lynn			
Position title * Other	Business phone number * 519 369-2345	Exten 2230		Check here if TT	(
Email * Imorris@durhamfurniture.com			1	ate phone number 379-2837	Extension	Fax number	