



WORKPLACE ACCESSIBILITY ASSESSMENT FORM

PREPARING FOR THE AODA EMPLOYMENT, TRANSPORTATION, AND INFORMATION & COMMUNICATION STANDARDS

Company Name:
 Location(s):
 Date(s) of Assessment:
 Name(s) of Assessor(s):

Note: This survey is focused on helping you prepare for the Employment, Communication and Information, and Transportation Standards (collectively called the "Integrated" standard) of the AODA, which are being phased in over 10 years beginning in 2011.

History:

1. Are you aware if your organization has experience with job applicants, employees or others with a disability, in matters relating to employment and/or communication, such as:

		Yes, ongoing	Yes, one off or occasional	No	Unsure
a.	Someone who is blind or has low vision?				
b.	Someone who is deaf or hard of hearing?				
c.	Someone with a speech impediment (including stuttering, neurological disorders such as Tourette's syndrome, effects of stroke, etc.)?				
d.	Someone with limited manual dexterity (may have difficulty grasping pens, money, etc. due to arthritis or other issues)?				
e.	Someone who uses a wheelchair, crutches or a cane due to mobility challenges (from back/leg injuries or as the result of diseases such as arthritis, cerebral palsy, multiple sclerosis, or muscular dystrophy)?				
f.	Someone with an intellectual disability?				
g.	Someone with a psychological disability (including anxiety)?				
h.	Someone with a disability not mentioned above?				

Comments:

2. Has anyone outside/inside your organization ever complained that your organization was not accessible for someone with a disability in matters relating to employment and/or communication/information?

<input type="checkbox"/>	Yes	<u>Comments:</u>
<input type="checkbox"/>	No	
<input type="checkbox"/>	Unsure	

3. Have you created individual accommodation plans for employees with disabilities in the past?

<input type="checkbox"/>	Yes	<u>Comments:</u>
<input type="checkbox"/>	No	
<input type="checkbox"/>	Unsure	



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History (Continued):

4. Has your organization ever been subject to a Human Rights complaint or any other legal action related to accessibility?

<input type="checkbox"/>	Yes	<u>Comments:</u>
<input type="checkbox"/>	No	
<input type="checkbox"/>	Unsure	

5. Are you aware if any of your staff members have a disability?

<input type="checkbox"/>	Yes	<u>Comments:</u>
<input type="checkbox"/>	No	
<input type="checkbox"/>	Unsure	

Note: Details of a person's disability are to be treated as confidential information.

6. Have you created individual emergency response plans for each disabled employee and obtained their consent to share this information?

<input type="checkbox"/>	Yes	<u>Comments:</u>
<input type="checkbox"/>	No	
<input type="checkbox"/>	Unsure	

7. Have you designated anyone to help disabled employees in the event of an emergency and provided them with the disabled employees' emergency response information?

<input type="checkbox"/>	Yes	<u>Comments:</u>
<input type="checkbox"/>	No	
<input type="checkbox"/>	Unsure	

8. Do you review the emergency response plans when employees change work locations?

<input type="checkbox"/>	Yes	<u>Comments:</u>
<input type="checkbox"/>	No	
<input type="checkbox"/>	Unsure	

9. Do you review employee accommodation needs on a regular basis?

<input type="checkbox"/>	Yes	<u>Comments:</u>
<input type="checkbox"/>	No	
<input type="checkbox"/>	Unsure	

10. Do you review the organization's emergency response plan on a regular basis?

<input type="checkbox"/>	Yes	<u>Comments:</u>
<input type="checkbox"/>	No	
<input type="checkbox"/>	Unsure	



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History (Continued):

11. Has anyone ever brought a service animal, such as a guide dog, into your premises?

<input type="checkbox"/>	Yes	<u>Comments:</u>
<input type="checkbox"/>	No	
<input type="checkbox"/>	Unsure	

12. Do any of your staff members have a concern with the presence of service animals (i.e. allergy, fear)?

<input type="checkbox"/>	Yes	<u>Comments:</u>
<input type="checkbox"/>	No	
<input type="checkbox"/>	Unsure	

13. Does your organization have an up-to-date employee policy manual?

<input type="checkbox"/>	Yes	<u>Comments:</u>
<input type="checkbox"/>	No	
<input type="checkbox"/>	Unsure	

14. Who will be your company's designated person in charge of AODA Integrated Standard compliance?

15. Have people requested your emergency and safety information and, if so, did you provide it? What accessible formats have you provided it in? Have people requested it in accessible formats you could not or did not provide?

<input type="checkbox"/>	Yes	<u>Comments:</u>
<input type="checkbox"/>	No	
<input type="checkbox"/>	Unsure	

Your Organization:

16. How many employees does your organization have? Is it public (government), private or a Not-For-Profit (NFP)?

Note: If you have 50+ employees you will require a multi-year accessibility plan - see the example provided

17. How do you typically communicate with individuals within and outside your organization?

		Always	Sometimes	Never	N/A
a.	In-person				
b.	Telephone				
c.	E-mail				
d.	Fax				
e.	Online				
f.	Other (Please describe)				

Comments: