

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.

009-0237E (2020/01)[V4.0] Page 2 of 8



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. Organizat	ion information					
Organization cat			Number of employees ra	ange *	Reporting year	
Business or N	Non-profit		50+ employees		2020	
Business deta	ails					
Organization leg	al name *			Number of e	employees in Ontario * Help	
Bayer Inc.				561		
Business number	er (BN9) * Help	Check this box if you have red		r from the		
887471886		Ministry for Seniors and Acce	ssibility			
Check if oper	ating/business name is	s same as legal name				
Organization op	erating/business name	;	Language preference for communications *			
Bayer Inc.				English		
Sector that best	describes your organiz	zation's principal business activit	y *	Help		
Empty						
Subsector (if pos	ssible)		Industry group (if possi	Industry group (if possible)		
Mailing addre	ss					
Address where le	etters can be sent to th	e person responsible for coordin	nating the organization's A	AODA compli	iance activities.	
Country *	Canada	USA	○ Inte	rnational		
Type of address	* Street addre	Street address	served by route Othe	er		
Unit number	Street number *	Street name *				
	2920	Matheson Blvd E				
Street type	Street direction	City *		F	Province *	
		Mississauga			ON (Ontario)	
Postal code *		·				
L4W 5R6						
Business add	ress					
(Address at whice	ch letters can be sent to	o the company director/officer ac	countable for the organiz	ation's comp	liance with the AODA.)	
✓ Check if busing	ness address is same	as mailing address				
Country *	Canada	USA	◯ Inte	rnational		
Type of address	* Street addre	Street address	served by route Othe	er		
Unit number	Street number * 2920	Street name * Matheson Blvd E				
Street type	Street direction	City *		F	Province *	
		Mississauga		(ON (Ontario)	
Postal code * L4W 5R6	,			1		

009-0237E (2020/01)[V4.0] Page 3 of 8



2020 Accessibility compliance report

Organization category Business or Non-profit	Number of employees range 50+		
Filing organization legal name Bayer Inc.	l		
Filing organization business number (BN9) 887471886			
Fields marked with an asterisk (*) are mandatory.			
B. Understand your accessibility requirements			
Before you begin your report, you can learn about your accessibility requirements Additional accessibility requirements apply if you are: • a library board	s at <u>ontar</u>	rio.ca/accessibility	
 a producer of education material (e.g. textbooks) 			
an education institution (e.g. school board, college, university or school board, college)	hool)		
• a municipality			
C. Accessibility compliance report questions			
Instructions Please answer each of the following compliance questions. Use the Comments box if you will go uneed help with a specific question, click the help links which will open in a new brows relevant AODA regulations and the link on the right to view relevant accessibility information. General	ser windov	w. Use the link on the left to view the	
	-+O *		
1. Does your organization have written accessibility policies and a statement of commitmer Read Ontario Regulation (O. Reg.) 191/11 s. 3: Establishment of accessibility		Yes No about your requirements for question 1	
policies			
Comments for question 1			
2. Has your organization established, implemented and maintained a multi-year accessibility posted it on your organization's website? *	ty plan an	ond Yes No	
Read O. Reg. 191/11 s. 4: Accessibility plans	earn more	e about your requirements for question 2	
Comments for question 2			
3. Does your organization provide appropriate training on the AODA Integrated Accessibili Regulation and the Human Rights Code as it pertains to people with disabilities? *	ty Standa	ards • Yes No	
<u>Read O. Reg. 191/11 s.7(2): Training</u> <u>Le</u>	earn more	e about your requirements for question 3	
Comments for question 3			

009-0237E (2020/01)[V4.0] Page 4 of 8

4. Other than the requirements cited in the above questions, is your organization comp applicable requirements in effect under the General section of the Integrated Access Regulation? *		• Yes	○ No
Read O. Reg. 191/11 Part 1: General	Learn more about your requi	irements for o	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 requi	irements for o	question 5
Comments for question 5			
Information and Communications			
6. Does your organization ensure that its feedback processes are accessible to people providing or arranging for accessible formats or communication supports, upon requ the public of this accessible feedback policy? *		Yes	○ No
Read O. Reg. 191/11 s. 11: Feedback	Learn more about your requi	irements for o	question 6
Comments for question 6			
7. Does your organization have a process to provide accessible formats and communic people with disabilities in a timely manner and at no extra cost? *	cation supports to	Yes	○ No
Read O. Reg. 191/11 s. 12(1): Accessible formats and communication supports	Learn more about your requi	irements for o	question 7
Comments for question 7			
8. Does your organization make its emergency procedures, plans or safety information public? *	available to the	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 requi	irements for o	question 8
8.a. Does your organization provide its publicly available emergency procedures, pl information in accessible formats to people with disabilities upon request? *	ans or safety	Yes	○ No
Read O. Reg. 191/11 s. 13: Emergency procedure, plans or public safety information	Learn more about your requi	rements for o	question 8.a
Comments for question 8.a			
9. Other than the requirements cited in the above questions, is your organization compapplicable requirements in effect under the Information and Communications Standa		Yes	○ No
Read O. Reg. 191/11 Part II: Information and Communication Standards	Learn more about your requi	irements for o	question 9
Comments for question 9			
Employment			
10. Does your organization prepare individualized workplace emergency response information employees with disabilities? *	rmation for	Yes	○ No
Read O. Reg. 191/11 s. 27(1): Workplace emergency response information	Learn more about your requi	irements for o	question 10
Comments for question 10			

