

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 IIII _____

SHORELINE AND RECREATIONAL ACTIVITIES

- Bags (paper) _____
- Bags (plastic) _____
- Balloons _____
- Beverage Bottles (plastic) _____
- Beverage Bottles (glass) _____
- Beverage Cans _____
- Caps, Lids _____

- Clothing (Shoes) _____
- Cups, Plates, Forks, Knives, Spoons _____
- Food Wrappers/Containers _____
- Pull Tabs _____
- Shotgun Shells/Wadding _____
- Straws/Stirrers _____
- Toys _____

OCEAN/WATERWAY ACTIVITIES

- Bait Containers/Packaging _____
- Bleach/Cleaner Bottles _____
- Buoys/Floats _____
- Crab/Lobster/Fish Traps _____
- Crates _____
- Fishing Line _____
- Fishing Lures/Light Sticks _____

- Fishing Nets _____
- Light Bulbs/Tubes _____
- Oil/Lube Bottles _____
- Pallets _____
- Plastic Sheeting/Tarps _____
- Rope _____
- Strapping Bands _____

SMOKING RELATED ACTIVITIES

- Cigarettes/Cigarette Filters _____
- Cigarette Lighters _____
- Cigar Tips _____
- Tobacco Packaging/Wrappers _____

DUMPING ACTIVITIES

- Appliances _____
- Batteries _____
- Building Materials _____
- Cars/Car Parts _____
- 55 Gallon Drums _____
- Tires _____

MEDICAL/PERSONAL HYGIENE

- Condoms _____
- Diapers _____
- Syringes _____
- Tampons/Tampon Applicators _____

DEBRIS ITEMS OF LOCAL CONCERN

Identify and count 3 other items found that concern you:

- _____
- _____
- _____