

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 Adobe Reader 10 or higher. 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 (OPS/OLA, Business or Non-profit)
 - if you are a business or a non-profit, your Organization category is 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 Adobe Reader 10 or higher

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 past, current and future requirements.

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. Certify and submit your report

- Complete the Certifier Information section
- The certifier must:
 - make sure all information on the form is complete and accurate
 - check all three boxes 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.
- 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

Accessible alternate formats

If you need the accessibility compliance report in an accessible format, please email accessibility@ontario.ca.

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 information

Organization category *	Number of employees range *	Reporting year
Business or Non-profit	50+ employees	2020

Business details

Organization legal name *	Number of employees in Ontario *	Help
Canadian Niagara Hotels Inc.	1200	

Business number (BN9) *	Help	<input type="checkbox"/> Check this box if you have received an AODA identifier from the Ministry for Seniors and Accessibility
134740422		

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

Organization operating/business name	Language preference for communications *
Canadian Niagara Hotels Inc.	English

Sector that best describes your organization's principal business activity *	Help
Empty	

Subsector (if possible)	Industry group (if possible)
Empty	Empty

Mailing address

Address where letters can be sent to the person responsible for coordinating the organization's AODA compliance activities.

Country * ☒ Canada ☐ USA ☐ International

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

Unit number	Street number *	Street name *
	5685	Falls

Street type	Street direction	City *	Province *
Avenue		Niagara Falls	ON (Ontario)

Postal code *

L2E 6W7

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 * ☒ Canada ☐ USA ☐ International

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

Unit number	Street number *	Street name *
	5685	Falls

Street type	Street direction	City *	Province *
Avenue		Niagara Falls	ON (Ontario)

Postal code *

L2E 6W7

Business details

Organization legal name *	Number of employees in Ontario *	Help
2234685 ONTARIO INC.	70	

Business number (BN9) *	Help	<input type="checkbox"/> Check this box if you have received an AODA identifier from the Ministry for Seniors and Accessibility
825257454		

<input type="checkbox"/> Check if operating/business name is same as legal name	
Organization operating/business name Niagara Brewing Company	Language preference for communications * English
Sector that best describes your organization's principal business activity * Empty Help	
Subsector (if possible) Empty	Industry group (if possible) Empty

Mailing address

Address where letters can be sent to the person responsible for coordinating the organization's AODA compliance activities.

Country *	<input checked="" type="radio"/> Canada	<input type="radio"/> USA	<input type="radio"/> International
Type of address *	<input checked="" type="radio"/> Street address	<input type="radio"/> Street address served by route	<input type="radio"/> Other
Unit number	Street number * 5685	Street name * Falls	
Street type Avenue	Street direction	City * Niagara Falls	Province * ON (Ontario)
Postal code * L2E 6W7			

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 *	<input checked="" type="radio"/> Canada	<input type="radio"/> USA	<input type="radio"/> International
Type of address *	<input checked="" type="radio"/> Street address	<input type="radio"/> Street address served by route	<input type="radio"/> Other
Unit number	Street number * 5685	Street name * Falls	
Street type Avenue	Street direction	City * Niagara Falls	Province * ON (Ontario)
Postal code * L2E 6W7			

Business details

Organization legal name * 1346674 ONTARIO LIMITED	Number of employees in Ontario * 50 Help
Business number (BN9) * Help <input type="checkbox"/> Check this box if you have received an AODA identifier from the Ministry for Seniors and Accessibility 893429720	

<input type="checkbox"/> Check if operating/business name is same as legal name	
Organization operating/business name Perkins Bender Hill	Language preference for communications * English
Sector that best describes your organization's principal business activity * Empty Help	
Subsector (if possible) Empty	Industry group (if possible) Empty

Mailing address

Address where letters can be sent to the person responsible for coordinating the organization's AODA compliance activities.

Country * ☒ Canada ☐ USA ☐ International

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

Unit number	Street number *	Street name *		
	5685	Falls		
Street type	Street direction	City *	Province *	
Avenue		Niagara Falls	ON (Ontario)	
Postal code *				
L2E 6W7				

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 * ☒ Canada ☐ USA ☐ International

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

Unit number	Street number *	Street name *		
	5685	Falls		
Street type	Street direction	City *	Province *	
Avenue		Niagara Falls	ON (Ontario)	
Postal code *				
L2E 6W7				

Business details

Organization legal name *	Number of employees in Ontario *
2088274 ONTARIO INC	50 Help

Business number (BN9) * [Help](#) ☐ Check this box if you have received an AODA identifier from the Ministry for Seniors and Accessibility

814930871

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

Organization operating/business name	Language preference for communications *
Magnificent Tours	English

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

Empty

Subsector (if possible)	Industry group (if possible)
Empty	Empty

Mailing address

Address where letters can be sent to the person responsible for coordinating the organization's AODA compliance activities.

