Ontario

Ministry for Seniors and Accessibility

2019 Accessibility Compliance Report

Organization category Designated Public Sector	Number of employees range 50+
Filing organization legal name Red Lake Margaret Cochenour Memorial Hospital	
Filing organization business number (BN9) 107879843	

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 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

- [x] I certify that I have the authority to bind all organizations specified in Section A of this form, *
- [x] I certify that all the required information has been included in this report, and, *
- [x] I certify that the information in this report is accurate. *

Certification date (yyyy-mm-dd) * 2019-07-17

Certifier information

Last name *	First name *			
Kaczmarek	Amanda			
Position title *	Business phone number *	Extension	☐ Check here if TTY	
Director	807 727-3804			
Email *	Alternate phone number	Extension	Fax number	
akaczmarek@redlakehospital.ca	807 728-3847			

Primary contact for the organization(s)

- [x] Check if the primary contact is same as the certifier

Last name *	First name *			
Kaczmarek	Amanda			
Position title *	Business phone number *	Extension	☐ Check here if TTY	
Director	807 727-3804			
Email *	Alternate phone number	Extension	Fax number	
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