

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"/> _____