

INTERNATIONAL COASTAL CLEANUP™ DATA CARD

Data collected during The Ocean Conservancy's International Coastal Cleanup™ is used to educate people and create solutions to the problems of solid waste and litter. Through partnerships with business, government, environmental groups, and citizens, we are helping to change the behaviors and practices that create debris. Thank you for being part of this very important process.



CLEANUP LOCATION

Type of Cleanup: Shoreline/Beach Underwater Location of Cleanup: State _____ Country _____

Zone or County Cleaned: _____ Beach Site Name: _____

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.

NAMES OF PARTICIPANTS IN YOUR GROUP

If you are interested in becoming a member of The Ocean Conservancy and/or joining our Ocean Action Network (OAN) to make your voice heard on important ocean conservation issues, please check the box(es) below your name and address. **Thank you for helping to protect our oceans!**

1. Name: _____ Age: _____
 Address: _____
 City: _____ State: _____
 Zip Code: _____ Country: _____
 Phone: (_____) _____
 Email: _____
 I would like information on: The Ocean Conservancy The OAN

2. Name: _____ Age: _____
 Address: _____
 City: _____ State: _____
 Zip Code: _____ Country: _____
 Phone: (_____) _____
 Email: _____
 I would like information on: The Ocean Conservancy The OAN

3. Name: _____ Age: _____
 Address: _____
 City: _____ State: _____
 Zip Code: _____ Country: _____
 Phone: (_____) _____
 Email: _____
 I would like information on: The Ocean Conservancy The OAN

4. Name: _____ Age: _____
 Address: _____
 City: _____ State: _____
 Zip Code: _____ Country: _____
 Phone: (_____) _____
 Email: _____
 I would like information on: The Ocean Conservancy The OAN

ENTANGLED ANIMALS: (Dead or Alive). List all 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:

- ◆ 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:

The Ocean Conservancy Office of Pollution Prevention and Monitoring
 1432 N. Great Neck Road, Suite 103
 Virginia Beach, VA 23454 USA
 Phone (757) 496-0920
 Fax (757) 496-3207
 www.oceanconservancy.org



ITEMS COLLECTED



The Ocean
Conservancy
www.oceanconservancy.org

Human-made debris, trash and litter...

- ◆ Harms the environment & wildlife
- ◆ Threatens human health & safety
- ◆ Causes communities to lose money
- ◆ Looks bad!

Think about where all this debris comes from and how **we** can prevent it!

Please pick up **all** debris found on the beach. Record information on **only** the items listed below.

Keep a count of your items using tick marks and enter the item total in the box. **Example:** 8 Beverage Cans |||||

SHORELINE AND RECREATIONAL ACTIVITIES

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

<input type="checkbox"/>	Bags_____	<input type="checkbox"/>	Cups, Plates, Forks, Knives, Spoons_____
<input type="checkbox"/>	Balloons_____	<input type="checkbox"/>	Food Wrappers/Containers_____
<input type="checkbox"/>	Beverage Bottles (plastic) 2 liters or less_____		
		<input type="checkbox"/>	Pull Tabs_____
<input type="checkbox"/>	Beverage Bottles (glass)_____	<input type="checkbox"/>	6-Pack Holders_____
<input type="checkbox"/>	Beverage Cans_____	<input type="checkbox"/>	Shotgun Shells/Wadding_____
<input type="checkbox"/>	Caps, Lids_____	<input type="checkbox"/>	Straws, Stirrers_____
<input type="checkbox"/>	Clothing, Shoes_____	<input type="checkbox"/>	Toys_____

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"/>	_____