009-0237E (2020/01)[V4.0] Page 5 of 8

11. Does your organization develop and have in place a written process for the development of documented individual accommodation plans for employees with disabilities? *			○ No
Read O. Reg. 191/11 s. 28(1): Documented individual accommodation plans	Learn more about your re	quirements for	question 11
Comments for question 11			
12. Other than the requirements cited in the above questions, is your organization compapplicable requirements in effect under the Employment Standards? *	plying with all other	Yes	○ No
Read O. Reg. 191/11 Part III: Employment Standards	Learn more about your re	quirements for	question 12
Comments for question 12			
Design of Public Spaces			
13. Since your organization submitted its most recent accessibility compliance report, h constructed new or redeveloped existing exterior paths of travel that it intends to may (if Yes, you will be required to answer an additional question.)		○ Yes	No
Read O. Reg. 191/11 s. 80.21-80.31: Exterior paths of travel	Learn more about your re	quirements for	question 13
13.a. Where applicable, do your newly constructed or redeveloped exterior paths of technical and general requirements outlined in the Design of Public Spaces S		Yes	○ No
Read O. Reg. 191/11 s. 80.21-80.31: Exterior paths of travel	Learn more about your re	quirements for	question 13.a
Comments for question 13.a			
14. Since your organization submitted its most recent accessibility compliance report, h constructed new or redeveloped existing outdoor public use eating areas? * (if Yes, you will be required to answer an additional question.)	as your organization	○ Yes	No
Read O. Reg. 191/11 s. 80.17: Outdoor public use eating areas, general requirements	Learn more about your re	quirements for	question 14
14.a. Where applicable, do your newly constructed or redeveloped outdoor public use 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 re	quirements for	question 14.a
Comments for question 14.a			
15. Since your organization submitted its most recent accessibility compliance report, h constructed new or redeveloped existing outdoor play spaces? * (if Yes, you will be required to answer an additional question.)		Yes	No
Read O. Reg. 191/11 s. 80.19-80.20: Outdoor play spaces	Learn more about your re	quirements for	question 15
15.a. Where applicable, do your newly constructed or redeveloped outdoor play sparaccessibility in design and consultation requirements outlined in the Design of Standards? *		Yes	○ No
Read O. Reg. 191/11 s. 80.19-80.20: Outdoor play spaces	Learn more about your re	quirements for	question 15.a
Comments for question 15.a			

009-0237E (2020/01)[V4.0] Page 6 of 8

16. Since your organization submitted its most recent accessibility compliance report, he constructed new or redeveloped existing off-street parking? *	as your organization	○ 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 park requirements outlined in the Design of Public Spaces Standards? *	ing meet the	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, he constructed new service counters, (which includes replacing existing service counter (if Yes, you will be required to answer an additional question.)	-	Yes	No
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 requir the Design of Public Spaces Standards? *	rements outlined in	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, he constructed new fixed queuing guides? * (If Yes, you will be required to answer an additional question.)	as your organization	○ Yes	No
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 rein the Design of Public Spaces Standards? *	equirements outlined	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, he constructed new or redeveloped existing waiting areas? * (if Yes, you will be required to answer an additional question.)	as your organization	○ Yes	No
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 requirem Design of Public Spaces Standards? *	ents outlined in the	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 compapplicable 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			

009-0237E (2020/01)[V4.0] Page 7 of 8



Ministry for Seniors and Accessibility

2020 Accessibility Compliance Report

Organization category Business or Non-profit			Number of employees range 50+			
Filing organization legal name	e Bayer Inc.			•		
Filing organization business r	number (BN9) 8874718	86				
Fields marked with an asterisk (*) are mandatory.					
D. Accessibility compliance	e report summary					
Your responses to the questions	on your accessibility repor	t indica	ate that your organization	is in complianc	e with AODA standards.	
Your organization may be audited	I to verify compliance.					
E. Accessibility compliance	report certification					
Section 15 of the <i>Accessibility for O</i> the required information has been p						
Note: It is an offence under the Act	to provide false or misleading	g inform	nation in an accessibility rep	ort filed under the	e 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 a	ccessib	ility issues.			
Acknowledgement						
✓ I certify that I have the authority	to bind all organizations spec	cified in	Section A of this form, *			
✓ I certify that all the required information	mation has been included in	this rep	oort, and, *			
✓ I certify that the information in the	is report is accurate. *					
Certification date (yyyy-mm-dd) *	2021-05-14					
Certifier information						
Last name * De Gagné			First name * Jacqueline			
Position title * Other	Business phone number * 905-282-5555	Exten	Ision Check here if T	TY		
Email * jacqueline.degagne@bayer.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 *	First name *					
De Gagné Jacqueline Position title * Business phone number * Extension Check here if TTY						
Position title * Other	Business phone number * 905-282-5555	Exten	Sion Check here if T	TY		
Email * jacqueline.degagne@bayer.com			Alternate phone number	Extension	Fax number	
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009-0237E (2020/01)[V4.0] Page 8 of 8