

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

International
**Coastal
 Cleanup**

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"/> _____