Ontario | Ministry for Seniors and Accessibility

2020 Accessibility Compliance Report

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	20-49 employees	2020

Business details

Organization legal name *: Tri-Can Contract Inc.

Number of employees in Ontario * Help: 22

Business number (BN9) * Help: 105383806

☐ 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: Tri-Can Contract Inc.

Language preference for communications *: English

Sector that best describes your organization's principal business activity * Help: 23 - Construction

Subsector (if possible):

Industry group (if possible):

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 *
	110	Shields Court

Street type	Street direction	City *	Province *
	W (West)	Markham	ON (Ontario)

Postal code *: L3R 9T5

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 *
	110	Shields Court

Street type	Street direction	City *	Province *
	W (West)	Markham	ON (Ontario)

Postal code *: L3R 9T5

Organization category Business or Non-profit | Number of employees range 20-49

Filing organization legal name Tri-Can Contract Inc.

Filing organization business number (BN9) 105383806

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.

Customer Service

1. Does your organization permit people with disabilities who are accompanied by a guide dog or service animal to keep the animal with them while on your premises or using your services, unless otherwise excluded by law? * (◉ Yes ○ No)

Read Ontario Regulation (O. Reg.) 191/11 s. 80.47(2): Use of service animals and support persons

Learn more about your requirements for question 1

Comments for question 1

2. If a person with a disability is accompanied by a support person, does your organization ensure that these persons are permitted to enter the premises together and that the person with a disability is not prevented from having access to the support person while on your premises? * (◉ Yes ○ No)

Read O. Reg. 191/11 s. 80.47(4): Use of service animals and support persons

Learn more about your requirements for question 2

Comments for question 2

3. Does your organization ensure that the required persons receive training on the accessibility standards for customer service? * (◉ Yes ○ No)

Read O. Reg. 191/11 s. 80.49(1): Training for staff, etc.

Learn more about your requirements for question 3

Comments for question 3

4. Has your organization established a process for receiving and responding to feedback on the accessibility of its customer service and does it make information about the feedback process readily available to the public? * (◉ Yes ○ No)

Read O. Reg. 191/11 s. 80.50(1-4) Feedback process required

Learn more about your requirements for question 4

Comments for question 4

---

5. Other than the requirements cited in the above questions, is your organization complying with all other applicable requirements in effect 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

2020 Accessibility Compliance Report

Organization category: Business or Non-profit | Number of employees range: 20-49

Filing organization legal name: Tri-Can Contract Inc.

Filing organization business number (BN9): 105383806

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) * 2021-03-31

Certifier information

Last name *	First name *			
Vlahopoulos	Kevin			
Position title *	**Business phone number ***	**Extension**	☐ Check here if TTY	
Owner	416-970-5669			
Email *	**Alternate phone number**	**Extension**	**Fax number**	
Kevin@tricancontract.com	905-475-6703	225		

Primary contact for the organization(s)

☑ Check if the primary contact is same as the certifier

Last name *	First name *			
Vlahopoulos	Kevin			
Position title *	**Business phone number ***	**Extension**	☐ Check here if TTY	
Owner	416-970-5669			
Email *	**Alternate phone number**	**Extension**	**Fax number**	
Kevin@tricancontract.com	905-475-6703	225		