

	INVERTER MODIFICATION SERVICE BULLETIN	UP 049 REV 2 2010-02-05
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AMBULANCE TYPE: MX151D 2009

ISSUE

This bulletin is to inform owners of Demers Ambulances that a modification of the inverter is required as per BCAS requirement. The inverter should only be activated using the master switch on the front console. This modification allows the inverter to be activated only when Master switch on the front console is switched to the ON position.

ACTION

Locate the inverter, disconnect both secondary batteries and the inverter, and perform the modification as per the attached documentation.

SERVICE PROCEDURE

Modification time: 1 hour / per vehicle

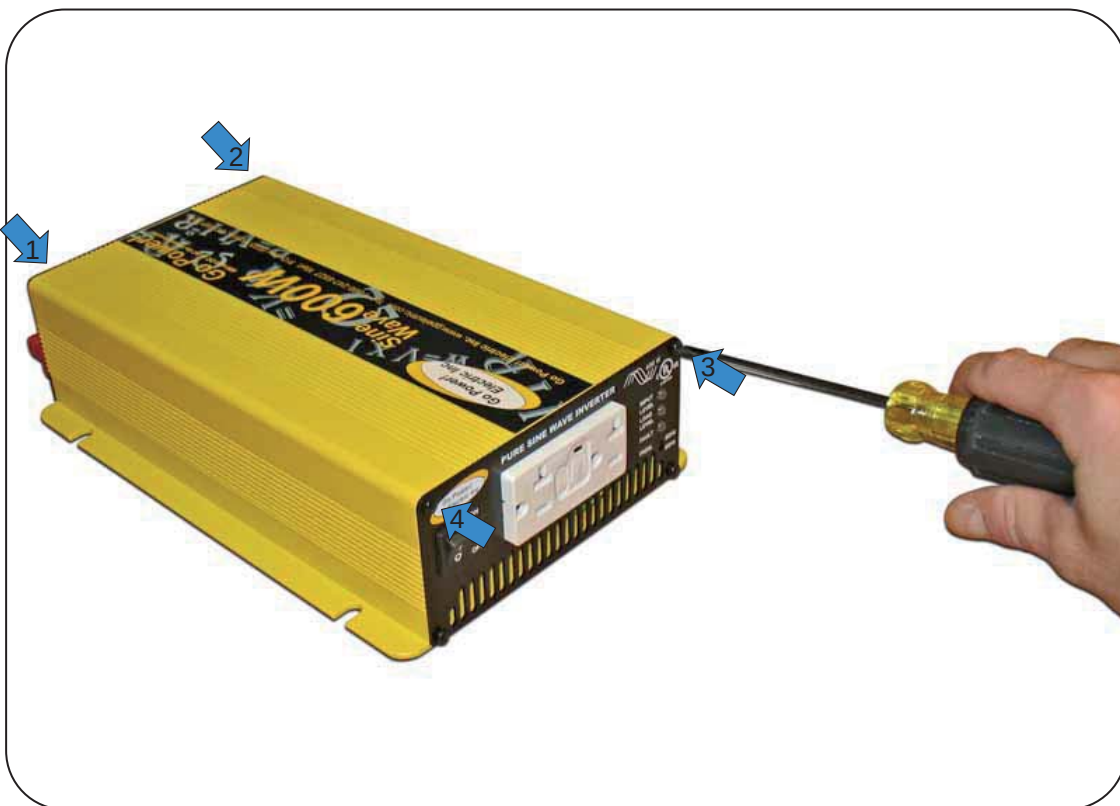
Qty.	Description	Demers Part #
1	Inverter modification kit	K015652

Complete a Warranty form & order the component(s) on the specified sheet. Forward order to the Demers Customer Assistance Centre service department by fax at: 1-306-373-4144, by email at: parts@advancedresponsevehicles.com or by phone at: 1-877-373-4464. If you have any questions, contact our Demers Customer Assistance Centre service department at the following phone number 1-877-373-4464 and ask for John-Paul Thauberger.

You may also contact our authorized Demers Service Dealer (Knight Hill Automotive) by fax at: 1-604-273-1848, by email at: contact@knighthill.com or by phone number at: 1-888-546-8333.



DISCONNECT BOTH SECONDARY BATTERIES
LOCATE AND DISCONNECT MAIN POWER (THE RED AND BLACK WIRES) TO THE INVERTER, REMOVE THE INVERTER.



UNSCREW THE FOUR (4) SCREWS AS SHOWN ON PICTURE TO REMOVE THE INVERTER COVER.

