

**(Enclosure to DepEd Memorandum 174, s. 2012)**

# 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: Country \_\_\_\_\_ State \_\_\_\_\_

Province \_\_\_\_\_ County/Zone/City 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). In addition, please take photo of the entangled animal and send to Ocean Conservancy (contact information below).

Animal	Alive/Released or Dead	Entanglement or Debris

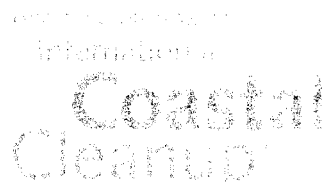
## 4. WHAT WAS THE MOST PECULIAR ITEM YOU COLLECTED? \_\_\_\_\_

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 or email it to:**

Ocean Conservancy  
 Attn: International Coastal Cleanup  
 1300 19th Street, NW, 8th Floor  
 Washington, DC 20036  
 cleanup@oceanconservancy.org  
 www.oceanconservancy.org



# 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



## TRASHING 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) _____	<input type="checkbox"/>	6-Pack Holders _____
<input type="checkbox"/>	Beverage Bottles (glass) _____	<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 _____

## HEALTH HAZARDOUS WASTE

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

## OTHER ITEMS OF LOCAL CONCERN

Identify and count 3 other items found that concern you

<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____