

# PREVOST

# SAFETY RECALL

SR22-08C

DATE: June 2022 SECTION: 18 BODY
SUBJECT: ROSCO MIRROR ADJUSTMENT – R-H SIDE

Revision: C

Procedure updated for installation of a shim only when required. Allowed time changed.

08-23-2022

#### **APPLICATION**

## NOTICE TO SERVICE CENTERS

Verify vehicle eligibility by checking warranty bulletin status with **SAP** or via **ONLINE WARRANTY**SYSTEM available on Service / Warranty tab of Prevost website.

Model	VIN PRECIONAL TOPOLOGICAL CANADA TOPOLOGICA TOPO
X3-45 Commuter	USA built
Model Year: 2020 - 2022	From 4RKJ33496 <u>L</u> 973 <u>7721</u> up to 4RKJ33496 <u>N</u> 973 <u>8001</u> incl.
X3-45 Commuter	Canada built
Model Year: 2018 - 2019	2PCJ33493 <b>_J</b> C73 <u><b>6317</b></u>
	2PCJ33491 <u>K</u> C73 <u><b>6432</b></u>

This Safety Recall does not necessarily apply to all the above-mentioned vehicles, some vehicles may have been modified before delivery. 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**

This procedure must be carried out in a Prevost service center.

On vehicles affected by this recall, the right-side rearview mirror is in a set position which does not permit the driver to have a clear view of right side of the vehicle and the adjacent lane.

Perform the procedure to adjust the mirror.

## **MATERIAL**

The following parts **may be required** depending on the adjustment required:

Part No.	Description	Qty
492153	SHIM	1
5000010 SCREW, CAP CK HEXS SS 3/8-16 X 1-3/4		2

## **TOOLS**

• 37918 Mirror position inspection Jig

## **SAFETY PRECAUTIONS**

- Eye protection should always be worn when working in a shop.
- Rules for Personal Protection Equipment should always be respected. Wear your PPE including but not limited to the following:



# Safety First!







## **PROCEDURE**



# **DANGER**

Park vehicle safely, apply parking brake, stop the engine. Prior to working on the vehicle, set the ignition switch to the OFF position and trip the main circuit breakers equipped with a trip button. On Commuter type vehicles, set the battery master switch (master cut-out) to the OFF position.

Lockout & Tag out (LOTO) must be performed during set-up, maintenance or repair activities. Refer to your local procedure for detailed information regarding the control of hazardous energy.

# **VISUAL REQUIREMENT**

- 1. Locate the right (curb side) mirror.
- 2. Make sure the mirror arm rests against the rotation stopper.

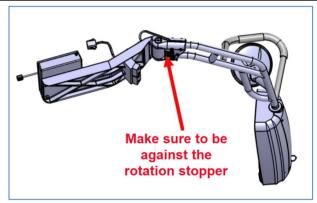


Figure 1

3. Using the control switch on the left console, turn the flat mirror towards the inside until it stops.

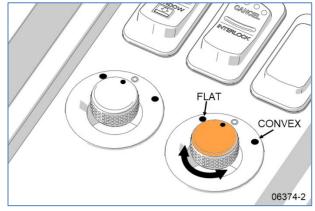


Figure 2

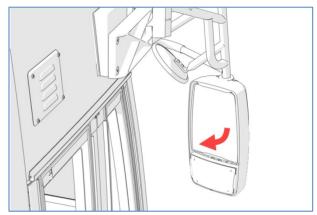


Figure 3

4. The side molding shown on the image must be seen along the outer edge of the flat mirror when looking at the mirror from the driver seat.

If adjustment is needed, carry on with step 5.

If no adjustment is needed, go to VALIDATION.

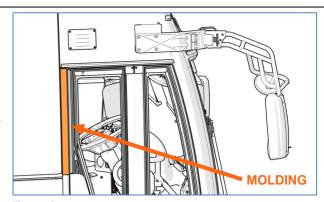
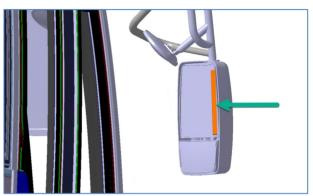


Figure 4



Figure

- 5. Remove the rear cover.
- 6. Slightly loosen the 4 screws.
- 7. Rotate the mirror assembly so that the side molding can be seen from the driver seat along the outer edge of the flat mirror (requirement of step 4)

Note: make sure the flat mirror is still turned toward the vehicle up to the end of the stroke as done in step 3.

- 8. Tighten the 4 screws to **63 lb-in**.
- 9. Reinstall the mirror cover.



