**SYMPTOM & IMPACT LOG – Air Infiltration / Ventilation Defect**

**Dec 3 to June 12, 2025 (earlier records dating back to 2018 available)**

**Tenants:** Alexandrea Ravenelle & Sam Duncan (married)

**Children:** Anna, age 8; Jacob, age 6
**Address:** 333 East 14th St Apt 6N, New York, NY 10003

**Phone**: 917-399-6888

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**Date:** 12/3/25
**Time:** Early morning (3:45 AM) and all day

**Location:** Bedroom; child's bedroom

**Condition Observed:**

- Extremely cold temperatures in bedroom.
- Jacob woke at 3:45 AM from a nightmare and wanted to sleep in the main bedroom, but the room was too cold (58°F the night before).
- Curled up with him in his room; he was shivering. Added an additional wool blanket.
- Since returning from Massachusetts on Nov 29 and reopening windows (after cleaning staff closed them), bedroom temperature has **never exceeded 66.8°F**, except briefly during DOB inspection.
- Aranet temperature records show the bedroom ranging **from 67°F down to 53.1°F**.
- At approximately 8 AM today, bedroom temperature was **53°F** (Aranet screenshot taken).
- Aranet device location: bedside table ~7 feet from window and ~30 inches above floor.

**Odor / Air Quality:**

- No odor reported this morning; windows remained open to prevent air quality deterioration.

**Physical Symptoms:**

- Woke with sore throat.
- Jacob's cough has returned.
- Experienced Raynaud's episode due to constant cold: two small toes on each foot numb.
- Multiple consecutive days of toe numbness despite wearing wool socks and sheepskin slippers.

- Experienced significant emotional distress while compiling documentation, including crying upon realizing I cannot reliably keep my child safe under current conditions.

**Ventilation System Status:**

- Bedroom window open continuously.
- Added layers of insulating foam around open window to reduce heat loss while allowing airflow (photo taken).

**Impact on Use of Apartment:**

- Bedroom not safely usable for sleeping due to cold (as low as 53°F).
- Child unable to sleep in parent's bedroom because of unsafe temperature.
- Ongoing medical symptoms linked to exposure to cold and need to keep windows open to manage air infiltration.

**Documentation:**

- Aranet temperature screenshots.
- Photo of insulating foam installation put on open window
- Notes on child's symptoms and overnight conditions.

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**Date:** 12/2/25
**Time:** Morning & 9:42 PM
**Location:** Bedroom; hallway; entire apartment

**Condition Observed:**
Temperatures in the 30s made the apartment extremely cold. While preparing for DOB inspection, extended exposure in bedroom caused several toes to go white and numb (3 toes right foot, 2 toes left foot). Severe cold sensation persisted into evening despite warming efforts. Propped rug at bedroom door to act as draft stopper.

DOB inspection conducted today. Demonstrated strong inward airflow at bedroom outlet using streamers. Airflow stopped only when vents were closed and the window was opened. Inspectors recorded video and visited Apt 6B. Occupant reported no odor; inspectors noted positive pressurization in his unit.
Provided inspectors with engineer's report, summary document, boroscope findings, and showed staining on wall. Inspectors stated the co-op must open the wall as the first step, noting co-op refusal to do so.

Inspector's supervisor expressed concern that building may fall under 1938 code; later verified that the COI reflects 1968 code.

At 9:42 PM, all vents closed; air purifiers on high due to stuffiness. Bedroom window open near party wall. Heard loud rushing airflow from bedroom into hallway. Hallway smelled strongly of oil/grease. Apartment remained extremely cold.

Jacob woke up at 3:45 am screaming from a nightmare. He wanted to sleep with mom but the bedroom was too cold for that to be safe. I (Mom) curled p with him in his twin bed until he fell asleep. He was shivering. I put a wool blanket on him.

**Odor / Air Quality:**
Hallway smelled of oil/grease; apartment avoided odor only by keeping windows open and vents shut.

