



SAFETY RECALL

SR22-10

DATE :	Month 2022	SECTION : 18 BODY
SUBJECT:	REAR CROS	SS SEAT HARDWARE

First Release

mm-dd-yy

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			
X3-45 Commuter Model Year: 2021 - 2022	From 4RKJ33492M973 7751 up to 4RKJ33499N973 7991 incl.			
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

On vehicles affected by this recall, the rear bench seat frame could be loose. Follow the instructions to properly tighten the bolts on the rear bench. In case of missing hardware, refer to the parts list below.

MATERIAL

Parts may be required depending on seat condition.

Part No.	Description	Qty
868067	SCR CAP HEX 1/2-13X3 G5 ZP	A/R
868066	SCR CAP HEX 1/2-13X1 1/4 G5 ZP	A/R
865780	NUT	A/R
868070	SCR CAP HEX 3/8-16X1 G5	A/R
868116	WSH FL 3/8 X 1 X 11GA	A/R

NOTE

Material can be obtained through regular channels.

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:

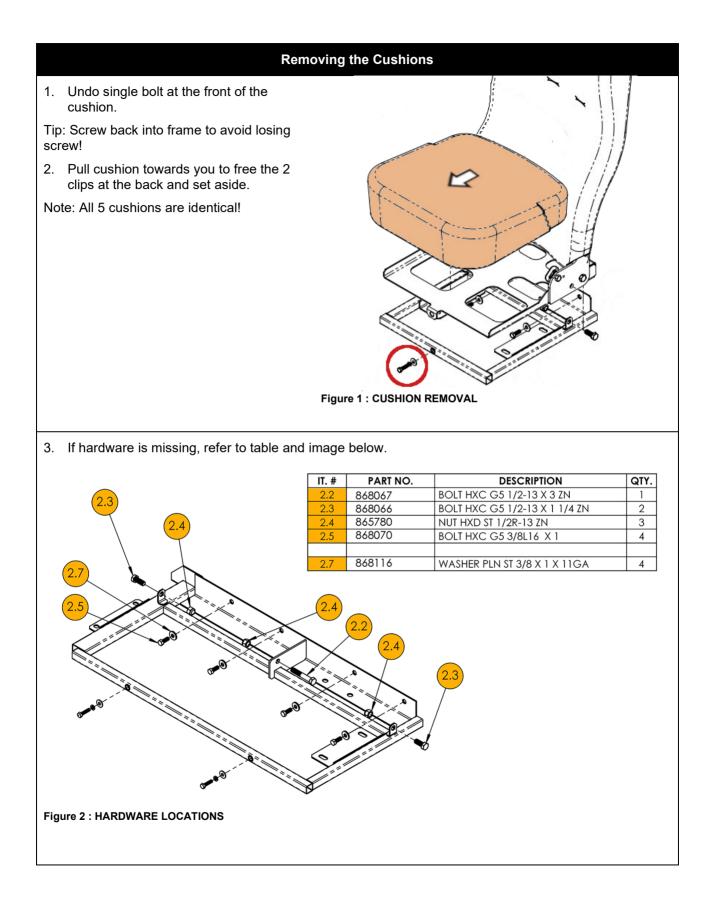


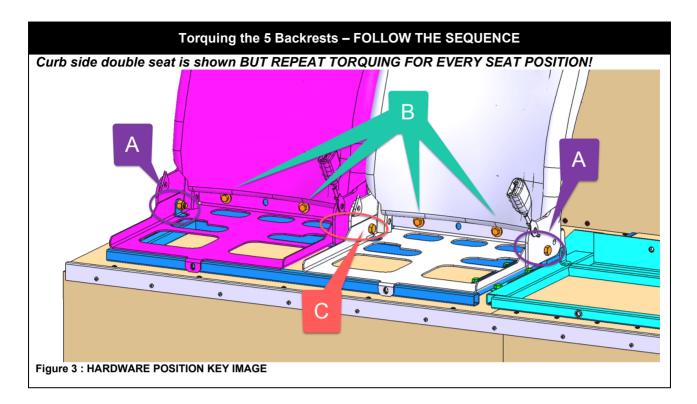
PROCEDURE



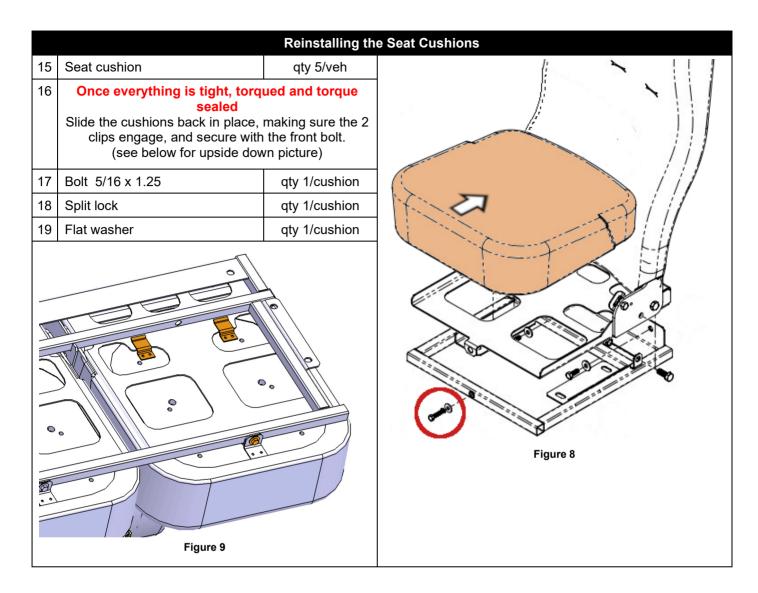
Park vehicle safely, apply parking brake, stop the engine. Prior to working on the vehicle, set the ignition switch to the OFF position and trip the main circuit breakers equipped with a trip button. On Commuter type vehicles, set the battery master switch (master cut-out) to the OFF position.

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.





4	Backrest w/ RH belt, n position Backrest w/ LH belt, no position		qty 2 qty 3	Figure 4				
6	A) Side bolt 1/2 x 1.2	5"	qty 2/seat	H TOPE				
