



SAFETY RECALL

SR21-301

DATE: June 2021 SECTION : 18 BODY
SUBJECT: USSC WHEELCHAIR OCCUPANT
RESTRAINT SYSTEM REWORK

First Release

June 2021

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	4RKJ33494M9737797	4RKJ33491M9737806
Model Year: 2021	4RKJ33496M9737798	4RKJ33493M9737807
	4RKJ33498M9737799	4RKJ33495M9737808
	4RKJ33490M9737800	4RKJ33497M9737809
	4RKJ33492M9737801	4RKJ33493M9737810
	4RKJ33494M9737802	4RKJ33495M9737811
	4RKJ33496M9737803	4RKJ33497M9737812
	4RKJ33498M9737804	4RKJ33490M9737814
	4RKJ3349XM9737805	

DESCRIPTION

On vehicles affected by this recall, perform the following procedure.

indicating the Vehicle Identification Number (VIN) of each vehicle concerned.

MATERIAL

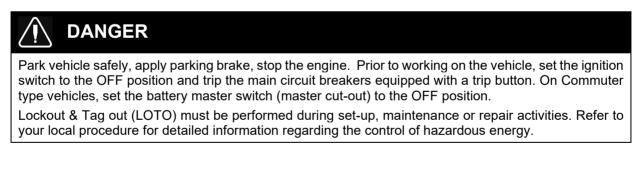
Part No.	Description	Qty
454976 (USSC)	SHOULDER BOLT – USSC PART	2

NOTE	
Material can be obtained through regular channels.	

REQUIRED TOOLS

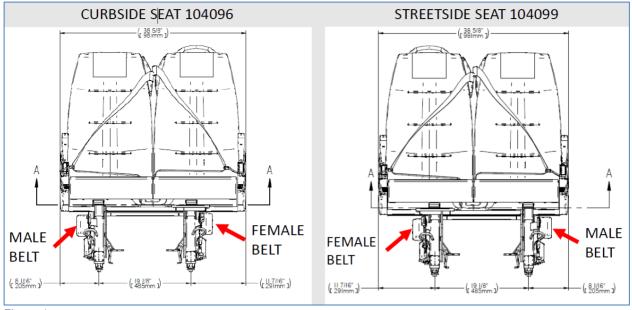
RATCHET AND SOCKET SET -SAE	TORQUE WRENCH	
	en la contraction de la contra	

PROCEDURE

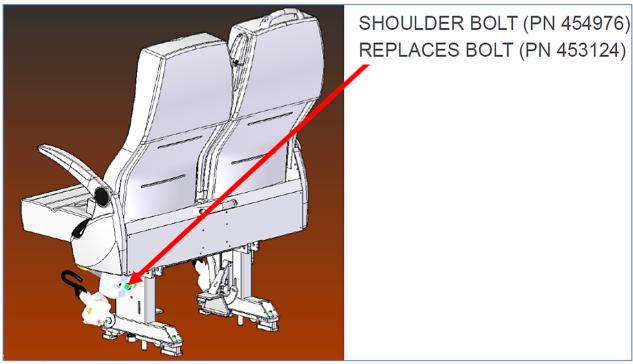


1. Rework wheelchair occupant restraint system. More precisely, the male belt located on the wall side (Figure 1).

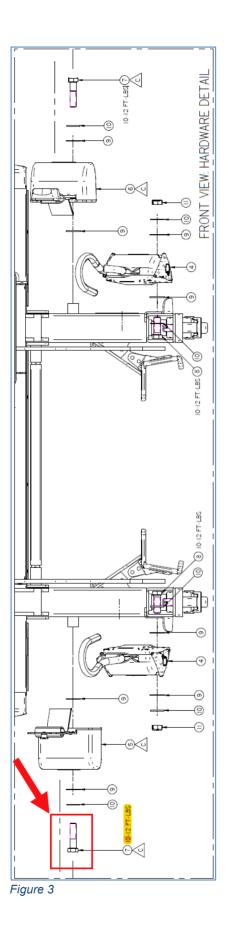
Writer: EL



- Figure 1
- 2. Replace existing bolt with shoulder bolt 454976 (Figure 2 & Figure 3). TORQUE 10-12 LBS-FT.







PARTS DISPOSITION

DO NOT RETURN THE REPLACED PARTS. Discard waste according to applicable environmental regulations (Municipal/State [Prov.]/ Federal)

OTHER

VBC Bulletin	N/A	/
Fail Code	18.03-2	4
Defect Code	09	
Syst.Cond	R	t
Causal Part	868074	1

Access all our Service Bulletins on http://techpub.prevostcar.com/en/

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: SR21-301)

VEHICLE SERIAL NUMBER:

									-	-
4	R	Κ	J							

PERFORMED BY	OWNER/OPERATOR
We hereby certify that Safety Recall Instructions with regard to Safety Recall SR21-301 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):

TELI	EPHONE:	FAX:
TELI	EPHONE:	FAX:

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