Ontario

Ministry for Seniors and Accessibility

2023 Accessibility Compliance Report

Instructions

All information you provide is subject to the *Freedom of Information and Protection of Privacy Act*.

If you are a public sector organization with **20 or more employees** that is not designated under the Integrated Accessibility Standards Regulation (IASR) you are to comply with the IASR as a private/not-for-profit organization and complete the appropriate Accessibility Compliance Report. If you are a public sector organization with **fewer than 20 employees** that is not designated under the IASR, you are to comply with the IASR as a small business/non-profit organization and are exempt from the requirement to submit a report.

Fields marked with an asterisk (*) are mandatory.

A. Organization information

Organization category *	Number of employees range *	Reporting year
Business or Non-profit	50+ employees	2023

Business details

Organization legal name *	Number of employees in Ontario * Help
Gamma Sales Inc.	50

Business number (BN9) * Help
101926178

☐ Check if operating/business name is same as legal name

Organization operating/business name
Gamma Powersports

Sector that best describes your organization's principal business activity * Help
41 - Wholesale trade

Subsector (if possible)
415 - Motor vehicle and motor vehicle parts and accessories merchant wholesalers

Industry group (if possible)
4152 - New motor vehicle parts and accessories merchant wholesalers

Mailing address

Address where letters can be sent to the person responsible for coordinating the organization's AODA compliance activities.

Country *

The fields below will change based on your selection.

◉ Canada ○ USA ○ International

Type of address * ◉ Street address ○ Street address served by route ○ Other

Unit number	Street number *	Street name *		
	100	Hunter Valley		
Street type	Street direction	City *	Province *	
Road	W (West)	Orillia	ON (Ontario)	

Postal code (e.g. A1A 1A1) *
L3V 0Y7

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 *

The fields below will change based on your selection.

(●) Canada ( ) USA ( ) International

Type of address * (●) Street address ( ) Street address served by route ( ) Other

Unit number	Street number *	Street name *	
	100	Hunter Valley	
Street type	Street direction	City *	Province *
Road	W (West)	Orillia	ON (Ontario)

Postal code (e.g. A1A 1A1) *

L3V 0Y7

Use the "Add new organization" button to add additional organizations to which this accessibility report is to be applied (maximum 20).

Note: All organizations must have the same organization category, number of employees range, compliance answers and certifier, and have different business numbers, in order to file under the same form.

Organization category Business or Non-profit

Number of employees range 50+

Filing organization legal name Gamma Sales Inc.

Filing organization business number (BN9) 101926178

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

Certification date (yyyy-mm-dd) * 2024-08-30

Certifier information

Last name *	First name *
Nowlan	Dan

Position title *	Business phone number *	Extension	☐ Check here if TTY
General Manager	705-330-3343		

Email *	Alternate phone number	Extension	Fax number
dnowlan@gammapowersports.com	705-325-3088	3343	855-825-9491

Primary contact for the organization(s)

☐ Check if the primary contact is same as the certifier

Last name *	First name *
Rayfield	Barb

Position title *	Business phone number *	Extension	☐ Check here if TTY
Administrator	705-330-3332		

Email *	Alternate phone number	Extension	Fax number
brayfield@gammasales.com	705-325-3088	3332	855-825-8491

D. 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.

General

1. Has your organization created and implemented written policies on how to achieve accessibility by meeting all applicable accessibility requirements in the IASR? * ◉ Yes ○ No

Read O. Reg. 191/11, s. 3 (1): Establishment of accessibility policies — Learn more about your requirements for question 1

Comments for question 1

2. Has your organization established and implemented a multi-year accessibility plan? * (If Yes, please answer additional questions) ◉ Yes ○ No

Read O. Reg. 191/11, s. 4 (1): Accessibility plans — Learn more about your requirements for question 2

2.a. Does your organization have a website? * (If Yes, please answer additional questions) ◉ Yes ○ No

Read O. Reg. 191/11, s. 4 (1): Accessibility plans — Learn more about your requirements for question 2.a

Comments for question 2.a

2.a.i Is your organization's accessibility plan posted on your organization's website? * ◉ Yes ○ No

Read O. Reg. 191/11, s. 4 (1): Accessibility plans — Learn more about your requirements for question 2.a.i

Comments for question 2.a.i

2.a.ii Does your organization provide the accessibility plan in an accessible format when requested? * ◉ Yes ○ No

Read O. Reg. 191/11, s. 4 (1): Accessibility plans — Learn more about your requirements for question 2.a.ii

Comments for question 2.a.ii

2.b Does your organization update the accessibility plan at least once every 5 years? * ◉ Yes ○ No

