

## 2023 Accessibility compliance report

Organization category Business or Non-profit					
Number of employees range 50+					
Filing organization legal name	e Unilock Ltd.				
Filing organization business r	number (BN9)	3			
Fields marked with an asteris	k (*) are mandatory.				
B. Understand your acces	ssibility requirements				
Before you begin your report, yo	u can learn about your acces	ssibi	lity requirements at <u>ontario</u>	o.ca/accessib	<u>pility</u>
Additional accessibility requirem  • a library board	ents apply if you are:				
• a producer of educ	cation material (e.g. textbook	<u>(s)</u>			
an education instit	tution (e.g. school board, coll	ege	, university or school)		
• a municipality					
C. Accessibility compliar	nce report certification				
Section 15 of the <i>Accessibility for Ontarians with Disabilities Act, 2005</i> 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 mislea	ading	g information in an accessi	bility report fi	led 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 leg	ally bind the organization(s).				
Primary Contact: The person w	ho will be the main contact f	or a	ccessibility issues.		
Acknowledgement					
✓ I certify that all the informatio	n is accurate and I have the	auth	nority to bind the organizat	on *	
Certification date (yyyy-mm-dd) * 2023-04-21					
Certifier information	'				
Last name * Fasken					
Position title * Controller	Business phone number * 416-646-9000	120	ctension Check here		
Email *			Alternate phone number	Extension	Fax number
Primary contact for the arc	ranization(a)				
Primary contact for the org					
			First name * Don		

Position title * Controller	Business phone number * 416-646-9000	Extension 1202	Check her	re		
Email *		Alternate	phone number	Extension	Fax numbe	er
D. Accessibility complian	ce report questions					
Instructions						
Please answer each of the follow	ving compliance questions. l	Jse the Comme	ents box if you v	vish to comm	ent on any r	esponse.
If you need help with a specific oview the relevant AODA regulation						n the left to
General						
Has your organization created accessibility by meeting all ap					<ul><li>Yes</li></ul>	○ No
Read O. Reg. 191/11, s. 3 (1): E	stablishment of accessibility	policies	Learn more abo	out your requ	irements for	question 1
Comments for question 1						
Has your organization estable (If Yes, please answer additional contents)		ulti-year access	sibility plan? *		<ul><li>Yes</li></ul>	○ No
Read O. Reg. 191/11, s. 4 (1): A	ccessibility plans		Learn more abo	out your requ	irements for	question 2
<ol><li>2.a. Does your organization (If Yes, please answer</li></ol>					Yes	○No
Read O. Reg. 191/11, s. 4 (1): Accessibility plans  Learn more about your requirements for question 2.				question 2.a		
Comments for question 2.a						
2.a.i Is your organizati	on's accessibility plan poste	d on your orgar	nization's websi	te? *	<ul><li>Yes</li></ul>	○ No
Read O. Reg. 191/11,	s. 4 (1): Accessibility plans	Lo	earn more abou	t your require	ements for q	uestion 2.a.i
Comments for question 2.a.i						
2.a.ii Does your organi when requested?	zation provide the accessibil	ity plan in an a	ccessible forma	t	Yes	○ No
Read O. Reg. 191/11,	s. 4 (1): Accessibility plans	Lo	earn more abou	ıt your require	ements for q	uestion 2.a.ii
Comments for question 2.a.ii						

2.	.b Does your organization update the accessibility plan at le	east once every 5 years? *	○Yes	○ No
R	lead O. Reg. 191/11, s. 4 (1): Accessibility plans	Learn more about your re	quirements for q	uestion 2.b
	Comments for juestion 2.b			
3. D	oes your organization provide appropriate training on: *			
Read	I O. Reg. 191/11, s. 7 (1): Training	Learn more about your re	equirements for	question 3
3.	.a. The AODA Integrated Accessibility Standards Regulation	n? *	Yes	○No
<u>R</u>	lead O. Reg. 191/11, s. 7 (1): Training	Learn more about your re	equirements for	question 3.a
_	Comments for juestion 3.a			
3.	.b The Human Rights Code as it pertains to people with dis	sabilities? *	Yes	○ No
R	lead O. Reg. 191/11, s. 7 (1): Training	<u>Learn more about your re</u>	quirements for q	uestion 3.b
	Comments for Juestion 3.b			
Info	rmation and communications			
th <b>N</b> or	loes your organization have a process for receiving and respond to accessible to people with disabilities? *  lote: This requirement is applicable regardless of whether cunn your premises.  f Yes, please answer an additional question)		Yes	No
Read	1 O. Reg. 191/11, s. 11 (1): Feedback	Learn more about your re	equirements for	question 4
4.	<ul> <li>.a. Does your organization notify the public about the availa and communications supports with respect to the feedband Note: This requirement is applicable regardless of wheth on your premises. *</li> </ul>	ack process?	Yes	○ No
R	tead O. Reg. 191/11, s. 11(2): Feedback	Learn more about your re	equirements for	question 4.a
	Comments for juestion 4.a			

