



# Beach Cleanup Data Card

Keep a count of your items using tick marks and enter totals in the box.

Location: \_\_\_\_\_ Date: \_\_\_\_\_

Before Sorting— Weight: \_\_\_\_\_ Volume: \_\_\_\_\_

## Shoreline and Recreational Activities

<input type="checkbox"/>	Bags (paper) _____
<input type="checkbox"/>	Bags (plastic) _____
<input type="checkbox"/>	Balloons _____
<input type="checkbox"/>	Plastic Bottles _____
<input type="checkbox"/>	Glass Bottles _____
<input type="checkbox"/>	Cans _____
<input type="checkbox"/>	Metal Caps _____

<input type="checkbox"/>	Cups, Plates, & Utensils _____
<input type="checkbox"/>	Food Wrappers/Containers _____
<input type="checkbox"/>	Pull Tabs _____
<input type="checkbox"/>	6-Pack Holders _____
<input type="checkbox"/>	Straws/Stirrers _____
<input type="checkbox"/>	Toys _____
<input type="checkbox"/>	Plastic Caps _____

## Waterway Activities

<input type="checkbox"/>	Bait Containers/Packaging _____
<input type="checkbox"/>	Bleach/Cleaner Bottles _____
<input type="checkbox"/>	Oil/Lube Bottles _____
<input type="checkbox"/>	Plastic Tarps _____

<input type="checkbox"/>	Fishing Line/Nets _____
<input type="checkbox"/>	Fishing Lures _____
<input type="checkbox"/>	Rope _____

## Smoking-Related Activities

<input type="checkbox"/>	Cigarettes/ Cigarette Filters _____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	Cigarette Lighters _____
<input type="checkbox"/>	Tobacco Packaging/ Wrappers _____

## Dumping Activities

<input type="checkbox"/>	Appliances _____
<input type="checkbox"/>	Batteries _____
<input type="checkbox"/>	Building Materials _____
<input type="checkbox"/>	Car Parts _____
<input type="checkbox"/>	Clothing _____

## Medical/Personal Hygiene

<input type="checkbox"/>	Condoms _____
<input type="checkbox"/>	Diapers _____
<input type="checkbox"/>	Syringes _____
<input type="checkbox"/>	Tampons _____

## Debris of Local Concern

<input type="checkbox"/>	Fireworks Debris (commercial)
<input type="checkbox"/>	Fireworks Debris (consumer)
<input type="checkbox"/>	Unidentifiable Micro-trash _____
<input type="checkbox"/>	Other _____