

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 <u>accessibility@ontario.ca</u>.



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 <u>Integrated Accessibility Standards Regulation (IASR)</u> 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 <u>IASR</u>, 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. Organizatio	n information					
Organization cate	egory *		٩	Number of employees range *		Reporting year
Business or No	n-profit		5	0+ employees		2023
Business deta	ils		·			·
Organization lega	al name *				Number of e	employees in Ontario * <u>Help</u>
Bullet Trade Se	ervices Ltd.				85	
Business numbe 817987555	r (BN9) * <u>Help</u>					
Check if operation	ating/business nam	e is same as	s legal name			
Organization ope Bullet Trade Se	erating/business nar ervices Ltd.	ne				
Sector that best of 23	describes your orga	nization's pr	rincipal business	activity *	<u>Help</u>	
Subsector (if pos 238	sible)					
Industry group (if 2389	possible)					
Mailing addres	SS					
Address where le	etters can be sent to	the person	responsible for c	oordinating the org	anization's AO	DA compliance activities.
Country *						
The fields below	will change based of	on your sele	ction.			
Canada	C C	JSA		◯ Internat	ional	
Type of address	* Street addre 	ss C) Street address	served by route	Other	
Unit number	Street number * 8	Street nam Nicholas I				
Street type	Street direction		City *		F	Province *
Road			Puslinch		(ON (Ontario)
Postal code (e.g. N0B 2J0	A1A 1A1) *					
Business add	ress					
(Address at which	n letters can be sent	to the compa	any director/office	r accountable for th	e 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	\bigcirc L	JSA	◯ International					
Type of address * Street address Street address served by route Other								
Unit number	Street number *	Street nam	ie *					
	8	Nicholas	Beaver					
Street type	Street direction		City *		Province *			
Road			Puslinch		ON (Ontario)			
Postal code (e.g. A1A 1A1) *								
N0B 2J0	NOB 2J0							

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 or Non-profit

Number of employees range 50+

Filing organization legal name Bullet Trade Services Ltd.

Filing organization business number (BN9) 817987555

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

C. 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 Ministry for Seniors and Accessibility 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 all the information is accurate and I have the authority to bind the organization *

Certification date (yyyy-mm-dd) * 2024-01-31

Certifier information

			First name * Phil			
	Business phone number * 519-824-1919	Exte	ension	Check her if TTY	e	
Email * philb@bullettradeservices.com			Alternate p	hone number	Extension	Fax number

Primary contact for the organization(s)

Check if the primary contact is same as the certifier					
Last name *	First name *				
Bacal	Phil				

Position title * Owner	Business phone number * 519-824-1919	Extension	Check he if TTY	re		
Email * philb@bullettradeservices.cc	bm	Alternate	e phone number	Extension	Fax numbe	r
D. Accessibility complia	nce report questions					
Instructions						
Please answer each of the follo	wing compliance questions.	Use the Comr	nents box if you v	wish to comm	ent on any re	esponse.
If you need help with a specific view the relevant AODA regulat						n the left to
General						
1. Has your organization create accessibility by meeting all ap					Yes	⊖ No
Read O. Reg. 191/11, s. 3 (1): I	Establishment of accessibility	<u>policies</u>	Learn more abo	out your requ	irements for	question 1
Comments for question 1						
 Has your organization estab (If Yes, please answer addit 	•	ulti-year acce	ssibility plan? *		• Yes	⊖ No
Read O. Reg. 191/11, s. 4 (1): A	Accessibility plans		Learn more abo	<u>out your requ</u>	irements for o	question 2
2.a. Does your organizatio (If Yes, please answer					Yes	⊖ No
<u>Read O. Reg. 191/11, s. 4 (</u>	1): Accessibility plans		Learn more abo	out your requ	irements for o	question 2.a
Comments for question 2.a						
2.a.i Is your organizat	ion's accessibility plan poste	d on your org	anization's websi	te? *	• Yes	◯ No
Read O. Reg. 191/11,	s. 4 (1): Accessibility plans		Learn more abou	it your require	ements for qu	<u>iestion 2.a.i</u>
Comments for question 2.a.i						
2.a.ii Does your organ when requested	ization provide the accessibi ? *	lity plan in an	accessible forma	ıt	• Yes	◯ No
<u>Read O. Reg. 191/11,</u>	s. 4 (1): Accessibility plans		Learn more abou	it your require	ements for qu	<u>iestion 2.a.ii</u>
Comments for question 2.a.ii						
-						

2.b Does your organization update the accessibility pla	an at least once every 5 years? *
Read O. Reg. 191/11, s. 4 (1): Accessibility plans	Learn more about your requirements for question 2.b
Comments for question 2.b	
3. Does your organization provide appropriate training on: *	
<u>Read O. Reg. 191/11, s. 7 (1): Training</u>	Learn more about your requirements for question 3
3.a. The AODA Integrated Accessibility Standards Reg	ulation? *
<u>Read O. Reg. 191/11, s. 7 (1): Training</u>	Learn more about your requirements for question 3.a
Comments for question 3.a	
3.b The Human Rights Code as it pertains to people w	ith disabilities? *
<u>Read O. Reg. 191/11, s. 7 (1): Training</u>	Learn more about your requirements for question 3.b
Comments for question 3.b	
Information and communications	
 Does your organization have a process for receiving and that is accessible to people with disabilities? * Note: This requirement is applicable regardless of wheth on your premises. (If Yes, please answer an additional question) 	
Read O. Reg. 191/11, s. 11 (1): Feedback	Learn more about your requirements for question 4
 4.a. Does your organization notify the public about the a and communications supports with respect to the fermion of the Note: This requirement is applicable regardless of on your premises. * 	availability of accessible formats • Yes No
Read O. Reg. 191/11, s. 11(2): Feedback	Learn more about your requirements for question 4.a
Comments for question 4.a	

