

**CCS Beach Cleanup Data Cards**

**Location** \_\_\_\_\_ **Date** \_\_\_\_\_

**Food-Related Debris**

**Discarded-Related Debris (Most Common)**

<input type="checkbox"/> Caps/lids _____	<input type="checkbox"/> Balloons/balloon strings _____	
<input type="checkbox"/> Food Wrappers _____	<input type="checkbox"/> Plastic Wrapping _____	
<input type="checkbox"/> Food Containers _____	<input type="checkbox"/> Styrofoam packaging _____	
<input type="checkbox"/> Take-out Containers _____	<input type="checkbox"/> Tobacco Packaging _____	
<input type="checkbox"/> Forks, knives, spoons _____	<input type="checkbox"/> Cigarettes _____	
<input type="checkbox"/> Straws/Stirrers _____	<input type="checkbox"/> Cigar tips _____	
<input type="checkbox"/> Plastic Beverage Bottles _____	<input type="checkbox"/> Cigarette Lighters _____	
<input type="checkbox"/> Styrofoam Cups _____	<input type="checkbox"/> Fireworks _____	
<input type="checkbox"/> Plastic Cups _____	<input type="checkbox"/> Construction material _____	
<input type="checkbox"/> Beverage Cans _____	<input type="checkbox"/> Tampon Applicators _____	
<input type="checkbox"/> Glass Bottles _____	<input type="checkbox"/> Shotgun Shells/Wading _____	
<input type="checkbox"/> Glass Jars _____	<input type="checkbox"/> Toys _____	<input type="checkbox"/> Clothing _____
<input type="checkbox"/> Lollipop Sticks _____	<input type="checkbox"/> Tape _____	<input type="checkbox"/> _____
<input type="checkbox"/> Bags (Plastic) _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____

**Fishing-related Debris**

<input type="checkbox"/> Bait Bags/Containers _____	<input type="checkbox"/> Rope >1meter _____	
<input type="checkbox"/> Traps/pots _____	<input type="checkbox"/> Rope <1meter _____	
<input type="checkbox"/> Buoys/floats _____	<input type="checkbox"/> Nets/Pieces of nets _____	
<input type="checkbox"/> Cleaner Bottles _____	<input type="checkbox"/> Lobster Pot Vents _____	
<input type="checkbox"/> Oil Containers _____	<input type="checkbox"/> Lobster Pot ID Tags _____	
<input type="checkbox"/> Strapping Bands _____	<input type="checkbox"/> Lobster Claw Bands _____	
<input type="checkbox"/> Oil Containers _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____

**General (potentially hazardous) Sources**

<input type="checkbox"/> Batteries _____	<input type="checkbox"/> Syringes _____	<input type="checkbox"/> Hookset Disks _____
<input type="checkbox"/> Light Bulbs _____	<input type="checkbox"/> Condoms/wrappers _____	<input type="checkbox"/> Non-descript plastic _____

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