Read O. Reg. 191/11, s. 4 (1): Accessibility plans | Learn more about your requirements for question 2.b

Comments for question 2.b

---

3. Does your organization provide appropriate training on: *

Read O. Reg. 191/11, s. 7 (1): Training | Learn more about your requirements for question 3

3.a. The AODA Integrated Accessibility Standards Regulation? * ◉ Yes ○ No

Read O. Reg. 191/11, s. 7 (1): Training | Learn more about your requirements for question 3.a

Comments for question 3.a

3.b The Human Rights Code as it pertains to people with disabilities? * ◉ Yes ○ No

Read O. Reg. 191/11, s. 7 (1): Training | Learn more about your requirements for question 3.b

Comments for question 3.b

Information and communications

4. Does your organization have a process for receiving and responding to feedback that is accessible to people with disabilities? * ◉ Yes ○ No
Note: This requirement is applicable regardless of whether customers are permitted on your premises.
(If Yes, please answer an additional question)

Read O. Reg. 191/11, s. 11 (1): Feedback | Learn more about your requirements for question 4

4.a. Does your organization notify the public about the availability of accessible formats and communications supports with respect to the feedback process?
Note: This requirement is applicable regardless of whether customers are permitted on your premises. * ◉ Yes ○ No

Read O. Reg. 191/11, s. 11(2): Feedback | Learn more about your 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) ◉ Yes ○ No

Read O. Reg. 191/11, s. 14: Accessible websites and web content | Learn more about your requirements for question 5

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 pre-recorded 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. * ◉ Yes ○ No

Read O. Reg. 191/11, s. 14: Accessible websites and web content | Learn more about your requirements for question 5.a

Comments for question 5.a: www.gammasales.com
As much as our software is compatible.

Customer Service

6. Does your organization provide training about providing goods, services or facilities to persons with disabilities to the following? * ◉ Yes ○ No
   - 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. | Learn more about your requirements for question 6

6.a. Does the training include all of the following: * ◉ Yes ○ No
   - 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

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

Read O. Reg. 191/11, s. 80.48 (1): Notice of temporary disruptions

Learn more about your requirements for 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 requirements for 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

Read O. Reg. 191/11, s. 80.47 (5): Use of service animals and support persons

Learn more about your requirements for question 8

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 support persons

Learn more about your requirements for question 8.a

Comments for question 8.a

Employment

9. Does your organization employ any persons with disabilities for whom you have provided individualized workplace emergency response information? * (If Yes, please answer additional questions)

○ Yes ◉ No

Read O. Reg. 191/11, s. 27 (1): Workplace emergency response information

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? * ◯ Yes ◯ No

- When the employee moves to a different location in the organization?
- When the employee's overall accommodation needs or plans are reviewed?
- When your organization reviews its general emergency policies?

Read O. Reg. 191/11, s. 27 (4): Workplace emergency response information

Learn more about your requirements for question 9.a

Comments for question 9.a

9.b. Do any of the employees for whom your organization has provided individualized workplace emergency response information require assistance? * (If Yes, please answer additional questions) ◯ Yes ◯ No

Read O. Reg. 191/11, s. 27 (2): Workplace emergency response information

Learn more about your requirements for question 9.b

Comments for question 9.b

9.b.i Has your organization, with the employee's consent, provided the workplace emergency response information to the person designated to provide assistance to the employee? * ◯ Yes ◯ No

Read O. Reg. 191/11, s. 27 (2): Workplace emergency response information

Learn more about your requirements for question 9.b.i

Comments for question 9.b.i

9.b.ii Was the individualized workplace emergency response information provided as soon as practicable after your organization became aware of the need for 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 requirements for question 9.b.ii

Comments for question 9.b.ii

Design of public spaces

10. Since January 1, 2017, has your organization constructed new or redeveloped any of the following items? * ◯ 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 requirements for question 10

10.a. Where applicable, do the newly constructed or redeveloped items meet the general requirements as outlined in 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 10.a

Comments for question 10.a

10.b. Does your organization's multi-year accessibility plan include procedures for preventative and emergency maintenance of the accessible elements in public spaces, and for dealing with temporary disruptions when accessible elements are not in working order? * ◯ Yes ◯ No

Read O. Reg. 191/11, s. 80.44: Maintenance of accessible elements Learn more about your requirements for question 10.b

Comments for question 10.b

Organization category Business or Non-profit

Number of employees range 50+

Filing organization legal name Gamma Sales Inc.

Filing organization business number (BN9) 101926178

Fields marked with an asterisk (*) are mandatory.

E. 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.**