Country * ☒ Canada ☐ USA ☐ International

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

Unit number	Street number *	Street name *		
	6740	Fallsview		
Street type	Street direction	City *	Province *	
Boulevard		Niagara Falls	ON (Ontario)	
Postal code *				
L2G 3W6				

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 *	<input checked="" type="radio"/> Canada	<input type="radio"/> USA	<input type="radio"/> International
Type of address *	<input checked="" type="radio"/> Street address	<input type="radio"/> Street address served by route	<input type="radio"/> Other
Unit number	Street number *	Street name *	
	6740	Fallsvue	
Street type	Street direction	City *	Province *
Boulevard		Niagara Falls	ON (Ontario)
Postal code *			
L2G 3W6			

Business details

Organization legal name *	Number of employees in Ontario * Help		
2253100 ONTARIO INC.	300		
Business number (BN9) * Help	<input type="checkbox"/> Check this box if you have received an AODA identifier from the Ministry for Seniors and Accessibility		
852176601			
<input type="checkbox"/> Check if operating/business name is same as legal name			
Organization operating/business name	Language preference for communications *		
Marriott Fallsvue	English		
Sector that best describes your organization's principal business activity *	Help		
Empty			
Subsector (if possible)	Industry group (if possible)		
Empty	Empty		

Mailing address

Address where letters can be sent to the person responsible for coordinating the organization's AODA compliance activities.

Country *	<input checked="" type="radio"/> Canada	<input type="radio"/> USA	<input type="radio"/> International
Type of address *	<input checked="" type="radio"/> Street address	<input type="radio"/> Street address served by route	<input type="radio"/> Other
Unit number	Street number *	Street name *	
	6740	Fallsvue	
Street type	Street direction	City *	Province *
Boulevard		Niagara Falls	ON (Ontario)
Postal code *			
L2G 3W6			

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 *	<input checked="" type="radio"/> Canada	<input type="radio"/> USA	<input type="radio"/> International
Type of address *	<input checked="" type="radio"/> Street address	<input type="radio"/> Street address served by route	<input type="radio"/> Other
Unit number	Street number *	Street name *	
	6740	Fallsvue	
Street type	Street direction	City *	Province *
Boulevard		Niagara Falls	ON (Ontario)
Postal code *			
L2G 3W6			

Business details

Organization legal name *	Number of employees in Ontario * Help		
525230 Ontario LTD.	70		
Business number (BN9) * Help	<input type="checkbox"/> Check this box if you have received an AODA identifier from the Ministry for Seniors and Accessibility		
136349412			
<input type="checkbox"/> Check if operating/business name is same as legal name			

Organization operating/business name Terrace Food Court		Language preference for communications * English	
Sector that best describes your organization's principal business activity * Empty		Help	
Subsector (if possible) Empty		Industry group (if possible) Empty	

Mailing address

Address where letters can be sent to the person responsible for coordinating the organization's AODA compliance activities.

Country * ☒ Canada ☐ USA ☐ International

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

Unit number	Street number * 5685	Street name * Falls	
Street type Avenue	Street direction	City * Niagara Falls	Province * ON (Ontario)
Postal code * L2E 6W7			

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 * ☒ Canada ☐ USA ☐ International

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

Unit number	Street number * 5685	Street name * Falls	
Street type Avenue	Street direction	City * Niagara Falls	Province * ON (Ontario)
Postal code * L2E 6W7			

Business details

Organization legal name * AD NIAGARA INC.	Number of employees in Ontario * 60
Business number (BN9) * Help <input type="checkbox"/> Check this box if you have received an AODA identifier from the Ministry for Seniors and Accessibility 774272264	
<input type="checkbox"/> Check if operating/business name is same as legal name	

Organization operating/business name Clifton Victoria Inn		Language preference for communications * English	
Sector that best describes your organization's principal business activity * Empty		Help	
Subsector (if possible) Empty		Industry group (if possible) Empty	

Mailing address

Address where letters can be sent to the person responsible for coordinating the organization's AODA compliance activities.

