

## Checklist for Identifying Barriers

**We would like to hear from you!** The Midland Accessibility Advisory Committee is working to remove barriers. If there is a barrier you are aware of, please take a few moments to fill out this checklist. If you don't have e-mail, please print and send to Karen Desroches, Clerk, Town of Midland, 575 Dominion Avenue, Midland, Ontario, L4R 1R2. The checklist will be made available to the Accessibility Advisory Committee and the barrier will be reviewed. By working together, we can create a barrier-free Midland for people of all abilities.

<b>What type of barrier is this? (checkmark one or more please)</b>	<input type="checkbox"/>	<b>Physical</b> (e.g. A doorknob that cannot be operated by a person with limited upper-body mobility and strength; potted plants in areas that obstruct paths for people who are visually impaired)
	<input type="checkbox"/>	<b>Architectural</b> (e.g. A hallway or door that is too narrow for a wheelchair or scooter)
	<input type="checkbox"/>	<b>Informational</b> (e.g. Typefaces that are too small to be read by a person with low-vision)
	<input type="checkbox"/>	<b>Communicational</b> (e.g. An employee who talks loudly when addressing a deaf person)
	<input type="checkbox"/>	<b>Attitudinal</b> (e.g. An employee who ignores a customer in a wheelchair)
	<input type="checkbox"/>	<b>Technological</b> (e.g. A paper tray on a laser printer that requires two strong hands to open)
	<input type="checkbox"/>	<b>Policy or Practice</b> (e.g. A practice of announcing important messages over an intercom that people with hearing impairments cannot hear clearly)
	<input type="checkbox"/>	<b>None of the above / not sure</b>
<b>Describe the barrier.</b>		

**Barrier Identification and Resolution Form**

<b>Who is responsible? If possible, please identify the Department and/or Departments in which you noticed the barrier.</b>	
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**Barrier Resolution Recommendations**

<b>If possible, please recommend a solution(s) regarding the best means to remove this barrier.</b>	
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**Submission Information**

<b>Submitted by:</b>	
<b>Date Submitted:</b>	
<b>Received by:</b>	
<b>Date Received</b>	

**Resolution Status**

<b>Issue Resolution:</b>	