THE INFORMATION, TECHNICAL DATA AND STANDARDS DESCRIBED HEREIN ARE THE EXCLUSIVE PROPERTY OF DEMERS AMBULANCES AND/OR CONTAIN PROPRIETARY RIGHTS OF OTHERS AND ARE NOT TO BE USED OR DISCLOSED TO OTHERS WITHOUT THE WRITTEN AGREEMENT OF DEMERS AMBULANCES.



TITLE :

INVERTER MODIFICATION

DATE :

DRAW. :

DRAWING :

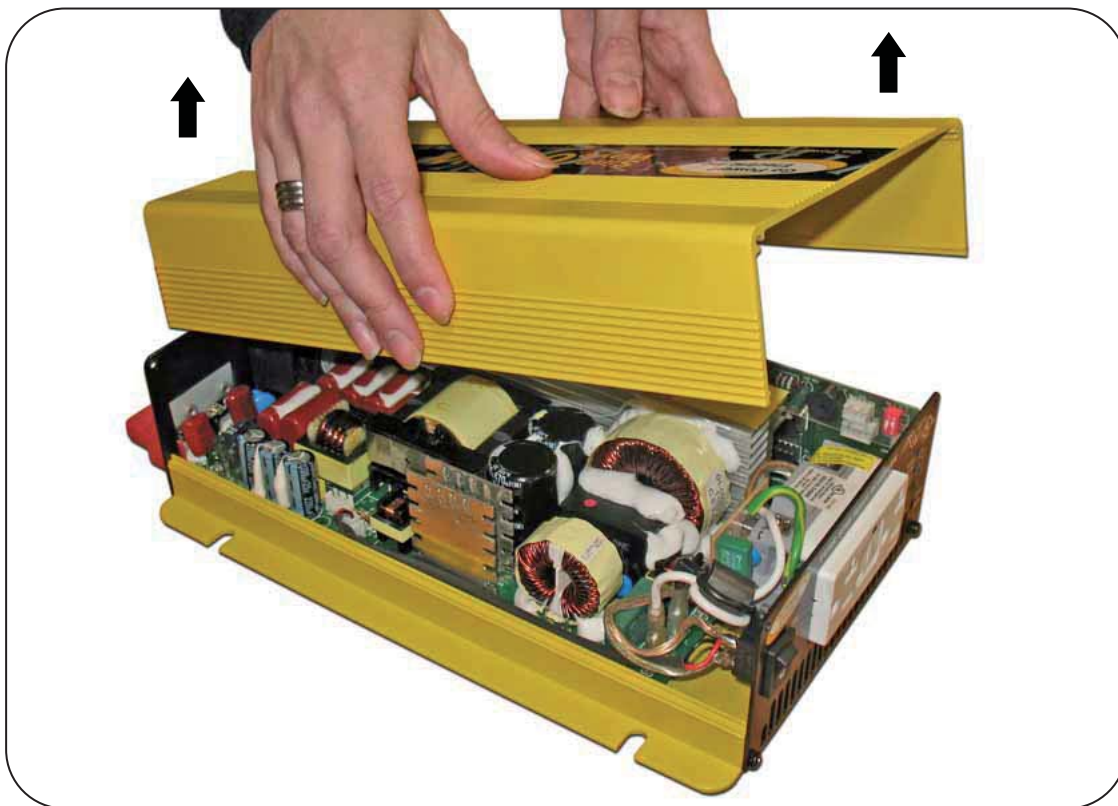
REV :

ASS :

Y. DUBÉ
B. LANDRY

00606

PAGE :



REMOVE THE INVERTER COVER.

