

Organization category Business or Non-profit

Number of employees range 50+

Filing organization legal name Equifax Canada Co.

Filing organization business number (BN9) 122201999

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:

- <u>a library board</u>
- a producer of education material (e.g. textbooks)
- an education institution (e.g. school board, college, university or school)
- <u>a municipality</u>

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.

Acknow ledgement

I certify that all the information is accurate and I have the authority to bind the organization *

Certification date (yyyy-mm-dd) * 2023-07-06

Certifier information

Last name * Szadkowski		First name * Julia		
Position title * Director	Business phone number * E 1-877-323-2598	Extension Check her if TTY	e	
Email * Julia.Szadkowski@equifax.c	om	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 *
Szadkowski	Julia

Position title * Director	Business phone number * 1-877-323-2598	Extension	Check her if TTY	e		
Email * Julia.Szadkowski@equifax.co	om	Alternate	phone number	Extension	Fax numbe	r
D. Accessibility complian	nce report questions					
Instructions						
Please answer each of the follow	wing compliance questions.	Use the Comm	ients box if you v	vish to comm	ent on any re	esponse.
If you need help with a specific of view the relevant AODA regulation	• • •					n the left to
General						
1. Has your organization created accessibility by meeting all ap					• Yes	◯ No
Read O. Reg. 191/11, s. 3 (1): E	Establishment of accessibility	policies	Learn more abo	out your requ	irements for	question 1
Comments for question 1						
 Has your organization estab (If Yes, please answer addit 		ulti-year acces	sibility plan? *		• Yes	() No
<u>Read O. Reg. 191/11, s. 4 (1): A</u>	Accessibility plans		Learn more abo	out your requ	irements for	question 2
2.a. Does your organization (If Yes, please answer					• Yes	⊖ No
<u>Read O. Reg. 191/11, s. 4 (</u>	<u>1): Accessibility plans</u>		Learn more abo	<u>out your requ</u>	irements for	<u>question 2.a</u>
Comments for question 2.a						
2.a.i Is your organizat	ion's accessibility plan poste	d on your orga	inization's websi	te? *	• Yes	◯ No
<u>Read O. Reg. 191/11,</u>	<u>s. 4 (1): Accessibility plans</u>	<u> </u>	<u>Learn more abou</u>	<u>it your require</u>	ements for qu	uestion 2.a.i
Comments for question 2.a.i						
2.a.ii Does your organ when requested	ization provide the accessibil ? *	lity plan in an a	accessible forma	t	• Yes	◯ No
<u>Read O. Reg. 191/11,</u>	s. 4 (1): Accessibility plans	<u> </u>	<u>_earn more abou</u>	<u>ıt your require</u>	<u>ements for qu</u>	uestion 2.a.ii
Comments for question 2.a.ii						

	Read O. Reg. 191/11, s. 4 (1): Accessibility plans	<u> </u>	Learn more about your	requirements for q	uestion 2.b
	Comments for question 2.b				
3.	Does your organization provide appropriate training on: *	*			
Re	ead O. Reg. 191/11, s. 7 (1): Training		Learn more about you	r requirements for	question 3
	3.a. The AODA Integrated Accessibility Standards Reg	ulation? *		• Yes	◯ No
	<u>Read O. Reg. 191/11, s. 7 (1): Training</u>		Learn more about you	r requirements for	question 3.a
	Comments for question 3.a				
	3.b The Human Rights Code as it pertains to people w	vith disabilities?	*	 Yes 	◯ No
	<u>Read O. Reg. 191/11, s. 7 (1): Training</u>	<u> </u>	Learn more about your	requirements for q	uestion 3.b
	Comments for question 3.b				
	question 3.b				
In	nformation and communications				
4.	Does your organization have a process for receiving and that is accessible to people with disabilities? * Note: This requirement is applicable regardless of wheth on your premises. (If Yes, please answer an additional question)			● Yes ○	No
Re	ead O. Reg. 191/11, s. 11 (1): Feedback		Learn more about you	r requirements for	question 4
	4.a. Does your organization notify the public about the	availability of a			
	and communications supports with respect to the f Note: This requirement is applicable regardless of on your premises. *	feedback proce	ss?	 Yes 	() No
	Read O. Reg. 191/11, s. 11(2): Feedback		Learn more about you	r requirements for	question 4.a
	Comments for question 4.a				

5.	Does your organization have one (or more) website(s) which it controls directly or
	indirectly ('controls' means that your organization is able to add, remove and/or
	modify content and functionality of the website)? *
	(If Yes, please answer an additional question)

Read O. Reg. 191/11, s. 14: Accessible websites and web content

5.a. Do all your organization's internet websites conform to World Wide Web Consortium Web Content Accessibility Guidelines 2.0 Level AA (except for live captions and prerecorded audio descriptions)? In the comments box, please list the complete names and address of your publicly available web content, including websites, social media pages, and apps. *

Read O. Reg. 191/11, s. 14: Accessible websites and web content

Comments for question 5.a

Customer Service

6. Does your organization provide training about providing goods, services or facilities to persons with disabilities to the following? *

- 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.