Country * ☒ Canada ☐ USA ☐ International

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

Unit number	Street number * 5685	Street name * Falls	
Street type Avenue	Street direction	City * Niagara Falls	Province * ON (Ontario)
Postal code * L2E 6W7			

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 * ☒ Canada ☐ USA ☐ International

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

Unit number	Street number * 5685	Street name * Falls	
Street type Avenue	Street direction	City * Niagara Falls	Province * ON (Ontario)
Postal code * L2E 6W7			

Business details

Organization legal name * JUNGLE RESTAURANTS NIAGARA LTD.	Number of employees in Ontario * 140 Help
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Business number (BN9) * [Help](#) ☐ Check this box if you have received an AODA identifier from the Ministry for Seniors and Accessibility
863455267

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

Organization operating/business name Rainforest Cafe Niagara Falls	Language preference for communications * English
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Sector that best describes your organization's principal business activity * [Help](#)
Empty

Subsector (if possible) Empty	Industry group (if possible) Empty
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Mailing address

Address where letters can be sent to the person responsible for coordinating the organization's AODA compliance activities.

Country * ☒ Canada ☐ USA ☐ International

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

Unit number	Street number * 5685	Street name * Falls	
Street type Avenue	Street direction	City * Niagara Falls	Province * ON (Ontario)
Postal code * L2E 6W7			

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 *	<input checked="" type="radio"/> Canada	<input type="radio"/> USA	<input type="radio"/> International
Type of address *	<input checked="" type="radio"/> Street address	<input type="radio"/> Street address served by route	<input type="radio"/> Other
Unit number	Street number * 5685	Street name * Falls	
Street type Avenue	Street direction	City * Niagara Falls	Province * ON (Ontario)
Postal code * L2E 6W7			

Business details

Organization legal name *	MUSIC LEGENDS LTD.		Number of employees in Ontario *	110	Help
Business number (BN9) *	897596730	<input type="checkbox"/> Check this box if you have received an AODA identifier from the Ministry for Seniors and Accessibility			
<input type="checkbox"/> Check if operating/business name is same as legal name					
Organization operating/business name	Hard Rock Cafe Niagara Falls		Language preference for communications *	English	
Sector that best describes your organization's principal business activity *	Empty		Help		
Subsector (if possible)	Empty		Industry group (if possible)	Empty	

Mailing address

Address where letters can be sent to the person responsible for coordinating the organization's AODA compliance activities.

Country *	<input checked="" type="radio"/> Canada	<input type="radio"/> USA	<input type="radio"/> International
Type of address *	<input checked="" type="radio"/> Street address	<input type="radio"/> Street address served by route	<input type="radio"/> Other
Unit number	Street number * 5685	Street name * Falls	
Street type Avenue	Street direction	City * Niagara Falls	Province * ON (Ontario)
Postal code * L2E 6W7			

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 *	<input checked="" type="radio"/> Canada	<input type="radio"/> USA	<input type="radio"/> International
Type of address *	<input checked="" type="radio"/> Street address	<input type="radio"/> Street address served by route	<input type="radio"/> Other
Unit number	Street number * 5685	Street name * Falls	
Street type Avenue	Street direction	City * Niagara Falls	Province * ON (Ontario)
Postal code * L2E 6W7			

Business details

Organization legal name *	RESORT ON THE FALLS INC.		Number of employees in Ontario *	300	Help
Business number (BN9) *	801620865	<input type="checkbox"/> Check this box if you have received an AODA identifier from the Ministry for Seniors and Accessibility			
<input type="checkbox"/> Check if operating/business name is same as legal name					

Organization operating/business name Marriott on the Falls			Language preference for communications * English	
Sector that best describes your organization's principal business activity * Empty			Help	
Subsector (if possible) Empty		Industry group (if possible) Empty		

Mailing address

Address where letters can be sent to the person responsible for coordinating the organization's AODA compliance activities.

Country * ☒ Canada ☐ USA ☐ International

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

Unit number	Street number * 6755	Street name * Fallsview		
Street type Boulevard	Street direction	City * Niagara Falls	Province * ON (Ontario)	
Postal code * L2E 6W7				

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 * ☒ Canada ☐ USA ☐ International

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

Unit number	Street number * 6755	Street name * Fallsview		
Street type Boulevard	Street direction	City * Niagara Falls	Province * ON (Ontario)	
Postal code * L2E 6W7				

Organization category [Business or Non-profit](#) | Number of employees range [50+](#)

Filing organization legal name [Canadian Niagara Hotels Inc.](#)

Filing organization business number (BN9) [134740422](#)

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:

- [a library board](#)
- [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 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. Does your organization have written accessibility policies and a statement of commitment? * ☒ Yes ☐ No
- [Read Ontario Regulation \(O. Reg.\) 191/11 s. 3: Establishment of accessibility policies](#) [Learn more about your requirements for question 1](#)

