



Canadian Deafblind Association Ontario Chapter

Barrier Identification Form

The purpose of this form is to identify potential barriers to accessing goods and services at CDBA Ontario Chapter locations. Please use the space below to provide as much information as possible about potential barriers.

Name:	Date:
Phone #:	E-mail:
Location:	
Brief Description: Include in your description: (1) the specific location of barrier; and (2) the inaccessible service, for example; elevator not working.	

Forward completed form the attention of the **Health & Safety Officer** by e-mail to crobertson@cdbaontario.com, by fax to **519-442-1871** or by mail or in person to **50 Main Street, Paris, Ontario, N3L 2E2**

Office Use Only	
Barrier Identified?	Yes <input type="checkbox"/> No <input type="checkbox"/>
AODA Related?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Date Received _____
	Response to Individual who submitted form?
	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Date of Response: _____
Action Taken: _____	
Health & Safety Officer Signature: _____	