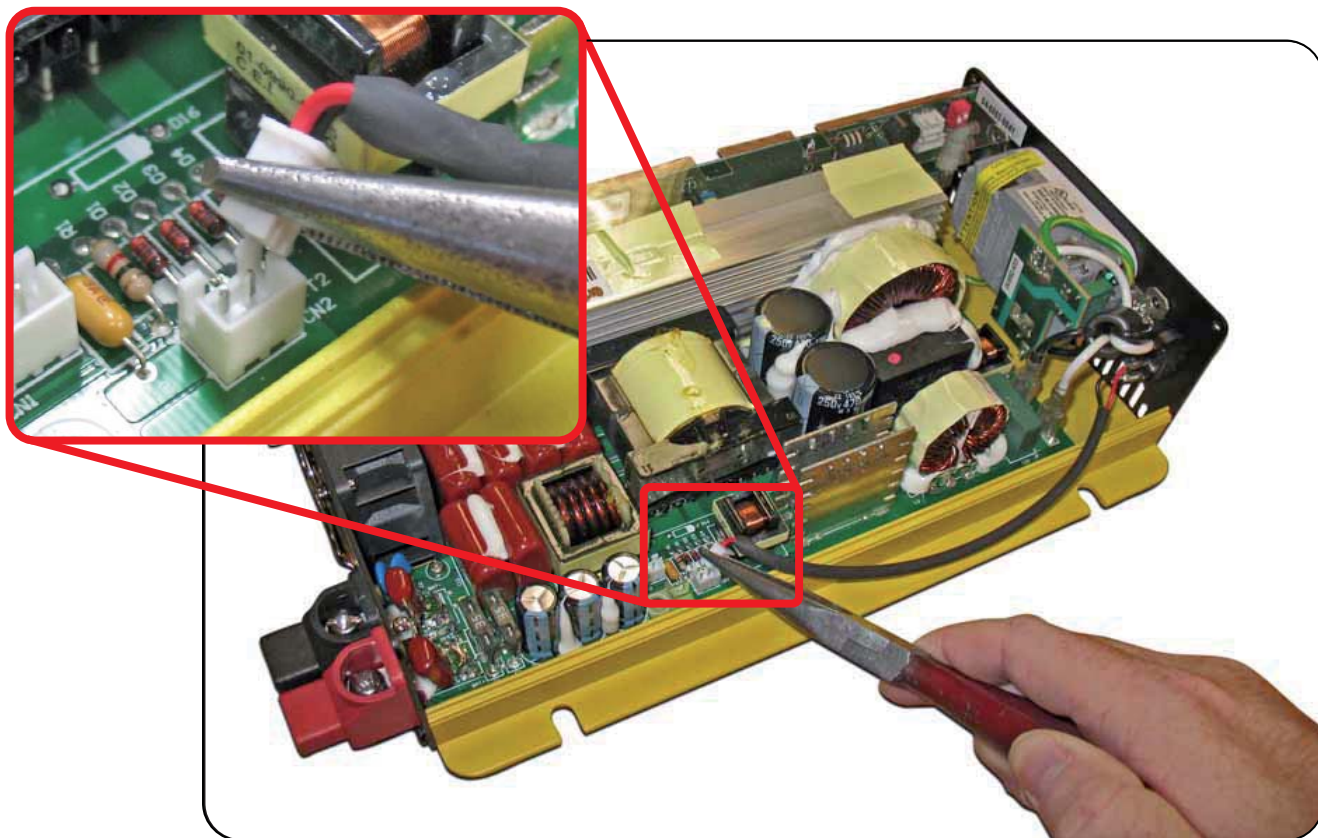


MARK THE POSITION OF THE TWO HOLES.
USE A 1/8" DRILL BIT FOR THE FIRST HOLE AND 3/8" FOR THE SECOND HOLE.
INSTALL THE CABLE HOLE GROMMET IN THE SECOND HOLE.

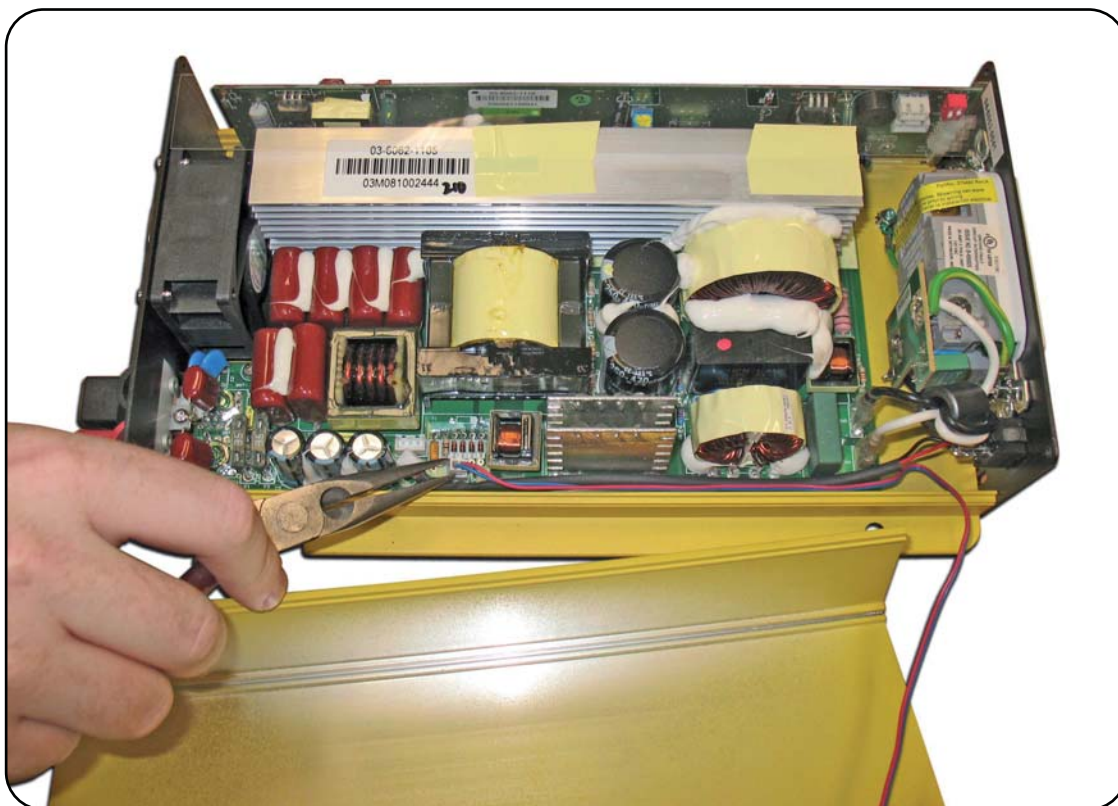
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# ASS :		# DRAWING :	# 00606	PAGE : 2/5



