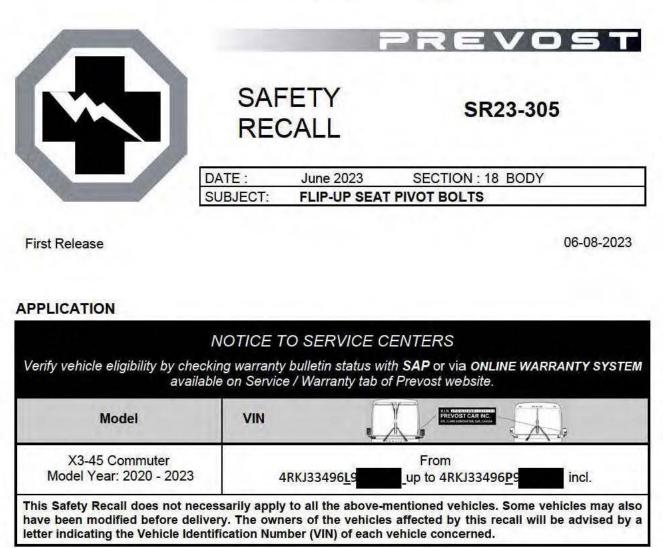
INFORMATION REDACTED PURSUANT TOTHE FREEDOM OF INFORMATION ACT (FOIA), 5 U.S.C.552(B)(6)



## DESCRIPTION

On the vehicles covered by this campaign, the two bolts securing the flip-up seat cushions to the seat frames can loosen and disengage, allowing the seat cushions to come loose.

Therefore on the affected vehicles, threadlocker adhesive (Loctite) must be applied to all seat cushion bolts (see reference picture below).

The work will be entirely performed by authorized AMSECO technicians at the customer facilities

## SAFETY PRECAUTIONS

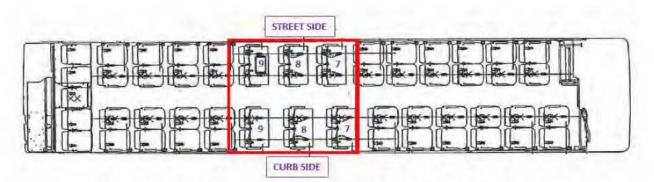
- Eye protection should always be worn when working in a shop.
- Rules for Personal Protection Equipment should always be respected. Wear your PPE including but not limited to the following:





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.

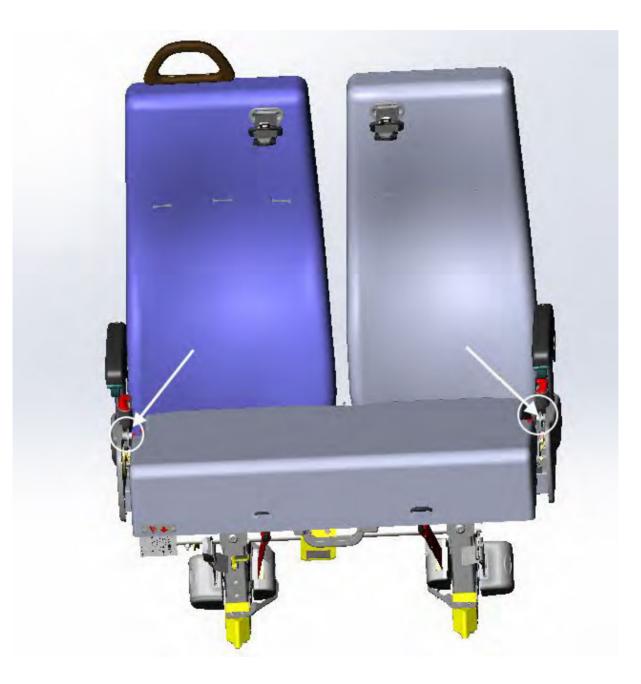
Lockout & Tag out (LOTO) must be performed during set-up, maintenance or repair activities. Refer to your local procedure for detailed information regarding the control of hazardous energy.



VEHICLE SEAT CONFIGURATION SHOWING FLIP-UP SEATS POSITION

AMSECO SOLUTION : Add high-strength threadlocker (red) to flip-up pivot bolts.

- Remove the pivot bolt.
- Add a good quality, high-strength thread-locking adhesive to the bolt threads.
- Reinstall the pivot bolt (tighten firmly).
- Repeat for all seat bolts concerned.



## OTHER

VBC Bulletin	N/A
Fail Code	18.03-2
Defect Code	09
Syst.Cond	R
Causal Part	868087

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: 0BSR23-305)

VEHICLE SERIAL NUMBER:

 _		 	10 H	-		 	 		_	111
 	0	 123	C	_	1	0 01	CC - CD	62		C

PERFORMED BY	OWNER/OPERATOR				
We hereby certify that Safety Recall Instructions with regard to Safety Recall 0BSR23-305 have been performed.					
Name:	Name:				
Addr:	Addr:				
Phone:	Phone:				
Fax:	Fax:				
Signature : Date:	Signature : 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