

Beach Clean Up Data Sheet

Team Information

RIB # _____

Full Name _____

Organization Name (if applicable) _____

Organization Location (City, Country) _____

Email Address _____

Cleanup Date

____ / ____ / ____

Cleanup Start Time

Survey Area

Name of Beach _____

Coordinates

Lat: _____ Long: _____

Major Usage
(check most appropriate option)

- ☐ Recreation
☐ Commercial
☐ Remote/Unused
☐ Other: _____

Reason for Location Choice
(check all that apply)

- ☐ Proximity/Convenience
☐ Known for Debris
☐ Other: _____

Compass Direction
(when facing the water)

_____ °

Nearest River Output

Name: _____

Approximate Distance: _____

Last Tide Before Clean Up

Type (circle one): Low High

Height: _____

Time: _____

Next Tide After Clean Up

Type (circle one): Low High

Height: _____

Time: _____

Wind
Speed: _____

Direction: _____

COMMENTS:

Slope
(check the most appropriate one)

- ☐ Winter Profile
☐ Summer Profile

Substrate Type
(check all that apply)

- ☐ Sand
☐ Pebble
☐ Rip Rap (large boulders)
☐ Seaweed
☐ Other: _____

Surface Rib Scan

	Rib #1		Rib #2		Rib #3		Rib #4		
Rib Start Point (m)									Put Totals of all 4 Ribs in this Column
Rib End Point (m)									
	Fresh	Weathered	Fresh	Weathered	Fresh	Weathered	Fresh	Weathered	F: Total W:
Cigarette Butts									
Fishing Line / Polypropylene Rope									
Plastic Cups									
Plastic Straws									
Filmed Plastic									
Misc. Plastic									
Plastic Bottles / Plastic Caps									
									TOTAL (F) TOTAL (W)

Styrofoam									
	Rib #1		Rib #2		Rib #3		Rib #4		F: Total W:
	Fresh	Weathered	Fresh	Weathered	Fresh	Weathered	Fresh	Weathered	
Wood/ Paper									
Food/ Organic									
Urethane Foam									
Metal									
Glass									
Cotton / Cloth									
Aluminum Cans / Foil									
Hygiene Items									
Tile/Brick									
									TOTAL (F) TOTAL (W)

	Rib #1	Rib #2	Rib #3	Rib #4	
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	Fresh	Weathered	Fresh	Weathered	Fresh	Weathered	Fresh	Weathered	F: Total W:
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									TOTAL TOTAL (F) (W)

Miscellaneous items can go on this page

Accumulation Survey

If unable to complete an accumulation survey, check box as to why:

- ☐ Not enough time
☐ Not enough people
☐ Too much area
☐ Too much trash
☐ Other: _____

	Fresh	Weathered	F: Total	W:
Cigarette Butts				
Fishing Line / Polypropylene Rope				
Plastic Cups				
Plastic Straws				
Filmed Plastic				
Misc. Plastic				
Plastic Bottles Plastic Caps				
Styrofoam				
			TOTAL (F)	TOTAL (W)
	Fresh	Weathered	F: Total	W:

Food/Organic			
Urethane Foam			
Metal			
Glass			
Cotton/Cloth			
Aluminum Cans			
Hygiene Items			
Tile/Brick			
Wood / Paper			
			TOTAL (F) TOTAL (W)

MICRO Debris Survey

Must be smaller than 2.5cm



	Fresh Total	Weathered Total
Rib 1		

Rib 2		
Rib 3		
Rib 4		

Totals

Surface Rib Scan Totals (Use Numbers)		
	Fresh Total	Weathered Total
Rib 1		
Rib 2		
Rib 3		
Rib 4		

Cleanup Totals (Use Numbers)			
	Fresh Total	Weathered Total	Total
All Pieces from Surface Rib Scan			
All Pieces from Accumulation Survey			
All Pieces of Micro Debris			
All Pieces			

Total Weight of All Pieces	
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