DISCONNECT THE HARNESS AS SHOWN ON PICTURE.
LEAVE THE HARNESS INSIDE THE INVERTER.

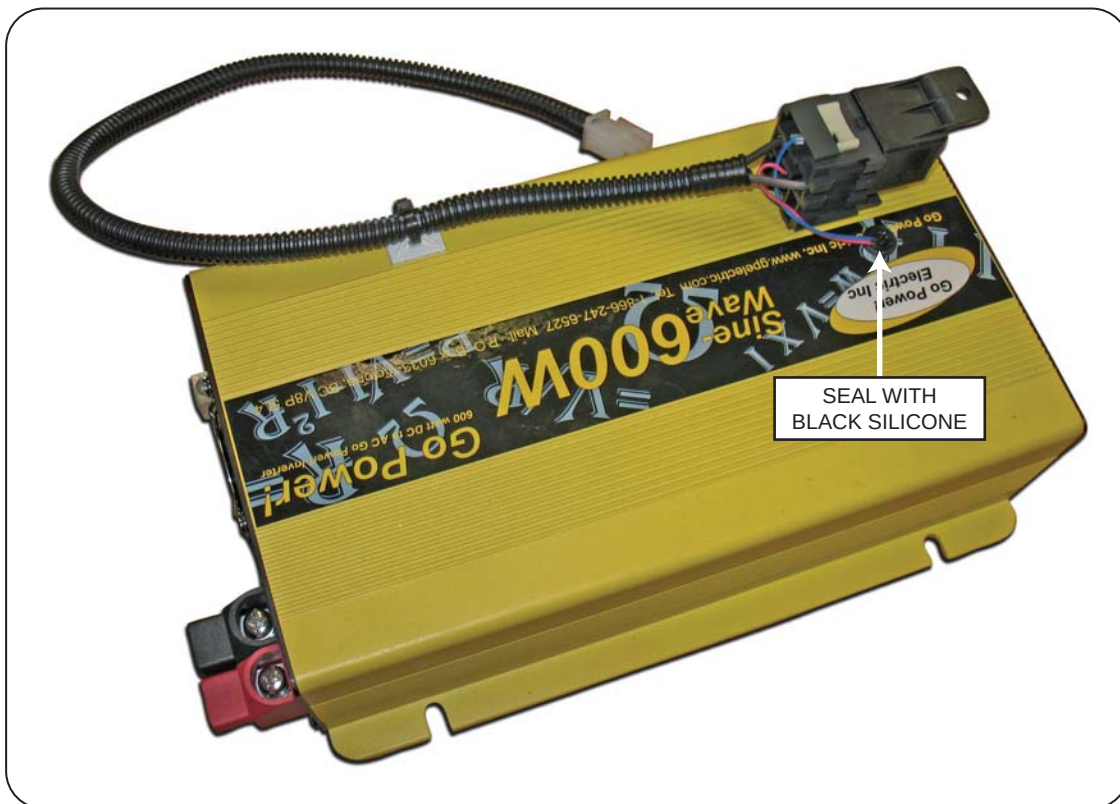


CONNECT THE NEW RELAY HARNESS.

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INSTALL THE RELAY SUPPORT AND RELAY WITH SCREW, REINSTALL THE INVERTER COVER.
TIE THE HARNESS WITH ONE (1) ADHESIVES CLIPS AND TIE-WRAP.
SEAL WITH BLACK SILICONE.

