REV Ambulance Group Orlando, Inc.

REV Program Bulletin

SUBJECT: Oxygen retention straps provided with REV brand ambulances

MODELS: 2006 – 2017 REV Ambulance Group Orlando, Inc. ambulances

Dear: REV Ambulance Group Dealers

Beginning on 8/1/2017, your consumers will receive the below program bulletins that pertain to the Oxygen retention straps.

CONDITION

On certain 2007 - 2017 model year REV Ambulance Group Orlando, Inc. ambulances equipped with web style Oxygen retention straps it has come to our attention that some end users may not be aware of the proper belt placement. Proper placement is essential to achieve appropriate vertical retention of the 02 bottle. Failure to restrain the compressed 02 air bottle vertically during a roll over event could cause a potential hazard.

CORRECTION

Provide additional instructions to ensure that the end user is aware of the need for Horizontal and Vertical restraint for a compressed gas bottle.

Customers or dealers to:

Add an Oxygen bottle retention neck strap

VEHICLES INVOLVED

All involved vehicles are identified by Vehicle Identification Number.

For dealers with involved vehicles, a listing with involved vehicles containing the complete vehicle identification number, customer name, and address information has been prepared and will be provided.

The listing may contain customer names and addresses obtained from Motor Vehicle Registration Records. The use of such motor vehicle registration data for any purpose other than follow-up necessary to complete this program is a violation of law in several states/provinces/countries. Accordingly, you are urged to limit the use of this report to the follow-up necessary to complete this program.

PART INFORMATION

Parts required to complete this program are to be obtained from REV Ambulance Orlando, Inc. Correct part numbers are listed in the table below. Please complete the attached Technical Service claim form.

Part Number	Description	Quantity/Vehicle
10322099	Oxygen Retention Neck Strap for “H” or “M”-Sized Cylinder	1

SERVICE PROCEDURE

Original intended O2 strap orientation

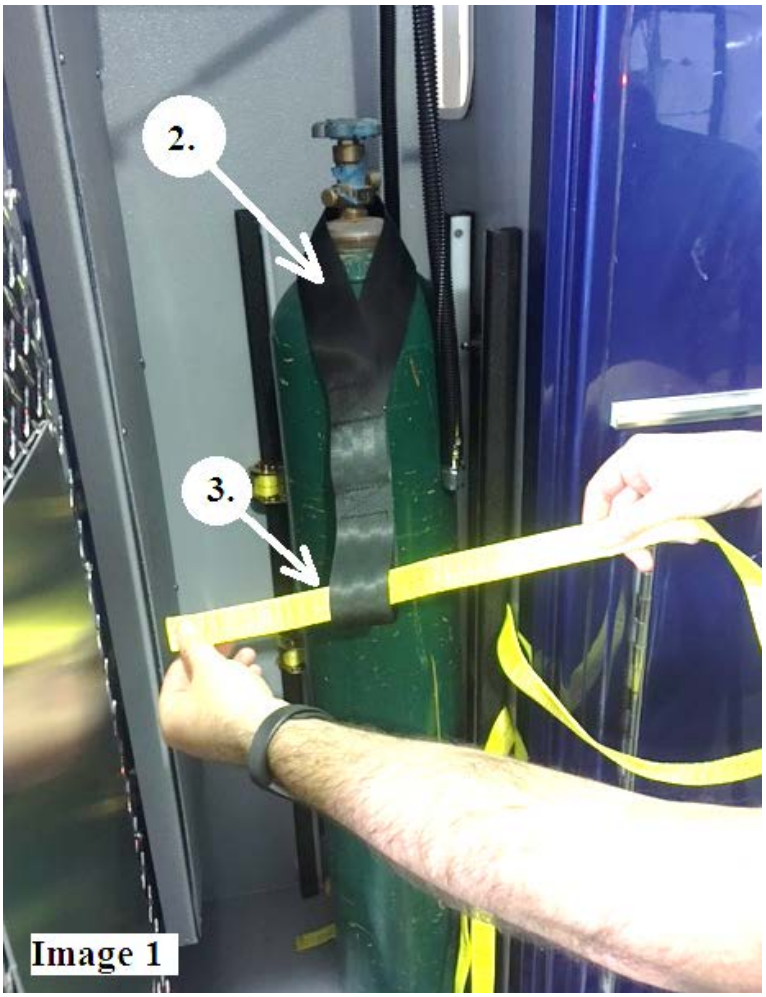

Image 1

Image 2

O2 Neck Strap Attachment Instructions

Step	Description
1	Insert bottle and line up with O2 rack.
2	Place neck strap (10322099) over bottle.
3	Slide nylon (as seen in image 1) thru the neck strap. Note that the nylon tie-downs can also be metal.
4	Secure bottle in place with tie-down/ratchet.
5	Repeat steps for remaining tie-downs. (image 2).

CUSTOMER REIMBURSEMENT - For US

Customer requests for reimbursement of previously paid repairs for this condition are to be submitted to REV Ambulance Group Orlando, Inc. by 11/01/2017, unless otherwise specified by state law. If this is not convenient for the customer, the customer may mail the completed Customer Reimbursement Request Form and all required documents to REV Ambulance Group Orlando, Inc.

All reasonable and customary costs to correct the condition described in this bulletin should be considered for reimbursement. Any questions or concerns should be reviewed with your REV Ambulance Group Orlando, Inc. representative prior to processing the request.

When a customer requests parts or reimbursement, they must provide the following:

- A completed Technical Service Claim Form and invoice. See attached.
- The invoice must list the name and address of the person who paid for the repair.
- Paid receipt confirming the amount of the repair expense, a description of the repair, and the person or entity performing the repair.

For further questions, please contact the Customer Relations Team at 855-661-9232.

Best Regards,

Ruth Gabaud
Customer Service Manager

Technical Service Claim Form

****Parts Only****

Form must be fully completed and returned to REV Ambulance Group Orlando, Inc. for review and processing. Please print clearly.

Customer Section

Name: _____ Phone: _____

Address: _____ State/ Province: _____ Country: _____ Zip/Postal Code: _____

City:

Are you submitting an estimate for labor? If yes, provide the Repair Order #

Will parts be shipped to customer?

Dealer or Repair Facility Section

Company Name: _____ Contact Name: _____

Address: _____

City: _____ State/ Province: _____ Country: _____ Zip/Postal Code: _____

Email Address: _____ Phone: _____ Fax: _____

Are you submitting an estimate for labor? If yes, provide the Repair Order #

Will parts be shipped to dealer/repair facility?

Vehicle Information

*****Only 1 vehicle per claim form*****

Sales Order #: _____ Full VIN: _____ Current Mileage: _____

Warranty Instructions

Parts required to complete this program are to be obtained from REV Ambulance Orlando, Inc. It is imperative that you let us know the size of the Oxygen cylinder actually used in your vehicle. Correct part numbers are listed in the table below.

Parts Details

Item #	QTY	PART NAME OR #	Defect Description
		10322099	Oxygen Retention Neck Strap for “H” or “M”-Sized Cylinder