5.	Does your organization have one (or more) website(s) which it controls directly or
	indirectly ('controls' means that your organization is able to add, remove and/or
	modify content and functionality of the website)? *
	(If Yes, please answer an additional question)

Read O. Reg. 191/11, s. 14: Accessible websites and web content

5.a. Do all your organization's internet websites conform to World Wide Web Consortium Web Content Accessibility Guidelines 2.0 Level AA (except for live captions and prerecorded audio descriptions)? In the comments box, please list the complete names and address of your publicly available web content, including websites, social media pages, and apps. *

Read O. Reg. 191/11, s. 14: Accessible websites and web content

Learn more about your requirements for question 5.a

Learn more about your requirements for question 6

Yes

Learn more about your requirements for question 5

Comments for question 5.a

Customer Service

6. Does your organization provide training about providing goods, services or facilities to persons with disabilities to the following? *

Staff and volunteers
People involved in developing accessibility policies

- People providing goods, services or facilities on behalf of the organization
- (If Yes, please answer an additional question)

Read O. Reg. 191/11, s. 80.49: Training for staff, etc.

- 6.a. Does the training include all of the following: *
 - A review of the purposes of the AODA?
 - A review of the purposes of the Customer Service Standards?
 - · How to interact and communicate with persons with various types of disability?
 - How to interact with persons with disabilities who use an assistive device or require the assistance of a guide dog or other service animal or the assistance of a support person?
 - How to use equipment or devices available on the provider's premises or otherwise provided by the provider that may help with the provision of goods, services or facilities to a person with a disability?
 - What to do if a person with a particular type of disability is having difficulty accessing the provider's goods, services or facilities?

Read O. Reg. 191/11, s. 80.49: Training for staff, etc.

Comments for question 6.a Learn more about your requirements for question 6.a

💽 Yes 🛛 🔿 No

• Yes

 \bigcirc No

 \bigcirc No

 \bigcirc No

7.	If there is a temporary disruption of goods, services or facilities used by disabilities, does your organization give a notice of the disruption to the (If Yes, please answer an additional question)	• Yes) No	
Re	ead O. Reg. 191/11, s. 80.48 (1): Notice of temporary disruptions	Learn more about your re	equirements for	question 7
	7.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 an	y)?		
	Read O. Reg. 191/11, s. 80.48 (2): Notice of temporary disruptions	Learn more about your re	equirements for	<u>question 7.a</u>
	Comments for question 7.a			
8.	Does your organization ever require a person with a disability to be acc support person when on your premises? * (If Yes, please answer an additional question)	ompanied by a	⊖ Yes	No
	ead O. Reg. 191/11, s. 80.47 (5): Use of service animals and upport persons	Learn more about your re	equirements for	question 8
	 8.a. Does your organization do all of the following before requiring a p to be accompanied by a support person on your premises: * Consult with the person with a disability? 	erson with a disability	⊖Yes	⊖ No
	 Determine a support person is necessary to protect the health person with a disability or others on premises? 	or safety of the		
	 Determine that there is no other way to protect the health or s with a disability or others on premises? 	afety of the person		
	<u>Read O. Reg. 191/11, s. 80.47 (5): Use of service animals and support persons</u>	Learn more about your re	equirements for	question 8.a
	Comments for question 8.a			
Eı	mployment			
9.	Does your organization employ any persons with disabilities for whom y individualized workplace emergency response information? * (If Yes, please answer additional questions)	ou have provided	⊖ Yes	No
	ead O. Reg. 191/11, s. 27 (1): Workplace emergency response formation	Learn more about your re	equirements for	question 9

9.a.	Does your organization review the individualized workplace en information for all of the following? *	nergency response	⊖ Yes	() No
	• When the employee moves to a different location in the org	ganization?		
	• When the employee's overall accommodation needs or pla	ins are reviewed?		
	• When your organization reviews its general emergency po	licies?		
	d O. Reg. 191/11, s. 27 (4): Workplace emergency response mation	<u>Learn more about your req</u>	uirements for o	question 9.a
	ments for			
que	stion 9.a			
9.b.	Do any of the employees for whom your organization has prov workplace emergency response information require assistance (If Yes, please answer additional questions)		⊖ Yes	⊖ No
	O. Reg. 191/11, s. 27 (2): Workplace emergency response	<u>Learn more about your req</u>	uirements for	question 9.b
<u>infor</u>	<u>mation</u>			
	iments for			
que	stion 9.b			
	9.b.i Has your organization, with the employee's consent, pr	avided the workplace		
	9.b.i Has your organization, with the employee's consent, pr emergency response information to the person designation assistance to the employee? *		() Yes	() No
	<u>Read O. Reg. 191/11, s. 27 (2): Workplace emergency</u> response information	Learn more about your requi	<u>rements for qu</u>	<u>lestion 9.b.i</u>
	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
		1	and the second second	and an other
	Read O. Reg. 191/11, s. 27 (3): Workplace emergency response information	Learn more about your requi	rements for qu	<u>iestion 9.b.ii</u>

Comments for question 9.b.ii

Design of public spaces

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



Organization category Business or Non-profit

Number of employees range 50+

Filing organization legal name Bullet Trade Services Ltd.

Filing organization business number (BN9) 817987555

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.