7	A) Nut 1/2		qty 2/seat					
⚠	Caution: Towards the	inside on both sides!						
8	A - Side Torque (supplier value)	60 lb-ft 6x						
	Manual	<u>torque</u>		Figure 5 : POSITION A				
9	B) Back bolt 3/8 x 1"		qty 2/seat	H I				
10	B) Flat washer		qty 2/seat					
11	B - Back Torque 25 lb-ft (supplier value) 10x							
	<u>Manual</u>	<u>torque</u>		Figure 6 : POSITION B				
12	C) Middle bolt (long)	1/2 x 3"	qty 1 /double seat					
13	,		qty 1 /double seat					
14								
	(supplier value)	2x						
	Manual	torque						
	Caution: This i	-						
	If you struggle to reach t push it - you don't war frames! Make sure the bo moved with finge	nt to start bending the olt is tight and cannot be		Figure 7 : POSITION C				



PARTS DISPOSITION

DO NOT RETURN THE REPLACED PARTS. 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 thirty minutes (30 min) of labor upon receipt of 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 0BSR22-10 ".

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	18.03-2
Defect Code	09
Syst.Cond	R
Causal Part	868085

Access all our Service Bulletins on <u>http://techpub.prevostcar.com/en/</u> 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: SR22-10)

VEHICLE SERIAL NUMBER:

2	Ρ	С							

PERFORMED BY	OWNER/OPERATOR				
We hereby certify that Safety Recall Instructions with regard to Safety Recall SR18-XX 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 (includ	ling County):	
TELEPHONE:	FAX:	

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