

# ITEMS COLLECTED

Please pick up ALL debris that you find. Only record information for the items listed below. Keep a count of your items using tick marks and enter the item totals in the box.

Example:  Beverage Cans 

## SHORELINE AND RECREATIONAL ACTIVITIES

Debris from fast food, beach-goers, sports/games, festivals, litter from streets/storm drains, etc.

<input type="checkbox"/> Bags (Paper) _____	<input type="checkbox"/> Cups, Plates, Forks, Knives, Spoons _____
<input type="checkbox"/> Bags (Plastic) _____	<input type="checkbox"/> Food Wrappers/Containers _____
<input type="checkbox"/> Balloons _____	<input type="checkbox"/> Pull Tabs _____
<input type="checkbox"/> Beverage Bottles (Plastic) 2 liters or less _____	<input type="checkbox"/> 6-Pack Holders _____
<input type="checkbox"/> Glass Beverage Bottles _____	<input type="checkbox"/> Shotgun Shells/Wadding _____
<input type="checkbox"/> Beverage Cans _____	<input type="checkbox"/> Straws, Stirrers _____
<input type="checkbox"/> Caps, Lids _____	<input type="checkbox"/> Toys _____
<input type="checkbox"/> Clothing, Shoes _____	

## OCEAN/WATERWAY ACTIVITIES

Debris from recreational/commercial fishing and boat/vessel operations

<input type="checkbox"/> Bait Containers/Packaging _____	<input type="checkbox"/> Fishing Nets _____
<input type="checkbox"/> Bleach/Cleaner Bottles _____	<input type="checkbox"/> Light Bulbs/Tubes _____
<input type="checkbox"/> Buoys/Floats _____	<input type="checkbox"/> Oil/Lube Bottles _____
<input type="checkbox"/> Crab/Lobster/Fish Traps _____	<input type="checkbox"/> Pallets _____
<input type="checkbox"/> Crates _____	<input type="checkbox"/> Plastic Sheeting/Tarps _____
<input type="checkbox"/> Fishing Line _____	<input type="checkbox"/> Rope _____
<input type="checkbox"/> Fishing Lures/Light Sticks _____	<input type="checkbox"/> Strapping Bands _____

## SMOKING-RELATED ACTIVITIES

<input type="checkbox"/> Cigarettes/Cigarette Filters _____
_____
_____
<input type="checkbox"/> Cigarette Lighters _____
<input type="checkbox"/> Cigar Tips _____
<input type="checkbox"/> Tobacco Packaging/Wrappers _____

## DUMPING ACTIVITIES

<input type="checkbox"/> Appliances (refrigerators, washers, etc.) _____
<input type="checkbox"/> Batteries _____
<input type="checkbox"/> Building Materials _____
<input type="checkbox"/> Cars/Car Parts _____
<input type="checkbox"/> 55-Gal. Drums _____
<input type="checkbox"/> Tires _____

## MEDICAL/PERSONAL HYGIENE

<input type="checkbox"/> Condoms _____
<input type="checkbox"/> Diapers _____
<input type="checkbox"/> Syringes _____
<input type="checkbox"/> Tampons/Tampon Applicators _____

## DEBRIS ITEMS OF LOCAL CONCERN

Identify and count 3 other items found that concern you

<input type="checkbox"/> _____
<input type="checkbox"/> _____
<input type="checkbox"/> _____

# INTERNATIONAL COASTAL CLEANUP DATA CARD



Thank you for participating in Ocean Conservancy's International Coastal Cleanup (ICC). The commitment you have made today is the first step to ensuring we can enjoy a cleaner ocean all year-round. The data you collect during the Cleanup is invaluable to Ocean Conservancy's effort to start a sea change every day; helping us educate public, business, and government officials about the scale and serious consequences of the global marine debris problem. Thank you. We could not do it without your help!

## 1. CLEANUP SITE INFORMATION

Category of Cleanup (choose one):  Coastal  Inland Waterway (River/Stream/Tributary/Lake)

Type of Cleanup (choose one):  Beach/Shoreline  Underwater  Watercraft (powerboat, sailboat, kayak or canoe)

Location of Cleanup: State \_\_\_\_\_ Country \_\_\_\_\_

Province \_\_\_\_\_ Zone or County Cleaned \_\_\_\_\_

Cleanup Site Name (beach, park, etc.) \_\_\_\_\_

Today's Date: Month: \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Name of Coordinator \_\_\_\_\_

Number of People Working on This Card \_\_\_\_\_ Distance Cleaned \_\_\_\_\_ miles or \_\_\_\_\_ km

Number of Trash Bags Filled \_\_\_\_\_ Total Estimated Weight Collected \_\_\_\_\_ lbs. or \_\_\_\_\_ kgs.

Estimated Time Spent on Cleanup \_\_\_\_\_

## 2. CONTACT INFORMATION (EACH INDIVIDUAL TEAM MEMBER)

1. Name \_\_\_\_\_ 3. Name \_\_\_\_\_  
 Email Address \_\_\_\_\_ Email Address \_\_\_\_\_

2. Name \_\_\_\_\_ 4. Name \_\_\_\_\_  
 Email Address \_\_\_\_\_ Email Address \_\_\_\_\_

## 3. ENTANGLED ANIMALS

List all entangled animals found during the Cleanup. Record the type of debris they were entangled in, for example: fishing line, fishing nets, balloon string/ribbon, crab/lobster/fish traps, plastic bags, rope, six-pack rings, wire and other items (please specify).

Animal	Alive/Released or Dead	Entanglement Debris

## 4. WHAT WAS THE MOST PECULIAR ITEM YOU COLLECTED? \_\_\_\_\_

The following national and international organizations endorse and/or support the International Coastal Cleanup

- NOAA-Marine Debris Program
- U.S. Environmental Protection Agency
- UNEP – United Nations Environment Programme
- IUCN-The World Conservation Union
- Intergovernmental Oceanographic Commission (IOC) of the United Nations' Educational, Scientific, and Cultural Organization (UNESCO)

Please return this card to your area coordinator or mail it to:

Ocean Conservancy  
 1300 19TH Street, NW  
 8TH Floor  
 Washington, DC 20036  
[www.oceanconservancy.org](http://www.oceanconservancy.org)