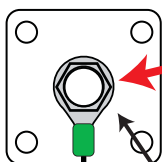
NOTE :

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GROUND JUNCTION
BLOCK



USE 15 LBS-FT
TORQUE

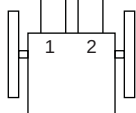
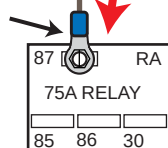
BLACK

BROWN

FUSE 5 AMP

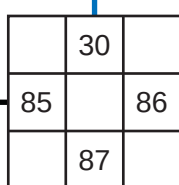
5A

CONNECT TO TERMINAL 87



BLACK

BROWN



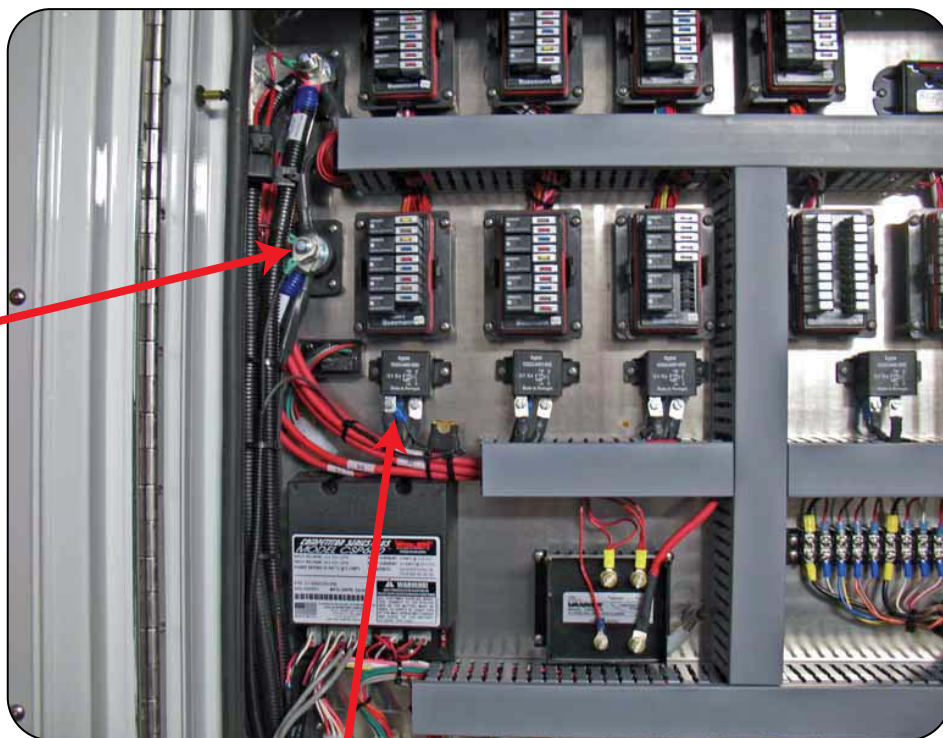
BLUE OR BLACK

RED OR GRAY

INVERTER
600 W



THE RED WIRE MAY BE GRAY, AND THE BLUE WIRE MAY BE BLACK DEPENDING ON THE VEHICLE.



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Formulaire de réclamation de garantie
Warranty claim form

AQ-F-SC.1 rev.2

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1	Numéro de série du véhicule (Coin gauche tableau de bord) Vehicle serial number (V.I.N) (Number on dash, driver's side)	
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2	Numéro d'unité de la flotte Fleet unit number		3	Demers numéro Stock Demers stock number	
---	--	--	---	--	--

4	Date de mise en service (AA/MM/JJ) Date in service (YY/MM/DD)		5	Kilomètres / kilometres Milles / Miles	
---	--	--	---	---	--

6	Date du bris (AA/MM/JJ) Date of failure (YY/MM/DD)		7	Date de la demande garantie Date of warranty claim	
---	---	--	---	---	--

8	Description du problème / Description of the problem

9	Cause(s) du problème / Cause(s) of the problem

10	Action(s) corrective(s) / Corrective(s) action(s)

11	Temps évalué pour la réparation Time evaluated for repair	
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12	Demande de réclamation faite par Claim requested by		13	N° facture Invoice N°	
----	--	--	----	--------------------------	--

14	Adresse de facturation / Billing address
Tél. / Phone:	

15	Adresse de livraison / Shipping address
Tél. / Phone:	

N° pièces / Part N°	QTY	DESCRIPTION

SÉCTION RÉSERVÉE DEMERS RESERVED SECTION

- No. d'autorisation de garantie / Warranty claim authorization no. :
- Temps alloué pour la réparation / Time allowed for repairs :
- Date d'autorisation de garantie / Warranty claim authorization date :