- 6.a. Does the training include all of the following: *
 - 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 6.a

Comments for question 6.a

🔿 No

Yes

Learn more about your requirements for question 5

Learn more about your requirements for question 5.a

Learn more about your requirements for question 6

Yes () No

O No

• Yes

• Yes No

7.	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	
Re	ead O. Reg. 191/11, s. 80.48 (1): Notice of temporary disruptions Learn more about you	<u>r requirements for</u>	r question 7	
	7.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	<u>r requirements for</u>	question 7.a	
	Comments for question 7.a			
8.	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	
	ead O. Reg. 191/11, s. 80.47 (5): Use of service animals and Learn more about you	r requirements for	r question 8	
<u>su</u>	ipport persons			
	8.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 Learn more about your support persons	<u>requirements for</u>	r question 8.a	
	Comments for question 8.a			
E	mployment			

9.	Does your organization employ any persons with disabilities for whom you have provided	() Yes	() No
	individualized workplace emergency response information? *	-	~
	(If Yes, please answer additional questions)		

Read O. Reg.	<u>191/11, s. 2</u>	7 (1):	Workplace	emergency	<u>/ response</u>
information					

Learn more about your requirements for question 9

9.a.	 Does your organization review the individualized workplace emeinformation for all of the following? * When the employee moves to a different location in the organization 		⊖ Yes	() No
	When the employee's overall accommodation needs or plan			
	 When your organization reviews its general emergency polic 			
Read	O. Reg. 191/11, s. 27 (4): Workplace emergency response	Learn more about your requi	rements for c	uestion 9 a
	nation			
Com	ments for			
ques	tion 9.a			
9.b.	Do any of the employees for whom your organization has provid workplace emergency response information require assistance? (If Yes, please answer additional questions)		⊖ Yes	() No
	O. Reg. 191/11, s. 27 (2): Workplace emergency response	Learn more about your requi	rements for o	question 9.b
	nation			
	ments for tion 9.b			
ques	1011 9.0			
	9.b.i Has your organization, with the employee's consent, provemergency response information to the person designate assistance to the employee? *		⊖ Yes	() No
	Read O. Reg. 191/11, s. 27 (2): Workplace emergency	Learn more about your require	ements for au	estion 9.b.i
	response information		<u>interne for qu</u>	
	Comments for			
	question 9.b.i			
	9.b.ii Was the individualized workplace emergency response inf soon as practicable after your organization became awa accommodation due to the employee's disability? *		⊖ Yes	() No
	Read O. Reg. 191/11, s. 27 (3): Workplace emergency response information	Learn more about your require	ments for qu	estion 9.b.ii
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Comments for question 9.b.ii

Design of public spaces

10. Since January 1, 2017, has your organization constructed new or rede following items? *	eveloped any of the	• Yes	No
Outdoor public use eating areas			
Outdoor play space			
Off-street parking			
Service counter			
Fixed queuing guides			
Waiting areas			
(If Yes, please answer additional questions)			
Read O. Reg. 191/11 Part IV.1: Design of public spaces standards	Learn more about your	<u>requirements fo</u>	r question 10
10.a. Where applicable, do the newly constructed or redeveloped item requirements as outlined in the Design of Public Spaces Standa	rds? *	• Yes	⊖ No
Read O. Reg. 191/11 Part IV.1: Design of public spaces standards	Learn more about your	requirements for	<u>r question 10.a</u>
Comments for question 10.a			
10.b. Does your organization's multi-year accessibility plan include pro preventative and emergency maintenance of the accessible elen spaces, and for dealing with temporary disruptions when accessi not in working order? *	nents in public) Yes	⊖ No
Read O. Reg. 191/11, s. 80.44: Maintenance of accessible elements	<u>Learn more about your</u>	<u>requirements fo</u>	r question 10.b
Comments for			

question 10.b