ind mo	es your organization have one (or more) website(s) which it conti irectly ('controls' means that your organization is able to add, ren dify content and functionality of the website)? * Yes, please answer an additional question)		Yes	) No
Read	O. Reg. 191/11, s. 14: Accessible websites and web content	Learn more about your	requirements for	question 5
5.8	. Do all your organization's internet websites conform to World Web Content Accessibility Guidelines 2.0 Level AA (except for recorded audio descriptions)? In the comments box, please list and address of your publicly available web content, including a pages, and apps. *	r live captions and pre- st the complete names	○ Yes	○ No
Re	ad O. Reg. 191/11, s. 14: Accessible websites and web content	Learn more about your	requirements for	question 5.a
	estion 5.a			
Cust	omer Service			
• • • (If	es your organization provide training about providing goods, servesons 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 of the organization of the organization of the providing goods.  2. Reg. 191/11, s. 80.49: Training for staff, etc.		Yes requirements for	○ No
	. Does the training include all of the following: *		( Yes	○ No
<u>R€</u> Co	<ul> <li>A review of the purposes of the AODA?</li> <li>A review of the purposes of the Customer Service Standar</li> <li>How to interact and communicate with persons with various</li> <li>How to interact with persons with disabilities who use an athe assistance of a guide dog or other service animal or the person?</li> <li>How to use equipment or devices available on the provide provided by the provider that may help with the provision of facilities to a person with a disability?</li> <li>What to do if a person with a particular type of disability is accessing the provider's goods, services or facilities?</li> <li>ad O. Reg. 191/11, s. 80.49: Training for staff, etc.</li> </ul>	ss types of disability? ssistive device or require e assistance of a support r's premises or otherwise of goods, services or		

΄.	disabilities, does your organization give a notice of the disruption to the (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 your	requirements for	question 7
	<ul> <li>7.a. Does the notice of the disruption include all of the following? *</li> <li>• The reason for the disruption?</li> <li>• Its anticipated duration?</li> <li>• A description of available alternative facilities or services (if a Read O. Reg. 191/11, s. 80.48 (2): Notice of temporary disruptions</li> <li>Comments for question 7.a</li> </ul>	ny)? Learn more about your	Yes  requirements for	No No question 7.a
8.	Does your organization ever require a person with a disability to be ac support person when on your premises? * (If Yes, please answer an additional question)	companied by a	○ Yes	No
	ead O. Reg. 191/11, s. 80.47 (5): Use of service animals and pport persons	Learn more about your	requirements for	question 8
	<ul> <li>8.a. Does your organization do all of the following before requiring a to be accompanied by a support person on your premises: * <ul> <li>Consult with the person with a disability?</li> <li>Determine a support person is necessary to protect the healt person with a disability or others on premises?</li> <li>Determine that there is no other way to protect the health or with a disability or others on premises?</li> </ul> </li> </ul>	th or safety of the	○Yes	○ No
	Read O. Reg. 191/11, s. 80.47 (5): Use of service animals and support persons  Comments for question 8.a	Learn more about your	requirements for	question 8.a
Er	mployment			
9.	Does your organization employ any persons with disabilities for whom individualized workplace emergency response information? * (If Yes, please answer additional questions)	you have provided	○ Yes	No
	ead O. Reg. 191/11, s. 27 (1): Workplace emergency response formation	Learn more about your	requirements for	question 9

9.a.	Does your organization review the individualized workplace emergency response information for all of the following? *			○ No
	• When the employee moves to a different location in the c	organization?		
	• When the employee's overall accommodation needs or p	lans are reviewed?		
	• When your organization reviews its general emergency p	oolicies?		
	d O. Reg. 191/11, s. 27 (4): Workplace emergency response mation	Learn more about your re	equirements for	question 9.a
	ments for			
que	etion 9.a			
9.b.	Do any of the employees for whom your organization has proworkplace emergency response information require assistant (If Yes, please answer additional questions)		○ Yes	○ No
	d O. Reg. 191/11, s. 27 (2): Workplace emergency response mation	Learn more about your re	equirements for	question 9.b
	ments for			
que	stion 9.b			
	9.b.i Has your organization, with the employee's consent, emergency response information to the person design assistance to the employee? *		○Yes	○ No
	Read O. Reg. 191/11, s. 27 (2): Workplace emergency response information	Learn more about your req	uirements for qu	uestion 9.b.i
	Comments for question 9.b.i			
	question 9.b.i			
	9.b.ii Was the individualized workplace emergency response soon as practicable after your organization became a 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 req	uirements for qu	uestion 9.b.ii
	Comments for question 9.b.ii			
	question a.b.ii			

Design of public spaces			
10. Since January 1, 2017, has your organization constructed new or redefollowing items? *	eveloped any of the	○ Yes	<ul><li>No</li></ul>
<ul> <li>Outdoor public use eating areas</li> </ul>			
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 re	equirements for	or question 10
10.a. Where applicable, do the newly constructed or redeveloped item requirements as outlined in the Design of Public Spaces Standa	0	○ Yes	○ No
Read O. Reg. 191/11 Part IV.1: Design of public spaces standards  Learn more about you		equirements for	or question 10.a
Comments for question 10.a			
10.b. Does your organization's multi-year accessibility plan include propreheative and emergency maintenance of the accessible eler spaces, and for dealing with temporary disruptions when access not in working order? *	ments in public	○ Yes	○ No
Read O. Reg. 191/11, s. 80.44: Maintenance of accessible elements	Learn more about your re	equirements for	or question 10.b
Comments for question 10.b			