Comments for
question 1

2. Has your organization established, implemented and maintained a multi-year accessibility plan and posted it on your organization's website? * ☒ Yes ☐ No
- [Read O. Reg. 191/11 s. 4: Accessibility plans](#) [Learn more about your requirements for question 2](#)

Comments for
question 2

3. Does your organization provide appropriate training on the AODA Integrated Accessibility Standards Regulation and the Human Rights Code as it pertains to people with disabilities? * ☒ Yes ☐ No
- [Read O. Reg. 191/11 s.7\(2\): Training](#) [Learn more about your requirements for question 3](#)

Comments for
question 3

4. Other than the requirements cited in the above questions, is your organization complying with all other applicable requirements in effect under the General section of the Integrated Accessibility Standards Regulation? * ☒ Yes ☐ No

[Read O. Reg. 191/11 Part 1: General](#)

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

Comments for
question 4

Customer Service

5. Is your organization complying with all applicable requirements under the Customer Service Standards? * ☒ Yes ☐ No

[Read O. Reg. 191/11 Part IV.2: Customer Service Standards](#)

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

Comments for
question 5

Information and Communications

6. Does your organization ensure that its feedback processes are accessible to people with disabilities by providing or arranging for accessible formats or communication supports, upon request, and do you notify the public of this accessible feedback policy? * ☒ Yes ☐ No

[Read O. Reg. 191/11 s. 11: Feedback](#)

[Learn more about your requirements for question 6](#)

Comments for
question 6

7. Does your organization have a process to provide accessible formats and communication supports to people with disabilities in a timely manner and at no extra cost? * ☒ Yes ☐ No

[Read O. Reg. 191/11 s. 12\(1\): Accessible formats and communication supports](#)

[Learn more about your requirements for question 7](#)

Comments for
question 7

8. Does your organization make its emergency procedures, plans or safety information available to the public? * ☒ Yes ☐ No
(If Yes, you will be required to answer an additional question.)

[Read O. Reg. 191/11 s. 13: Emergency procedure, plans or public safety information](#)

[Learn more about your requirements for question 8](#)

- 8.a. Does your organization provide its publicly available emergency procedures, plans or safety information in accessible formats to people with disabilities upon request? * ☒ Yes ☐ No

[Read O. Reg. 191/11 s. 13: Emergency procedure, plans or public safety information](#)

[Learn more about your requirements for question 8.a](#)

Comments for
question 8.a

9. Other than the requirements cited in the above questions, is your organization complying with all other applicable requirements in effect under the Information and Communications Standards? * ☒ Yes ☐ No

[Read O. Reg. 191/11 Part II: Information and Communication Standards](#)

[Learn more about your requirements for question 9](#)

Comments for
question 9

Employment

10. Does your organization prepare individualized workplace emergency response information for employees with disabilities? * ☒ Yes ☐ No

[Read O. Reg. 191/11 s. 27\(1\): Workplace emergency response information](#)

[Learn more about your requirements for question 10](#)

Comments for
question 10

11. Does your organization develop and have in place a written process for the development of documented individual accommodation plans for employees with disabilities? * ☒ Yes ☐ No

[Read O. Reg. 191/11 s. 28\(1\): Documented individual accommodation plans](#)

[Learn more about your requirements for question 11](#)

Comments for
question 11

12. Other than the requirements cited in the above questions, is your organization complying with all other applicable requirements in effect under the Employment Standards? * ☒ Yes ☐ No

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

[Learn more about your requirements for question 12](#)

Comments for
question 12

Design of Public Spaces

13. Since your organization submitted its most recent accessibility compliance report, has your organization constructed new or redeveloped existing exterior paths of travel that it intends to maintain? * ☒ Yes ☐ No
(if Yes, you will be required to answer an additional question.)

[Read O. Reg. 191/11 s. 80.21-80.31: Exterior paths of travel](#)

[Learn more about your requirements for question 13](#)

- 13.a. Where applicable, do your newly constructed or redeveloped exterior paths of travel meet the technical and general requirements outlined in the Design of Public Spaces Standards? * ☒ Yes ☐ No

[Read O. Reg. 191/11 s. 80.21-80.31: Exterior paths of travel](#)

[Learn more about your requirements for question 13.a](#)

Comments for
question 13.a

14. Since your organization submitted its most recent accessibility compliance report, has your organization constructed new or redeveloped existing outdoor public use eating areas? * ☐ Yes ☒ No
(if Yes, you will be required to answer an additional question.)

