



PREVOST

ENREGISTRÉ - REGISTERED
ISO 9001 & ISO 14001


SAFETY RECALL

SR12-16



DATE : JULY 2012	SECTION : 03-FUEL
SUBJECT : ACCELERATOR PEDAL THROTTLE POSITION SENSOR REPLACEMENT	

APPLICATION

Model	VIN	
H3-45 Coaches Model Year : 2007 - 2010	2PCH334907C71 <u>0698</u> 2PCH334988C71 <u>1096</u> 2PCH334989C71 <u>1357</u> 2PCH334939C71 <u>1363</u> 2PCH334979C71 <u>1379</u> 2PCH334979C71 <u>1446</u>	2PCH33497AC71 <u>1581</u> 2PCH33490AC71 <u>1616</u> 2PCH33499AC71 <u>1646</u> 2PCH33490AC71 <u>1664</u> 2PCH33496AC71 <u>1667</u> 2PCH33498AC71 <u>1668</u>
X3-45 Coaches Model Year : 2009 - 2010	2PCG3349X9C72 <u>9614</u> 2PCG33493AC72 <u>9815</u>	
The owners of the vehicles affected by this recall will be advised by a letter indicating the Vehicle Identification Number (VIN) of each vehicle concerned.		

DESCRIPTION

On the vehicles affected by this campaign, it is necessary to replace the accelerator pedal throttle position sensor as explained in the following procedure. This replacement is necessary only for vehicles equipped with Volvo D13 engine.

FAILURE CAUSE: Voltage applied by Volvo engine ECU exceeds the sensor capacity. Do not keep the throttle position sensor for later use as a sudden failure is very likely to happen.

FAILURE CONSEQUENCE: Faulty throttle position sensor causes the accelerator pedal to be inoperative due to a permanent idle signal. This leads to a vehicle breakdown with no response from the accelerator pedal.

MATERIAL

Order the following part:

Part No.	Description	Qty
568084	Sensor, accelerator pedal throttle position	1

NOTE

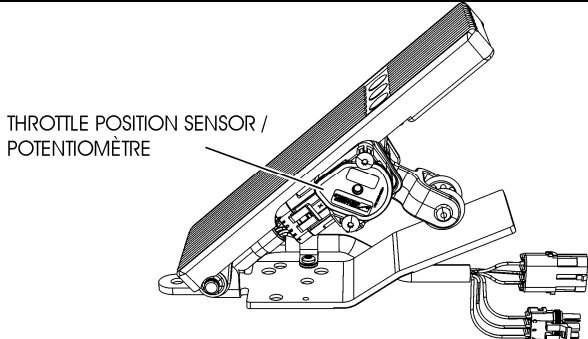
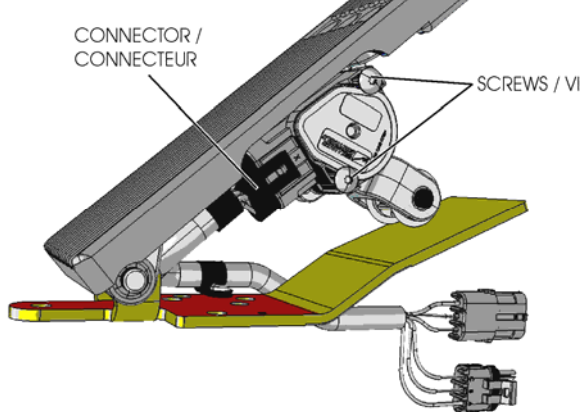
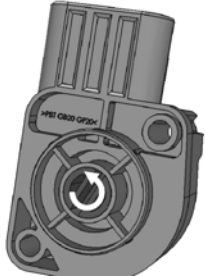
Material can be obtained through regular channels.

PROCEDURE

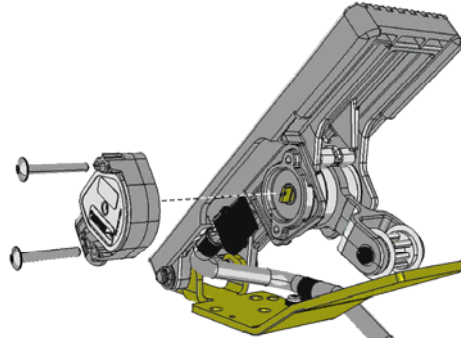


DANGER

Park vehicle safely, apply parking brake, stop engine and set battery master switch(es) to the OFF position prior to working on the vehicle.

<p>1. Locate accelerator pedal throttle position sensor on the accelerator pedal assembly.</p>	 <p>THROTTLE POSITION SENSOR / POTENTIOMÈTRE</p>
<p>2. Disconnect harness from sensor. 3. Unscrew sensor fasteners (2) and remove throttle position sensor. Return sensor to Prevost for reimbursement.</p>	 <p>CONNECTOR / CONNECTEUR</p> <p>SCREWS / VIS</p>
<p>4. Make sure the rotary piece at the center of the new throttle position sensor is completely turned counterclockwise prior installation, if not, stationary regenerations might be impossible to initiate.</p>	

5. Position new throttle position sensor on pedal assembly, secure with screws provided in the kit (torque to 25 lb-in).
6. Connect wiring harness to throttle position sensor. Secure wiring harness as originally routed.
7. Start the engine. With the parking brake applied and transmission in neutral position (N), test the accelerator pedal for proper functioning.



WARRANTY

This modification is covered by Prevo's normal warranty. The working time required to perform this safety recall is between 15 to 30 minutes. We will reimburse you the parts and labor upon receipt of the replaced throttle position sensor and a completed A.F.A. form on which you must specify as per "Safety Recall SR12-16".

You also have to fill the "Safety Recall Certification Sheet" provided with this bulletin and return it with your A.F.A. form to be reimbursed.

Parts / Waste disposal:

Return replaced parts to Prevo with A.F.A. for full reimbursement.

Please, identify the returned part with Prevo part number 531402.

OTHER

VBC Bulletin	N-A
Fail Code	03-08
Defect Code	9
System Condition	R
Causal Part	531402



PREVOST

**Safety Recall
Certification Sheet
(Ref: Sr12-16)**

ENREGISTRÉ - REGISTERED
ISO 9001 & ISO 14001



SERIAL NUMBER: _____

PERFORMED BY		OWNER/OPERATOR	
We hereby certify that Safety Recall Instructions with regard to Safety Recall #12-16 have been performed.			
Name: _____		Name: _____	
Addr: _____		Addr: _____	
Phone: _____		Phone: _____	
Fax: _____		Fax: _____	
Signature :	_____	Signature :	_____
Date:	_____	Date:	_____

If the information mentioned above is incorrect or you are not the owner of this vehicle anymore, please fill this section and return to sender.

NEW OWNER: _____

BUSINESS: _____

ADDRESS (including County): _____

TELEPHONE: _____ **FAX:** _____

Please return this completed document with your A.F.A. form