



Nanaimo
Science &
Sustainability
Society

Trash to Treasure

Grade 6 conservation and art project

School _____

Group Name _____

Clean-up Location _____

Names of Group Members

Clean-up Date _____

Instructions: Record the amount of litter you find for each of the categories listed on the back of this page using tick marks (for example, **beverage cans** IIII). If you find any animals tangled in garbage please record those in the space below. Weigh your litter with your teacher or an NS3 staff person and record the amount here:

Total weight of garbage collected _____

3. ENTANGLED ANIMALS

List all entangled animals found during the cleanup. Record the type of litter 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).

Animal	Alive or Dead	Item of Entanglement

4. WHAT WAS THE MOST UNUSUAL ITEM YOU COLLECTED? _____

Note: Data collection sheets follow the format provided for the Great Canadian Shoreline Cleanup

ITEMS COLLECTED

Please pick up ALL litter items that you find, but 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

Litter 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

Litter 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 _____

LITTER ITEMS OF LOCAL CONCERN

Identify and count 3 other items found that concern you

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