

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

OCEAN CONSERVANCY'S
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:

8

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"/>	Bags (Plastic)	_____
<input type="checkbox"/>	Balloons	_____
<input type="checkbox"/>	Beverage Bottles (Plastic) 2 liters or less	_____
<input type="checkbox"/>	Glass Beverage Bottles	_____
<input type="checkbox"/>	Beverage Cans	_____
<input type="checkbox"/>	Caps, Lids	_____
<input type="checkbox"/>	Clothing, Shoes	_____

<input type="checkbox"/>	Cups, Plates, Forks, Knives, Spoons	_____
<input type="checkbox"/>	Food Wrappers/Containers	_____
<input type="checkbox"/>	Pull Tabs	_____
<input type="checkbox"/>	6-Pack Holders	_____
<input type="checkbox"/>	Shotgun Shells/Wadding	_____
<input type="checkbox"/>	Straws, Stirrers	_____
<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"/>	Bleach/Cleaner Bottles	_____
<input type="checkbox"/>	Buoys/Floats	_____
<input type="checkbox"/>	Crab/Lobster/Fish Traps	_____
<input type="checkbox"/>	Crates	_____
<input type="checkbox"/>	Fishing Line	_____
<input type="checkbox"/>	Fishing Lures/Light Sticks	_____

<input type="checkbox"/>	Fishing Nets	_____
<input type="checkbox"/>	Light Bulbs/Tubes	_____
<input type="checkbox"/>	Oil/Lube Bottles	_____
<input type="checkbox"/>	Pallets	_____
<input type="checkbox"/>	Plastic Sheeting/Tarps	_____
<input type="checkbox"/>	Rope	_____
<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"/>	_____