**Physical Symptoms:**
Toes became white, numb, and painful from cold exposure. Lingering pain noted at night.

Jacob has started coughing again.

**Duration:**
Airflow noise and hallway odor continued through evening. Temps in bedroom in the low to mid 50s.

**Ventilation System Status:**
All vents closed; air purifiers on high; bedroom window open.

**Impact on Use of Apartment:**
Unsafe cold conditions; difficulty walking due to toe numbness; inability to maintain heat without losing air quality. Apartment unusable without windows open during freezing temperatures.

**Documentation:**
DOB video of airflow; internal notes; physical symptoms noted.

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**Date:** 12/1/25
**Time:** Evening (around 9 PM)
**Location:** Bedrooms; bathroom; hallway; Apt C

**Condition Observed:**
Kept vents covered all day with bedroom window open despite 40°F temperatures. Jacob's cough had improved after several days out of state (Nov 26–29).
Evening odor developed; opened window fully. Initially attributed scent to cooked fish but determined odors infiltrating from building.
Anna complained of smell (tomato sauce odor) in her bedroom at ~9 PM despite windows open and vents closed. Found the plastic cover over the shower vent had fallen; reattached cover and increased air purifier to high. Moved larger air purifier into her room.

Neighbor in 4C reported strong cigarette smoke odor around 10 PM. Smell present in stairwell (floors 5 and 4). Condition improved when neighbor opened her own window, suggesting

pressure-related airflow. Air quality monitor showed PM2.5 >32 µg/m³ in hallway (EPA safe level is <9).

ENT recommends that Jacob start daily allergy medication and avoid allergic triggers.

**Odor / Air Quality:**
Cooking odors (tomato sauce); persistent hallway cigarette smoke; unhealthy PM2.5 levels.

**Physical Symptoms:**
Child (Anna) unable to sleep due to odor irritation. Jacob previously improved only when away from the apartment.

**Duration:**
Persistent through evening until multiple interventions taken.

**Ventilation System Status:**
Vents mostly closed; window open; fan used to draw air inward to preserve heat.

**Impact on Use of Apartment:**
Bedrooms not usable without purifiers on maximum; child had hard time falling asleep due to odor; constant need to manage vents and windows.

**Documentation:**
Air monitor readings; notes; neighbor reports via text message.

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**ENTRY – Nov 26 to Nov 29, 2025 – out of town for Thanksgiving**

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**Date:** 11/25/25
**Time:** Morning & around 12 PM
**Location:** Bedroom; vent locations; living areas

**Condition Observed:**
Living with vents closed and windows open continuously. Must temporarily remove vent coverings for showers, cooking, or bathroom use, then replace afterward.
Cold conditions caused numbness in two small toes the prior day, required wool socks, slippers, and sitting by space heater.

Inspection with "Paul": apartment vents opened and streamers demonstrated strong air being pulled into electrical outlet. Closing individual vents did not stop airflow. Only opening the window stopped it. Paul confirmed family lives with windows open. Co-op response suggested repainting stained walls.
Explained that engineer did not attend Omar the engineer visit (cancelled day-of for graduation). Noted plaster crumbling and lack of fire-stopping/barrier per boroscope and report.
Paul questioned how engineer knew this; apparent lack of review of reports.

After Paul left, kept 2 vents closed and 1 window open. Around 12 PM, odor returned in bedroom. Required closing all vents again and opening both bedroom windows.
Booked ENT appointment for Jacob for following week.

**Odor / Air Quality:**
Recurring odors when vents not fully closed; requires full window opening to mitigate.

**Physical Symptoms:**
Toe numbness from cold; Jacob's ongoing respiratory symptoms.

**Duration:**
Continuous conditions; immediate odor return within hours of vent change.

**Ventilation System Status:**
Vents closed; windows open; temporary vent openings only for essential use.

**Impact on Use of Apartment:**
Cannot function with vents open; continuous cold exposure; repeated need for space heaters; bedroom unusable without major ventilation interventions.