Figure 6

# **VALIDATION**

keep the jig 37918 level.



Figure 7

Apply a small pressure on the mirror towards the driver (to make sure we are in full detent position). Only to take the play we can have.



Figure 8

# Requirement: minimum 63 mm (2 1/2 in)

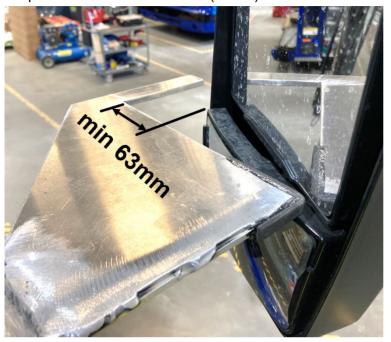


Figure 9

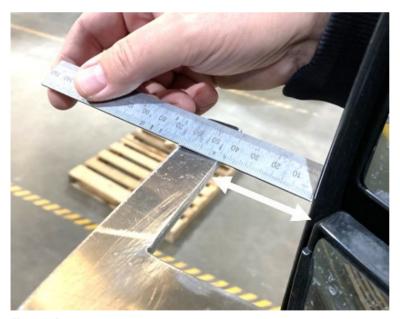


Figure 10

# ONLY IF THE 63 mm REQUIREMENT CANNOT BE MET

- 10. If the "63 mm minimum" requirement cannot be met, a shim p/n 492153 must be installer under the mirror arm bracket.
- 11. Remove the 4 screws fastening the mirror assemble (Figure 11) and install shim 492153 as shown on Figure 12.
- 12. Use two new longer screws p/n 5000010 to fasten the mirror assembly on the thicker side of the shim.

# APPLY BLUE Loctite on threads Tighten to 34 lbs-ft (4 screws)

13. Check that the "63 mm minimum" requirement is satisfied.

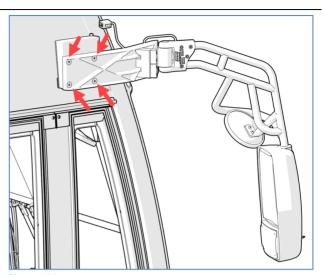


Figure 11

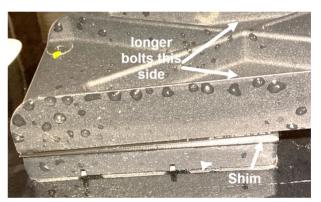


Figure 12

## **PARTS DISPOSITION**

Discard waste according to applicable environmental regulations (Municipal/State[Prov.]/ Federal)

#### **WARRANTY**

This modification is covered by Prevost's normal warranty. We will reimburse you the parts and labor as follows upon receipt a completed A.F.A. Please submit claim via our Online Warranty System, available at <a href="https://www.prevostcar.com">www.prevostcar.com</a> (under service \ warranty section). Use Claim Type: "Bulletin/Recall" and select "Safety Recall SR22-08".

#### **ALLOWED TIME:**

0.4 h INSPECTION ONLY, NO ADJUSTMENT REQUIRED

1.0 h INSPECTION + ADJUSTMENT REQUIRED

Should you only wish to close the safety recall (without reimbursement), fill-in the "Safety Recall Certification Sheet" provided with this bulletin and return it to our warranty department by Email at prevost.onlinewarranty@volvo.com or by fax at 418-831-9301.

#### **OTHER**

VBC Bulletin	N/A	Access all
Fail Code	23.01	http://tech
Defect Code	09	or scan the
Syst.Cond	R	type "ADD
Causal Part	990572	mail.

Access all our Service Bulletins on <a href="http://techpub.prevostcar.com/en/">http://techpub.prevostcar.com/en/</a>
or scan the QR-Code with your smart phone.

E-mail us at <a href="technicalpublications">technicalpublications</a> prev@volvo.com</a> and type "ADD" in the subject to receive our warranty bulletins by e-





# Safety Recall Certification Sheet (Ref: SR22-08)



VEHICLE SERIAL NUMBER:	
PERFORMED BY	OWNER/OPERATOR
We hereby certify that Safety Recall Instructions with regard to Safety Recall SR22-08 have been performed.	
Name:	Name:
Addr:	Addr:
Phone:	Phone:
Fax:	Fax:
Signature :	Signature :
Date:	Date:
If the information mentioned above is vehicle anymore, please fill this secti	s incorrect or you are not the owner of this on and return to sender.
NEW OWNER:	
BUSINESS:	
ADDRESS (including County):	

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TELEPHONE:	FAX:	

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