

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. Organizatio	n information						
Organization category *				Number of employees range *		Reporting year	
Business / non-profit				20-49 employees		2017	
Business detail	S						
Organization legal						f employees in Ontario * <u>Help</u>	
Behr Process C					42		
Business number (BN9)* <u>Help</u>						
124211558							
	ing/business name is		l nomo				
Check if operating/business name is same as legal name Organization operating/business name Language preference for communications *							
Behr Process C	-				English		
Sector that best de	escribes your organiz	ation's principa	al business activit	V *	Help		
	ortation and ware						
Subsector (if possi	ble)			Industry group (if possible)			
493 - Warehou	sing and storage			4931 - Warehousing and storage			
Mailing address Address where let	ers can be sent to th	e person respo	onsible for coordir	hating the organiz	zation's AODA com	pliance activities.	
Country * Canada USA			International				
Type of address *	Street addres	ss C) Street address s	served by route	Other		
	Street number * 2750	Street name * Centre	:				
Street type	Street direction		City *			Province *	
Avenue	NE (Northeast/N	lord-est)	Calgary			AB (Alberta)	
Postal code * T2C 4G8							
<u>.</u>				countable for the	organization's cor	npliance with the AODA.)	
Country *	Canada	С) USA		International		
Type of address *	Street addres	ss C) Street address s	served by route	Other		
	Street number * 2750	Street name * Centre					
Street type	Street direction		City *			Province *	
Avenue	NE (Northeast/N	lord-est)	Calgary			AB (Alberta)	
Postal code * T2C 4G8							

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 / non-profit	Number of employees	range 20-49
Filing organization legal name Behr Process Canada Ltd.		
Filing organization business number (BN9) 124211558		
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 municipality</u>		
• an education institution (e.g. school board, college, university or schoo	L)	
• a producer of education material (e.g. textbooks)		
• <u>a library board</u>		
C. 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 we relevant AODA regulations and the link on the right to view relevant accessibility information reprovide accessible customer service		o view the
 Does your organization permit people with disabilities who are accompanied by a guide dog animal to keep the animal with them, unless otherwise excluded by law? * 	or service Yes	() No
Read O. Reg. 191/11 s.80.47: Use of service animals and support persons Lea	arn more about your requirement	s for question 1
Comments for question 1		
2. If a person with a disability is accompanied by a support person, does your organization ens persons are permitted to enter the premises together and that the person with a disability is prevented from having access to the support person while on your premises? *		◯ No
Read O. Reg. 191/11 s.80.47(4): Use of service animals and support persons	arn more about your requirement	s for question 2
Comments for question 2		
 Does your organization ensure that the required persons receive training on the accessibility for customer service? * 	v standards	⊖ No
Read O. Reg. 191/11 s.80.49: Training for staff Le	arn more about your requirement	s for question 3
Comments for question 3		

4. Has your organization established a process for receiving and responding to feedback o accessibility of its customer service and does it make information about the feedback pro available to the public? *		No
Read O. Reg. 191/11 s.80.50: Feedback process for providers of goods or services	Learn more about your requirements for que	estion 4
Comments for Manual process in 2017 will be automated in 2018, on website question 4		
5. Other than the requirements cited in the above questions, is your organization complying requirements in effect under the Customer Service Standard? *	with all other Yes I	No
Read O. Reg. 191/11: Part IV.2: Customer Service Standard	Learn more about your requirements for que	estion 5
Comments for Expected to be pubilished on Dec 4, 2017 question 5		



Organization category Business / non-profit

Number of employees range 20-49

Filing organization legal name Behr Process Canada Ltd. Filing organization business number (BN9) 124211558

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 Act to provide false or misleading information in an accessibility report filed under the AODA.

The certifier may designate a primary contact for the Accessibility Directorate 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 I have the authority to bind all organizations specified in Section A of this form, *

I certify that all the required information has been included in this report, and, *

✓ I certify that the information in this report is accurate. *

Certification date (yyyy-mm-dd) * 2017-12-01

Certifier information

Last name *	First name *					
Bilodeau	Helene					
Position title *	Business phone number *	Exten	Check here if TTY			
Manager, Human Resources	403 273-0226	5228				
Email * hbilodeau@behr.com			Alternate phone number 403 389-4270	Extension	Fax number 403 273-1128	

Primary contact for the organization(s)

 \checkmark Check if the primary contact is same as the certifier

Last name * Bilodeau	First name * Helene					
Position title * Manager, Human Resources	Baelineee phone namber	Exten				
Email * hbilodeau@behr.com			Alternate phone number 403 389-4270	Extension	Fax number 403 273-1128	