

## 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. This form is due by **December 31, 2025**.

### 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  
All full-time, part-time, seasonal and contract employees, regardless of status, must be counted when determining the number of employees an organization has. Employees based outside of Ontario, volunteers and independent contractors are not included for counting purposes. For more information, consult [Ontario.ca How to count your employees](#).
- 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  
Refer to the guidance above on how to count employees
- 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. 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.

### 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. 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
- Organizations must make completed reports available to the public. The Ministry may conduct an audit to verify compliance. Failure to comply may result in enforcement actions.

**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

Phone: 416-849-8276

## Alternate formats

If you need the accessibility compliance report in an alternate format, please email [accessibility@ontario.ca](mailto:accessibility@ontario.ca).

## 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 IASR ([O. Reg. 191/11: Integrated Accessibility Standards](#)) you are to comply with the IASR as a business/non-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 ([O. Reg. 191/11: Integrated Accessibility Standards](#)), 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
<a href="#">Designated Public Sector</a>	<a href="#">50+ employees</a>	2025

### Business details

Organization legal name *	Number of employees in Ontario * <a href="#">Help</a>
<a href="#">Sensenbrenner Hospital</a>	<a href="#">273</a>

Business number (BN9) \* [Help](#)  
[107967721](#)

☒ Check if operating/business name is same as legal name

Organization operating/business name  
[Sensenbrenner Hospital](#)

Sector that best describes your organization's principal business activity \* [Help](#)  
[62](#)

Subsector (if possible)  
[622](#)

Industry group (if possible)  
[6221](#)

### 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 ☐ USA ☐ International

Type of address \* ☒ Street address ☐ Street address served by route ☐ Other

Unit number	Street number *	Street name *
	<a href="#">101</a>	<a href="#">Progress</a>
Street type	Street direction	City *
<a href="#">Crescent</a>		<a href="#">Kapuskasing</a>
		Province *
		<a href="#">ON (Ontario)</a>

Postal code (e.g. A1A 1A1) \*  
[P5N 3H5](#)

### 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 \* ☒ Street address ☐ Street address served by route ☐ Other

Unit number	Street number * 101	Street name * Progress		
Street type Crescent	Street direction	City * Kapuskasing	Province * ON (Ontario)	
Postal code (e.g. A1A 1A1) * P5N 3H5				

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 Designated Public Sector

Number of employees range 50+

Filing organization legal name Sensenbrenner Hospital

Filing organization business number (BN9) 107967721

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](https://ontario.ca/accessibility)  
Additional accessibility requirements apply if you are:

- [a library board](#)
- [a producer of education material \(e.g. textbooks\)](#)
- [an education institution \(e.g. school board, college, university or school\)](#)
- [a municipality](#)

If you are a municipality submitting this report, and submitting on behalf of local boards, please indicate which boards below.

### 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) \* 2025-09-11

#### Certifier information

Last name * <span>Boyer-Brochu</span>		First name * <span>Chantal</span>	
Position title * <span>Chief Financial Officer</span>	Business phone number * <span>705-337-4002</span>	Extension	<input type="checkbox"/> Check here if TTY

Email *	Alternate phone number	Extension	Fax number
<a href="mailto:cboyerbrochu@senhosp.ca">cboyerbrochu@senhosp.ca</a>			

## Primary contact for the organization(s)

☐ Check if the primary contact is same as the certifier

Last name \*

[Tourigny](#)

First name \*

[Christiane](#)

Position title \*

[Other](#)

Business phone number \*

[705-337-4014](#)

Extension

Check here if TTY

Email \*

[ctourigny@senhosp.ca](mailto:ctourigny@senhosp.ca)

Alternate phone number

Extension

Fax number

## D. 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.

### General

1. Is your organization in compliance with all applicable requirements of the General Section? \* ☒ Yes ☐ No

[Read O. Reg. 191/11, Part I: General](#)

[Learn more about your requirements for question 1](#)

[Use this self-assessment tool to identify which requirements apply to your organization under the General Requirements](#)

Comments for question 1 Include any additional information or explanation to accompany your yes/no answer to the question.

### Information and communications

2. Is your organization in compliance with all applicable requirements of the Information and Communications Standards? \* ☒ Yes ☐ No

[Read O. Reg. 191/11, Part II: Information and communications standards](#)

[Learn more about your requirements for question 2](#)

[Use this self-assessment tool to identify which requirements apply to your organization under the Information and Communications Standards](#)

Comments for question 2 Include any additional information or explanation to accompany your yes/no answer to the question.

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## Employment

3. Is your organization in compliance with all applicable requirements of the Employment Standards? \*

☒ Yes ☐ No

[Read O. Reg. 191/11, Part III: Employment Standards](#)

[Learn more about your requirements for question 3](#)

[Use this self-assessment tool to identify which requirements apply to your organization under the Employment Standards](#)

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Comments for question 3 Include any additional information or explanation to accompany your yes/no answer to the question.

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## Transportation

4. Is your organization in compliance with all applicable requirements of the Transportation Standards? \*

☒ Yes ☐ No

[Read O. Reg. 191/11, Part IV: Transportation standards](#)

[Learn more about your requirements for question 4](#)

[The Transportation Standards Reference Guide provides information about accessibility requirements from the Transportation Standards](#)

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Comments for question 4 Include any additional information or explanation to accompany your yes/no answer to the question.

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## Design of public spaces

5. Is your organization in compliance with all applicable requirements of the Design of Public Spaces Standards? \*

☒ Yes ☐ No

[Read O. Reg. 191/11 Part IV.1: Design of public spaces standards](#)

[Learn more about your requirements for question 5](#)

[The DOPS Reference Guide provides an overview of the scope, applicability and specific requirements of DOPS](#)

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Comments for question 5 Include any additional information or explanation to accompany your yes/no answer to the question.

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**Customer Service**

6. Is your organization in compliance with all applicable requirements of the Customer Service Standards? <sup>\*</sup> ☒ Yes ☐ No

[Read O. Reg. 191/11 Part IV.2: Customer Service standards](#) [Learn more about your requirements for question 6](#)

[Use this self-assessment tool to identify which requirements apply to your organization under the Customer Service Standards](#)

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Comments for question 6	Include any additional information or explanation to accompany your yes/no answer to the question.
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Organization category [Designated Public Sector](#)

Number of employees range [50+](#)

Filing organization legal name [Sensenbrenner Hospital](#)

Filing organization business number (BN9) [107967721](#)

Fields marked with an asterisk (\*) are mandatory.

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## E. Accessibility compliance report summary

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Your responses to the questions on your accessibility report indicate that your organization is in compliance with AODA standards.

### Next Steps:

1. Your organization may be audited to verify compliance.
2. You must make this completed accessibility report available to the public.