



South Carolina Beach Clean Up Reporting Form

Organization: _____ Number of participating volunteers: _____

Beach Area: _____ Date(s) of cleaning: _____

Total bags of debris/garbage: _____ Estimated Weight Collected: _____ lbs.

ENTANGLED ANIMALS (Dead or Alive) List all entangled animals found during your cleanup. Tell us if they were dead or alive and what they were entangled in (fishing line, net, etc.)

DEBRIS REPORT

Please indicate how many items of each material were collected. Keep track of your collection by entering tick marks on the line and entering the total in the boxes provided.

SHORELINE AND RECREATIONAL ACTIVITIES

(Debris from beach-goers, games, litter, etc.)

	Bags _____		Food Wrappers/Containers _____
	Balloons _____		Pull Tabs _____
	Beverage Bottles(plastic) _____		6-Pack Holders _____
	Beverage Cans _____		Shotgun Shells/Wadding _____
	Clothing, Shoes _____		Straws/Stirrers _____
	Cups, Plates, Forks, Knives, Spoons _____		Toys _____
	Fireworks _____		Caps/Lids _____

OCEAN/WATERWAY ACTIVITIES

(Debris from recreational/commercial fishing and boat/vessel operations)

	Bags _____		Food Wrappers/Containers _____
	Balloons _____		Pull Tabs _____
	Beverage Bottles(plastic) _____		6-Pack Holders _____
	Beverage Cans _____		Shotgun Shells/Wadding _____
	Clothing, Shoes _____		Straws/Stirrers _____
	Cups, Plates, Forks, Knives, Spoons _____		Toys _____
	Fireworks _____		Caps/Lids _____

OVER

SMOKING –RELATED ACTIVITIES

<input type="checkbox"/>	Cigarettes/Cigarette Filters _____ _____
<input type="checkbox"/>	Butane Lighters _____
<input type="checkbox"/>	Cigars/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"/>	Large Capacity Drums _____
<input type="checkbox"/>	Tires _____

MEDICAL/PERSONAL HYGIENE

<input type="checkbox"/>	Band-aids/gauze _____
<input type="checkbox"/>	Condoms _____
<input type="checkbox"/>	Diapers _____
<input type="checkbox"/>	Syringes _____
<input type="checkbox"/>	Tampons/Applicators _____

DEBRIS ITEMS OF LOCAL CONCERN

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

Tell us the most interesting or unusual item you came across:

Did you encounter debris items that you were not able to remove? If so, please list item and its approximate location:

How far into the water did you go to remove litter items?

Please return as soon as possible after your cleaning date to burgerdj@dhec.sc.gov or mail to:

**Adopt-A-Beach
c/o DHEC – OCRM
1362 McMillan Ave.
Suite 400
Charleston, SC 29405**



THANK YOU! Remember to Recycle Whenever Possible!

This form is available to download at: <http://www.scdhec.gov/environment/ocrm/outreach/cleanbeach.htm>