**Liquid Nitrogen Ice Cream Event Safety Plan:**

***(Title of your event)***

**Contact Info:** *(Names, Emails, Phone Numbers)*

**Delivery Location:** *(Street address, MIT Building Number/Room Number)*

**Delivery Date:** *(Date for Airgas to deliver LN2 dewar to you)*

**Pick up Date:** *(Date for Airgas to pick up LN2 dewar from you)*

**Liquid Nitrogen Dewar Specifications:** NI 230LT22 - Nitrogen Dewar, Industrial Grade, 230 Liter, 22psi

**Delivery Route:** *(Please indicate front of building, back of building, loading dock, ramp, etc.)*

Event Date/Time:

Event Duration:

Space reserved for event:

Expected # of participants:

Group affiliated with this event: *(Name of Group, Department, etc.)*

**Event Summary:**

**Safety Concerns and Mitigation:**

| Safety Concerns | Mitigation |
| --- | --- |
| Unauthorized access to liquid nitrogen dewar. | Where will the dewar be stored before and after the event? How will it be secured? Who will have access? |
| Cold/freeze burn hazards associated with liquid nitrogen | How many people, and who will be handling the LN2? These individuals should receive training on the safe handling of LN2. Describe the safe handling procedures and event set up. Include the PPE: cryogenic gloves, safety goggles and face shield, lab coat (or apron), close-toed shoes, long sleeves, and long pants. |
| Oxygen displacement/asphyxiation hazards associated with liquid nitrogen | Where will the LN2 be handled/used (not just event location, but also other locations where LN2 will be used)? How will the area be ventilated? |
| Food safety | Describe safe food handling procedures. Have signage for allergy warning. |

**Materials:**

**Set Up/Procedure:**

**Emergency Procedures:**

* Exposures to skin/eyes: Immediately call MIT Police for medical assistance: campus phone 100 or from a cell phone dial 617-253-1212
* Inhalation: Immediately seek fresh air and call MIT Police for medical assistance: campus phone 100 or from a cell phone dial 617-253-1212