

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. Organization information Organization category * Number of employees range Reporting year Business or Non-profit 20-49 employees 2020 **Business details** Organization legal name * Number of employees in Ontario * Help 32 LONDON SALVAGE AND TRADING COMPANY LIMITED Business number (BN9) * 103380077 Check if operating/business name is same as legal name Language preference for communications ' Organization operating/business name LONDON SALVAGE AND TRADING COMPANY LIMITED English Sector that best describes your organization's principal business activity * Help 41 - Wholesale trade Subsector (if possible) Industry group (if possible) Mailing address Address where letters can be sent to the person responsible for coordinating the organization's AODA compliance activities. USA International Country * Street address Street address served by route Other Type of address * Unit number Street number * Street name **EGERTON** 333 Street type Street direction Province * City * LONDON ON (Ontario) Street Postal code * N5Z 2H3 **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 * Canada O USA (International Type of address * Street address Street address served by route Other Unit number Street number * Street name 333 **EGERTON** Street direction Street type Province * City * LONDON Street ON (Ontario) Postal code *

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.

N5Z 2H3



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Organization category Business or Non-profit	Number of employees range 20-49		
Filing organization legal name LONDON SALVAGE AND TRADING COMPANY	Y LIMITED		
Filing organization business number (BN9) 103380077	Statishon to visualist		
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 ont	tario.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 questions	Wald ing section 20		
Instructions	transport in 10 mg 100 pc and a blank.		
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 wind relevant AODA regulations and the link on the right to view relevant accessibility information resource.	dow. Use the link on the left to view the urces.		
Customer Service			
 Does your organization permit people with disabilities who are accompanied by a guide dog or sanimal to keep the animal with them while on your premises or using your services, unless other excluded by law? * 			
Read Ontario Regulation (O. Reg.) 191/11 s. 80.47(2): Use of service animals and support persons Learn mo	re about your requirements for question 1		
Comments for question 1			
2. If a person with a disability is accompanied by a support person, does your organization ensure these persons are permitted to enter the premises together and that the person with a disability prevented from having access to the support person while on your premises? *	that		
Read O. Reg. 191/11 s. 80.47(4): Use of service animals and support persons Learn modern mod	re about your requirements for question 2		
Comments for question 2			
 Does your organization ensure that the required persons receive training on the accessibility sta for customer service? * 	indards Yes No		
Read O. Reg. 191/11 s. 80.49(1): Training for staff, etc.	re about your requirements for question 3		
Comments for question 3	Manus et a comunication de la co		

	about the feedback process readily
available to the public? * Read O. Reg. 191/11 s. 80.50(1-4) Feedback process required	Learn more about your requirements for question 4
Comments for	
question 4	
Number of surphyrees range 20-49	Organization category: Business or Iton-profit
Other than the requirements cited in the above questions, is your applicable requirements in effect under the Customer Service State	ndards? *
Read O. Reg. 191/11 Part IV.2 Customer Service Standards	Learn more about your requirements for question 5
Comments for question 5	Fields evented with an asteries (*) are mandatory.
	D. Accessibility corrections report surround
	Your respectives to the questions on your accessibility report indicate
	Year organization may be suchted to verify contributes.
	E. Accessibility compliance report certification
in its an acceptability report filled under the ADDA.	Note: It is an offerior unduption Act to provide false or min eading information
	Edward Operant The person who will be the main contact for meansability and enterprised for meansability of the country that they are enthousy to and as organizations appetited in Sec. 21 centry that all the equired information has been included in this rapid. 21 centry that all the equired information has been included in this rapid. 21 centry that the information in this report is equired. 22 central for the information. 23 central information.
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Single A of this form. Brid. RPY C Check here if TTY Check here if TTY Schemes phone number Externation Fex number 619-659-3576	Educacy Contact. The person who will be the main contact for meanathfully active organizations apartified in Sec. [2] t cently that all the sequent information has been included in this cept. [2] t cently that all the sequent intermetion has been included in this cept. [2] t cently that the information in this report is accurate. Sufficiently that the information 2021-04-08 Certifier information [2] the sequent in the centle of the organization [3] that are organization of the primary contact for the organization(a) [4] the centle of the primary contact is came as the centle of the primary contact is came as the centle of the primary contact is came as the centle of the primary contact is came as the centle of the primary contact is came as the centle of the primary contact is came as the centle of the primary contact is came as the centle of the primary contact is came as the centle of the primary contact is came as the centle of the primary contact is came as the centle of the primary contact is came as the centle of the primary contact is came as the centle of the primary contact is came as the centle of the primary contact is came as the centle of the centle of the primary contact is came as the centle of the primary contact is came as the centle of the centle of the primary contact is came as the centle of the centle
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4. Has your organization established a process for receiving and responding to feedback on the



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Organization category Busi	iness or Non-profit		Number of employees range 20-49				
Filing organization legal name LONDON SALVAGE AND TRADING COMPANY LIMITED							
Filing organization business number (BN9) 103380077							
Fields marked with an asterisk (*) are mandatory.							
D. 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.							
E. 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 Ac	t to provide false or misleadir	ng infor	mation in an accessibility rep	ort filed under t	he 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 legall	y bind the organization(s).						
Primary Contact: The person who	will be the main contact for a	accessi	bility issues.				
Acknowledgement							
✓ I certify that I have the authority	to bind all organizations spe	cified ir	Section A of this form, *				
✓ I certify that all the required info	rmation has been included in	this re	port, and, *				
✓ I certify that the information in t	his report is accurate. *						
Certification date (yyyy-mm-dd) *	2021-04-06						
Certifier information							
Last name * KUMMER			First name * TERRY C				
Position title * President	Business phone number * 519-451-0680	Exten	sion Check here if TTY				
Email * terry@londonsalvage.com			Alternate phone number	Extension	Fax number 519-659-3576		
Primary contact for the organization(s)							
Check if the primary contact is same as the certifier							
Last name * KUMMER			First name * TERRY C				
Position title * President	Business phone number * 519-451-0680	Exten	ision Check here if TTY				
Email * terry@londonsalvage.com			Alternate phone number	Extension	Fax number 519-659-3576		