




PREVOST

**SAFETY
RECALL**

SR13-93

DATE :	JANUARY 2014	SECTION :	18 - Body
SUBJECT:	IMMI Seat Belt may be difficult to unlatch		

APPLICATION

NOTICE TO SERVICE CENTERS	
<p>Verify vehicle eligibility by checking warranty bulletin status with SAP or via ONLINE WARRANTY SYSTEM available on Service / Warranty tab of PrevoSt website.</p>	
Model	VIN
H3-41, H3-45 coaches Model Year: 2014	 <p>Single vehicles :</p> <p>2PCH3349XEC712522, 2PCH33491EC712523 2PCH33492EC712529, 2PCH33493EC712538 2PCH33495EC712539, 2PCH33491EC712540 2PCH33493EC712541</p>
<p>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.</p>	

DESCRIPTION

On certain vehicles equipped with IMMI-brand L9 seat belt buckles, when the button is pressed to release the seat belt, the latch plate can become partially engaged with the buckle, making the seat belt difficult to unlatch. Thus, these vehicles fail to conform to the requirements of Federal Motor Vehicle Safety Standard (FMVSS) No. 209, "Seat Belt Assemblies."

Recall targets vehicles with IMMI retractable shoulder belts installed on the side wall for wheelchair occupant restraint.

MATERIAL

Order the following parts:

Part No.	Description	Qty
864813	Restraint / Wheelchair occupant	Up to 2 / Vehicle

NOTE

Material can be obtained through regular channels.



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.

PROCEDURE

Locate the side-wall mounted retractable shoulder belts in the vehicle.
Check the date code on the other side of the buckle.



ON POST BETWEEN
WINDOWS,
ROAD SIDE AND CURB SIDE,
CHECK DATE CODE ON
OTHER SIDE OF BUCKLE.

Two suspect date code ranges are involved:

13220 through 13256

AND

214 13 through 256 13.

If the buckle date code is within either of the ranges above, replace the part.

Select the retractable shoulder belt in assembly #864813.

Install on wall.

Torque belt anchor to 27 lbf-ft

If the date code does NOT fall within either range, do NOT replace the part.

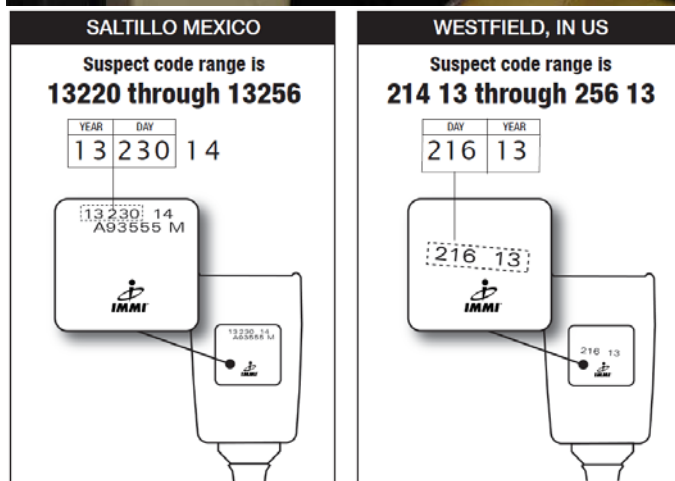


Image: IMMI

PARTS DISPOSITION

All replaced parts must be returned to Prevost according to the Return Shipping Instructions available on www.prevostcar.com (under service / warranty section) for full reimbursement. A copy of the warranty claim form must be enclosed with the shipment.

WARRANTY

This modification is covered by Prevost's normal warranty. We will reimburse you fifteen minutes (15 minutes) of labor for inspection only OR the parts and half an hour (30 minutes) of labor for inspection and replacement, upon receipt of the replaced parts and a completed A.F.A.

Please submit claim via our Online Warranty System, available at www.prevostcar.com (under service \ warranty section). Use Claim Type: "Bulletin/Recall" and select "Safety Recall SR13-93".

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.

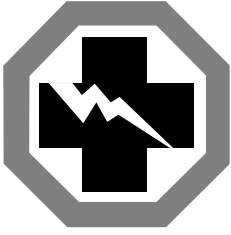
OTHER

VBC Bulletin	N/A
Fail Code	18.03-3
Defect Code	09
Syst.Cond.	R
Causal Part	864813

Access all our Service Bulletins on <http://prevostparts.volvo.com/technicalpublications/en/pub.asp> or scan the QR-Code with your smart phone.

E-mail us at technicalpublications_prev@volvo.com and type "ADD" in the subject to receive our warranty bulletins by e-mail.





**Safety Recall
Certification Sheet
(Ref: SR13-93)**

VEHICLE SERIAL NUMBER:

2	P	C																	
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PERFORMED BY		OWNER/OPERATOR	
We hereby certify that Safety Recall Instructions with regard to Safety Recall SR13-93 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