




**SAFETY  
RECALL**

**SR14-12**

DATE :	APRIL 2014	SECTION :	06 - Electrical
SUBJECT:	SURE POWER BATTERY EQUALIZER REPLACEMENT		

**APPLICATION**

<b>NOTICE TO SERVICE CENTERS</b>	
<i>Verify vehicle eligibility by checking warranty bulletin status with <b>SAP</b> or via <b>ONLINE WARRANTY SYSTEM</b> available on Service / Warranty tab of PrevoSt website.</i>	
Model	VIN
X3-45 coaches Model Year: 2008 - 2010	 Specific vehicles within the following range From 2PCG334908C72 <u>9426</u> up to 2PCG33499AC72 <u>9866</u> incl.
<p><b>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.</b></p>	

**DESCRIPTION**

Vehicles equipped with Sure Power model 52210 100 Amp battery equalizer must have it replaced with Sure Power model 21100E00 100 Amp battery equalizer.

**DEFECT DESCRIPTION**

The affected battery equalizer contains a particular potting compound. According to information published by Sure Power Inc. "The specific potting compound used in the subject products for insulation was found to be capable of conducting electricity once exposed to significant thermal energy".

**FAILURE CONSEQUENCE**

The defect as determined by Sure Power may result in a vehicle fire.

**MATERIAL**

Order kit **SR14-12** which includes the following part:

Description	Qty
BATTERY EQUALIZER, SURE POWER 100 Amp MODEL 21100E00 (Prevost #563829)	1

**NOTE**

Material can be obtained through regular channels.

**PROCEDURE**



**DANGER**

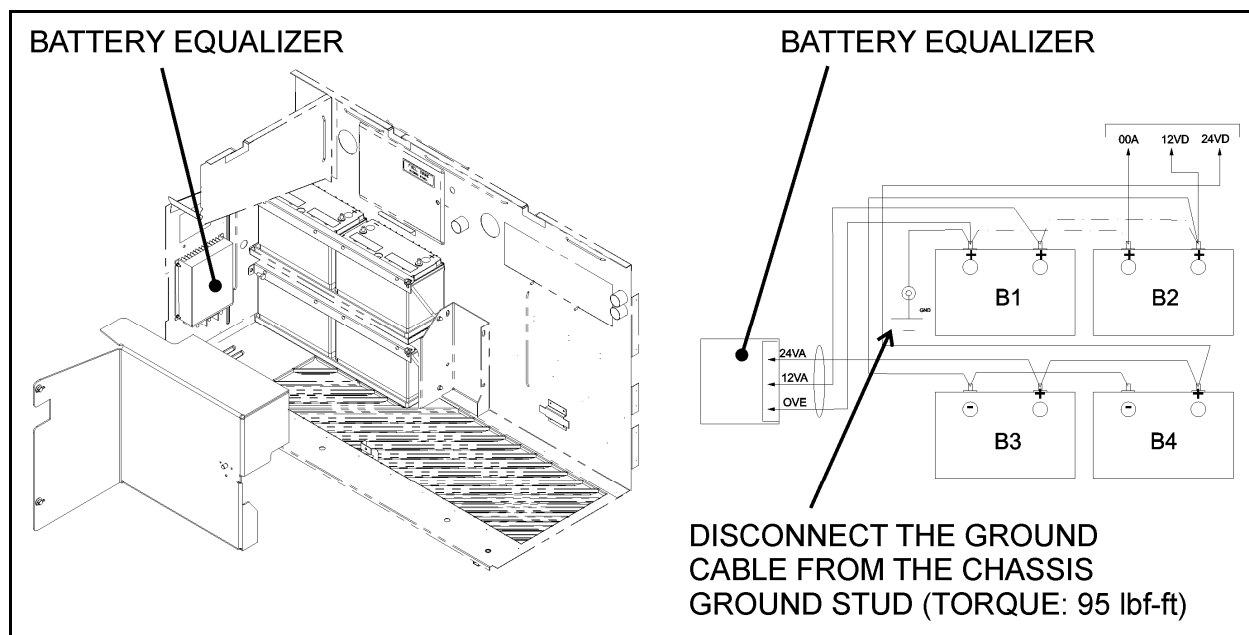
Park vehicle on a level surface, apply parking brake, stop engine and set battery master switch(es) to the OFF position prior to working on the vehicle.



**DANGER**

Wear proper safety clothing, gloves and glasses when working close to batteries.

1. Inside the condenser compartment, locate the Sure Power battery equalizer under the battery cover (figure 1).
2. Inspect the battery equalizer. Confirm that it is a **Sure Power, model 52210**. This information is found on the decal affixed on the unit. No replacement is required if the battery equalizer manufacturer and model don't match these criterions.



**FIGURE 1: BATTERY EQUALIZER INSIDE CONDENSER COMPARTMENT**

3. Disconnect the battery banks ground cable from the chassis ground stud (figure 1).
4. Carefully disconnect the ground cable (**OVE**) at the battery equalizer GND post first (*always disconnect the equalizer ground cable first and connect ground cable last*) by removing the nut (figure 2). Do not allow this cable to touch the other connections on the equalizer because all cables are connected to the batteries.

