

INTERNATIONAL COASTAL CLEANUP™ DATA CARD



Thank you for participating in the International Coastal Cleanup! The effort you are making today is the first step to ensuring there are cleaner oceans and waterways year-round. By taking the time to fill out both sides of this data card, The Ocean Conservancy will be able to compile and analyze data collected by over 300,000 volunteers in over 90 countries, and be able to identify the activities and general sources causing the debris. An annual report will then be created and distributed to help educate the public, business, industry, and government officials about marine debris issues. Your work today truly makes a world of difference.

I. CLEANUP SITE INFORMATION

Type of Cleanup: Shoreline/Beach Underwater River/Stream/Tributary Lake

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: _____

II. CONTACT INFORMATION (EACH INDIVIDUAL TEAM MEMBER)

1. Name: _____

Email Address: _____

2. Name: _____

Email Address: _____

3. Name: _____

Email Address: _____

4. Name: _____

Email Address: _____

III. ENTANGLED ANIMALS: (Dead or Alive). List all the entangled animals found during the Cleanup. Tell us what they were entangled in (fishing line, rope, net, etc.) _____

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
- ◆ 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
2029 K Street, NW
Washington, DC 20006
Phone: 202-429-5609
Fax: 202-872-0619
www.oceanconservancy.org

International
**Coastal
Cleanup**
Ocean Conservancy

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 total in the box.

Example: Beverage Cans |||| III

SHORELINE AND RECREATIONAL ACTIVITIES

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

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

OCEAN/WATERWAY ACTIVITIES

(Debris from recreational/commercial fishing and boat/vessel operations)

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

SMOKING-RELATED ACTIVITIES

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

DUMPING ACTIVITIES

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

MEDICAL/PERSONAL HYGIENE

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

DEBRIS ITEMS OF LOCAL CONCERN

(Identify and count 3 other items found that concern you)

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

