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	20-49 employees	2023

Business details

Organization legal name *	Number of employees in Ontario * Help
Halendas Fine Foods Ltd	48

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

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

Organization operating/business name
Halendas Fine Foods Ltd

Sector that best describes your organization's principal business activity * Help
44-45 - Retail trade

Subsector (if possible)
445 - Food and beverage retailers

Industry group (if possible)
4451 - Grocery and convenience retailers

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 *	
	915	Nelson Street	
Street type	Street direction	City *	Province *
		Oshawa	ON (Ontario)

Postal code (e.g. A1A 1A1) *
L1H 5N7

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 *	Street name *	
	915	Nelson Street	
Street type	Street direction	City *	Province *
		Oshawa	ON (Ontario)

Postal code (e.g. A1A 1A1) *

L1H 5N7

Organization category Business or Non-profit

Number of employees range 20-49

Filing organization legal name Halendas Fine Foods Ltd

Filing organization business number (BN9) [redacted]

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 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) * 2023-12-12

Certifier information

Last name *	First name *			
Davidson	Peter			
Position title *	Business phone number *	Extension	☐ Check here if TTY	
Controller	[redacted]	[redacted]		
Email *	Alternate phone number	Extension	Fax number	
[redacted]				

Primary contact for the organization(s)

☑ Check if the primary contact is same as the certifier

Last name *	First name *
Davidson	Peter

Position title *	Business phone number *	Extension	☐ Check here if TTY
Controller			

Email *	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.

Customer Service

1. Does your organization provide training about providing goods, services or facilities to persons with disabilities to the following? * ◉ Yes ○ No
   - 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. Learn more about your requirements for question 1

1.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?
- 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. Learn more about your requirements for question 1.a

Comments for question 1.a

2. If there is a temporary disruption of goods, services or facilities used by persons with disabilities, does your organization give a notice of the disruption to the public? * (If Yes, please answer an additional question)

(●) Yes ( ) No

Read O. Reg. 191/11, s. 80.48 (1): Notice of temporary disruptions

Learn more about your requirements for question 2

2.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 any)?

Read O. Reg. 191/11, s. 80.48 (2): Notice of temporary disruptions

Learn more about your requirements for question 2.a

Comments for question 2.a

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3. Does your organization ever require a person with a disability to be accompanied by a support person when on your premises? * (If Yes, please answer an additional question)

(●) Yes ( ) No

Read O. Reg. 191/11, s. 80.47 (5): Use of service animals and support persons

Learn more about your requirements for question 3

3.a. Does your organization do all of the following before requiring a person with a disability to be accompanied by a support person on your premises: *

(●) Yes ( ) No

- Consult with the person with a disability?
- Determine a support person is necessary to protect the health or safety of the person with a disability or others on premises?
- Determine that there is no other way to protect the health or safety of the person with a disability or others on premises?

Read O. Reg. 191/11, s. 80.47 (5): Use of service animals and support persons

Learn more about your requirements for question 3.a

Comments for question 3.a

Organization category	Business or Non-profit
Number of employees range	20-49
Filing organization legal name	Halendas Fine Foods Ltd
Filing organization business number (BN9)	

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.**