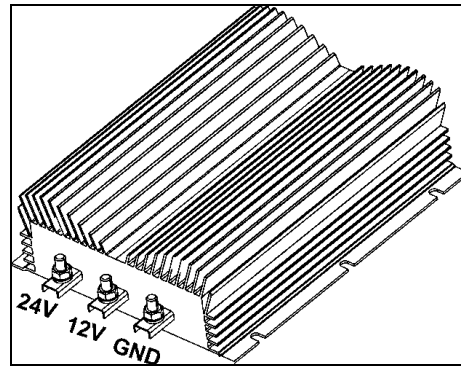


FIGURE 2: SURE POWER 52210 BATTERY EQUALIZER

5. While proceeding one by one, carefully disconnect the 12-volt (**12VA**) and 24-volt (**24VA**) cables from the equalizer by removing the nut from the respective posts. Do not allow these cables to touch themselves. Apply insulating electrician tape on the cable terminals to prevent sparks or short circuits. Keep hardware for later use.
6. Remove the equalizer mounting screws (4 or 6 screws). Keep hardware (screws and washers) for later use.
7. Install the new equalizer, positioned similarly as the previous one using saved hardware.
8. Remove the terminal posts plastic cover (figure 3).
9. While proceeding one by one, connect the 12-volt (**12VA**) and 24-volt (**24VA**) cables to the equalizer 12V and 24V posts respectively, using the saved hardware (figure 3).

**NOTE**

*When connecting cables to the equalizer posts (+24, +12, GND), do not exceed the specified torque of 110 lbf-in.*

10. Connect the ground cable (**0VE**) to the battery equalizer GND post last.

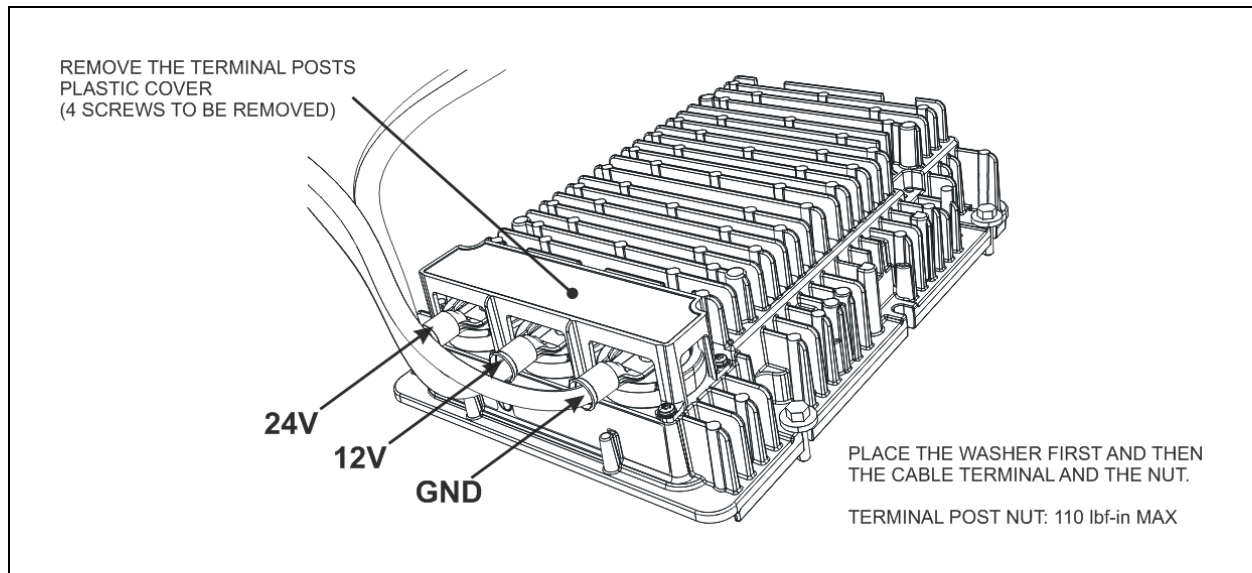


FIGURE 3: NEW BATTERY EQUALIZER SURE POWER 21100E00 (PREVOST 563829)

11. Apply a coating of corrosion inhibitor material (e.g. dielectric grease) on equalizer posts, cable terminals and nuts.
12. Connect the battery banks ground cable to the chassis ground stud.

## PARTS DISPOSITION

All replaced parts must be returned to Prevost according to the Return Shipping Instructions available on [www.prevostcar.com](http://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 the part and one hour (1.0) of labor upon receipt of the replaced part and a completed A.F.A. Please submit claim via our Online Warranty System, available at [www.prevostcar.com](http://www.prevostcar.com) (under service \ warranty section). Use Claim Type: "Bulletin/Recall" and select "Safety Recall SR14-12".

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](mailto:prevost.onlinewarranty@volvo.com) or by fax at 418-831-9301.

## OTHER

<b>VBC Bulletin</b>	
Fail Code	06-10
Defect Code	09
Syst.Cond.	R
Causal Part	563772

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](mailto:technicalpublications_prev@volvo.com) and type  
"ADD" in the subject to receive our warranty bulletins by e-mail.





**Safety Recall  
Certification Sheet  
(Ref: SR14-12)**

**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 SR14-12 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**