**Documentation:**
Inspection notes; video of streamer demonstration; boroscope photos in the engineer's report.

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**Date:** 11/21/25
**Time:** Morning & Evening
**Location:** Bedroom; pediatrician's office

**Condition Observed:**
Woke with heavy congestion and hoarse voice despite being well the previous night. Symptoms similar to those experienced during prior sealed-window air tests.

Researched medical literature showing PM2.5 associated with increased croup incidence. Presented materials to pediatrician. Pediatrician indicated likely allergic reaction to contaminants in apartment; lungs clear but throat irritated. Recommended allergy testing, pediatric pulmonologist, and ENT.
High-dose allergy medications prescribed.

Evening odor again required opening windows and closing vents.

**Odor / Air Quality:**
Evening odors; suspected contamination entering through vents/walls.

**Physical Symptoms:**
Severe morning congestion, hoarse voice; pediatric assessment of airway irritation. Jacob experiencing throat inflammation; treated with allergy medications.

**Duration:**
Daily; worsens when windows closed or vents uncovered.

**Ventilation System Status:**
Needed to open windows fully and close vents again.

**Impact on Use of Apartment:**
Medical visits required; symptoms flare when ventilation system closed as intended; must keep windows open even in cold weather.

**Documentation:**
Medical notes from pediatrician; research materials on PM2.5 and croup.

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**Date:** 11/20/25
**Time:** 6:56 PM
**Location:** Bedroom

**Condition Observed:**
Returned home to strong, unpleasant odor in bedroom. Windows had been mostly closed since DOHMH visit. Air monitor showed levels over 100, surging to 130 (captured on video).

**Odor / Air Quality:**
Strong odor; poor indoor air quality indicated by monitor.

**Physical Symptoms:**
Child (Jacob) continues to cough heavily despite completing 4 days of prednisone (extra dose provided by caregiver). No improvement.

**Duration:**
Continuous until windows were reopened fully.

**Ventilation System Status:**
Bedroom windows mostly closed (open a sliver); 1 bathroom vents open, kitchen vent covered by plastic.

**Impact on Use of Apartment:**
Bedroom not usable without opening windows, closing all vents with plastic, and placing fan in window, despite cold weather. Indoor temperature regularly around 60°F in the morning. Children wear sweaters and wrap in blankets due to cold.

**Actions Taken:**
Opened bedroom windows fully; placed fan in window; closed bathroom vent. Called pediatrician at 7:15 PM and scheduled appointment for Friday.

**Documentation:**
Video of air monitor surging to 130; odor noted.

**Additional Notes:**
Encountered HPD inspector on street earlier and received tips for scheduling inspection.

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**Date:** 10/26/25
**Time:** 10:45 am
**Location:** Bedroom outlet

**Condition Observed:**
Tested airflow using streamers per suggestion from Herman's technician. Strong inward airflow through outlet—faster and more forceful than the mechanical exhaust from a single vent.

**Odor / Air Quality:**
No specific odor noted; heavy air movement.

**Physical Symptoms:**
(Room cold; running space heater.)

**Duration:**
Airflow continuous.

**Ventilation System Status:**
Windows open; vents partially covered to retain heat.

**Impact on Use of Apartment:**
Apartment cold; required space heater under desk to work.

**Documentation:**
Multiple photos and videos showing streamers moving forcefully toward outlet.

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**Date:** 10/14/25
**Time:** Morning
**Location:** Entire apartment (bedroom, bathrooms, kitchen)

**Condition Observed:**
Windows have been kept open continuously since Omar's test showed the air pressure issues and how extensive the air penetration is. Outdoor temperatures in the 40s–50s, requiring heavy clothing and blankets inside.

**Odor / Air Quality:**
When windows were closed on Oct 13 per Herman Sabath's instructions (in order to conduct environmental testing), air quality worsened noticeably overnight.

**Physical Symptoms:**
Awoke Tues morning with nasal congestion, dry mouth (from mouth breathing), headache, and general heaviness. Symptoms consistent with prior episodes when windows needed to be closed in winter.