[Read O. Reg. 191/11 s. 80.17: Outdoor public use eating areas, general requirements](#)

[Learn more about your requirements for question 14](#)

- 14.a. Where applicable, do your newly constructed or redeveloped outdoor public use eating areas meet the general requirements outlined in the Design of Public Spaces Standards? * ☐ Yes ☐ No

[Read O. Reg. 191/11 s. 80.17: Outdoor public use eating areas, general requirements](#)

[Learn more about your requirements for question 14.a](#)

Comments for
question 14.a

15. Since your organization submitted its most recent accessibility compliance report, has your organization constructed new or redeveloped existing outdoor play spaces? * ☐ Yes ☒ No
(if Yes, you will be required to answer an additional question.)

[Read O. Reg. 191/11 s. 80.19-80.20: Outdoor play spaces](#)

[Learn more about your requirements for question 15](#)

- 15.a. Where applicable, do your newly constructed or redeveloped outdoor play spaces meet the accessibility in design and consultation requirements outlined in the Design of Public Spaces Standards? * ☐ Yes ☐ No

[Read O. Reg. 191/11 s. 80.19-80.20: Outdoor play spaces](#)

[Learn more about your requirements for question 15.a](#)

Comments for
question 15.a

16. Since your organization submitted its most recent accessibility compliance report, has your organization constructed new or redeveloped existing off-street parking? * ☐ Yes ☒ No
(if Yes, you will be required to answer an additional question.)

[Read O. Reg. 191/11 s. 80.34-80.37: Accessible parking](#)

[Learn more about your requirements for question 16](#)

- 16.a. Where applicable, does your newly constructed or redeveloped off-street parking meet the requirements outlined in the Design of Public Spaces Standards? * ☐ Yes ☐ No

[Read O. Reg. 191/11 s. 80.34-80.37: Accessible parking](#)

[Learn more about your requirements for question 16.a](#)

Comments for
question 16.a

17. Since your organization submitted its most recent accessibility compliance report, has your organization constructed new service counters, (which includes replacing existing service counters)? * ☒ Yes ☐ No
(if Yes, you will be required to answer an additional question.)

[Read O. Reg. 191/11 s. 80.41-80.42: Obtaining services](#)

[Learn more about your requirements for question 17](#)

- 17.a. Where applicable, do your newly constructed service counters meet the requirements outlined in the Design of Public Spaces Standards? * ☒ Yes ☐ No

[Read O. Reg. 191/11 s. 80.41-80.42: Obtaining services](#)

[Learn more about your requirements for question 17.a](#)

Comments for
question 17.a

18. Since your organization submitted its most recent accessibility compliance report, has your organization constructed new fixed queuing guides? * ☐ Yes ☒ No
(If Yes, you will be required to answer an additional question.)

[Read O. Reg. 191/11 s. 80.42: Fixed queuing guides](#)

[Learn more about your requirements for question 18](#)

- 18.a. Where applicable, do your newly constructed fixed queuing guides meet the requirements outlined in the Design of Public Spaces Standards? * ☐ Yes ☐ No

[Read O. Reg. 191/11 s. 80.42: Fixed queuing guides](#)

[Learn more about your requirements for question 18.a](#)

Comments for
question 18.a

19. Since your organization submitted its most recent accessibility compliance report, has your organization constructed new or redeveloped existing waiting areas? * ☐ Yes ☒ No
(if Yes, you will be required to answer an additional question.)

[Read O. Reg. 191/11 s. 80.43: Waiting areas](#)

[Learn more about your requirements for question 19](#)

- 19.a. Where applicable, do your newly constructed waiting areas meet the requirements outlined in the Design of Public Spaces Standards? * ☐ Yes ☐ No

[Read O. Reg. 191/11 s. 80.43: Waiting areas](#)

[Learn more about your requirements for question 19.a](#)

Comments for
question 19.a

20. Other than the requirements cited in the above questions, is your organization complying with all other applicable requirements in effect under 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 20](#)

Comments for
question 20

Organization category **Business or Non-profit** | Number of employees range **50+**

Filing organization legal name **Canadian Niagara Hotels Inc.**

Filing organization business number (BN9) **134740422**

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 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 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) * **2021-06-30**

Certifier information

Last name *
Wadsworth

First name *
Peter

Position title *
Vice President

Business phone number *
905-374-4446

Extension ☐ Check here if TTY
4022

Email *
peterw@niagarafallshotels.com

Alternate phone number

Extension

Fax number

Primary contact for the organization(s)

☒ Check if the primary contact is same as the certifier

Last name *
Wadsworth

First name *
Peter

Position title *
Vice President

Business phone number *
905-374-4446

Extension ☐ Check here if TTY
4022

Email *
peterw@niagarafallshotels.com

Alternate phone number

Extension

Fax number