**Duration:**
Symptoms lasted through morning and until after windows re-opened in afternoon.

**Ventilation System Status:**
Window were closed for test. Vents uncovered.

**Impact on Use of Apartment:**
Had to open windows after testing engineer left.

**Documentation:**
Call from expert (Herman Sabath) at 3 PM on 10/13 instructing to close windows/turn off HEPA filters for environmental test. Test conducted on Oct 14 around 2 pm. Test showed silica dust, soot & ash, mold types not found in external environment in NYC.

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**Date:** 9/9/25
**Time:** All day
**Location:** Entire apartment

**Condition Observed:**
Bedroom windows have remained open continuously since Omar's tests. Windows in other rooms open nearly 24/7 except for 3–4 instances due to heat or AC noise from upstairs unit.

On 9/7–9/8: Weather ranged from hot (80s) to cold/rainy. Children needed blankets in living room; adult wore wool sweater indoors on 9/8.

**Odor / Air Quality:**
When windows are closed, the apartment becomes difficult to breathe in; ongoing air infiltration.

**Physical Symptoms:**
Cold discomfort; children huddling under blankets; need for warm clothing indoors.

**Duration:**
Ongoing, daily since tests.

**Ventilation System Status:**
Windows open in bedroom, living room, and office 24/7. AC used only occasionally when heat becomes unbearable.

**Impact on Use of Apartment:**
Unable to close windows due to air quality and infiltration issues. Apartment temperature often uncomfortably cold or hot. Family frequently relies on blankets, sweaters, and planning around temperatures. Considering need for space heaters for winter due to inability to close windows.

**Documentation:**
Historical documentation: logs from January 2025; prior documentation from April 2018.

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**Date: 8/6/25**

**Time:** Visit by Omar (mechanical engineer) with Sid
**Condition Observed:**

- Omar arrived with Sid to conduct testing.
- Building architect canceled day before; building engineer did not appear ("graduation on a Wednesday").
- Co-op attempted to send two low-level staffers instead; request was declined.
- Only Walter (super) accompanied the inspection.

**Testing Results:**

- Smoke test performed.
- Air in apartment became hazy.
- NYU air monitor showed **PM2.5 > 500 µg/m³**.
- Occupant became extremely distressed and cried.

**Impact:**

- Confirmed severe air infiltration through wall.
- Demonstrates failure of building-side inspection participation.

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**Date: 8/5/25**

**Time:** Evening
**Condition Observed:**

- After rain, temperatures cooler (80s vs 90s).
- Living with bedroom windows open.
- Heat and AQ alerts.
- AC used in living room and bedroom during day.
- Around 5:30 PM, cooking (nuggets for kids) triggered opening of bedroom windows.
- Windows closed around 10 PM; faint odor noticed immediately.
- By 11 PM, strong odor; windows reopened.

**Emotional/Impact Note:**

- Severe distress due to board behavior.

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**Date: 7/30/25**

**Condition Observed:**

- Windows open in bedroom all day.
- Temperature reached **over 90°F**.
- Odor began around 10 AM; recurrent each time windows were closed.
- Rain at ~6:30 PM provided partial cooling.
- AC not used until 11 PM.

**Impact:**

- Bedroom too hot to tolerate but cannot close windows due to odor infiltration.

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**Date: 7/29/25**

**Time:** 6 PM–night
**Condition Observed:**

- Returned from 2-week trip.
- Bedroom smelled "mildly funky" even with windows open.
- Closed windows and turned on AC.
- Hall smelled like food; avoided opening door.
- Around 7 PM, closet smelled like garlic; bedroom smelled like pizza.
- Forced to reopen windows despite outdoor **89°F** and "unhealthy for sensitive groups" air quality.

**Impact:**

- Unable to control odors without open windows.
- Heat and outdoor AQ both unsafe, no viable option.

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**Date: 7/13/25**

**Time:** 9–10 PM
**Condition Observed:**

- Food smells again in bedroom.

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**Date: 7/15/25**

**Time:** ~4:30–11 PM
**Condition Observed:**

- Windows open throughout apartment; temperature 86°F, humidity 67%.
- Closed bedroom door at 4:30 PM for appointment.
- At 4:55 PM, bedroom smelled immediately upon entry—despite open windows.
- Air monitor showed **22 µg/m³** with windows open.

**Later:**

- Re-entered bedroom; odor described as "neighbor opened a restaurant."
- Gagging from odor.

**Mitigation Measures:**

- Hall door fully open, "blaster" fan on high, high-velocity blower fan exhausting to hallway, windows open.
- At 11 PM, exhausted and overheated, burned incense to mask smell.

**Impact:**

- Extremely high heat load and unacceptable odors.
- Bedroom unusable with closed windows.

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**Date: 7/10/25**

**Condition Observed:**

- Windows open all day; hall door open.
- Weather mid-80s; occupant developed ice-pick headaches from heat.
- Using multiple fans: desk fan, overhead fan, industrial blower.
- Bedroom windows closed around 9 PM (hall door still open).
- By 10:30 PM, strong garlic odor in bedroom.

**Impact:**

- Bedroom cannot remain closed without odor infiltration.

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**Date: 7/9/25**

**Condition Observed:**

- Strong gingerbread-type odor whenever window is closed.
- Bedroom windows kept open all day.
- Morning routine: turn off AC, open windows, prop open hall door.

**Impact:**

- Bedroom unusable with windows closed.

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**Date: 7/8/25**

**Time:** 11 AM
**Condition Observed:**

- Continuing food odors (garlic → gingerbread/baked goods).
- Unable to open bedroom windows due to Sam working from home.
- Outdoor temperature **89°F**, humidity 59%.

**Ventilation Status:**

- Two air purifiers on high.
- Bedroom door closed.

**Impact:**

- Severe odor infiltration; poor indoor air quality.
- "We are living in hell."

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**Date: 7/7/25**

**Time:** ~7:30 PM
**Condition Observed:**

- New resident began moving into 6B (mattress delivery).
- Bedroom door had been closed; strong food odor detected immediately on entry.
- Odor described as garlic.

**Steps Taken:**

- Opened bedroom windows, opened hall door, turned off AC.
- Temperature rose to **79.7°F** with **76% humidity**.

- Odor still present next morning; windows reopened.

**Impact:**

- Bedroom not habitable with windows closed.

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**Date: 6/23/25**

**Time:** 5:34 PM
**Condition Observed:**

- 6B vacant (residents moved out around June 15).
- Temperature and humidity similar to June 12.
- PM2.5 measured ~6.6–9 µg/m³, showing acceptable air when no one is cooking in 6B.
- Readings still higher along the bedroom wall.

**Impact:**

- Confirms infiltration source is tied to activity in 6B and structural pathways.

**Documentation:**

- Video of readings.

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**Date: 6/12/25**

**Time:** ~5:30 PM–midnight
**Condition Observed:**

- Very hot day; AC running since ~9 AM.
- No cooking in unit (only microwaved coffee, berries, salad, hummus, pita).
- Neighbor began cooking around 5:30 PM.
- By **5:32 PM**, PM2.5 in bedroom exceeded **200 µg/m³**; video shows readings spiking across apartment, from ~70 in kitchen to >200 in bedroom.
- Readings jumped abruptly near the bedroom wall.
- Outside kids' room: **>90 µg/m³**.

**Steps Taken to Mitigate:**

- Turned off AC, opened both bedroom windows, turned on two HEPA filters, opened hall door.

- Midnight reading in bedroom: **14 µg/m³**, still higher than the gas stove reading at that time (7).

**Impact:**

- Unsafe air quality when neighbors cook.
- Bedroom not usable without windows open.

**Documentation:**

- Video of PM2.5 readings throughout apartment.

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NOTE: Logs of smells and health issues, with email documentation, continue all the way back to April 2018.