

Names:

Date: _____ Time: _____ to _____

Location:



Plastics

Retail Bags: _____ Non Retail Bags _____

Bottles _____

Caps/Lids _____

Food Wrappers/Film _____

Fragments (rigid): _____

Straws/Stirrers _____ Toys _____

Utensils/Dinnerware _____

Styrofoam _____

Misc. Plastics _____

Glass

Bottles/Fragments: _____

Smoking-related Items

Cigarette Lighters _____

Cigarette Filters _____

Cigars/Tips: _____

Tobacco Packaging _____

Miscellaneous Items

Batteries _____ Rubber/Foam _____

Clothing/Shoes/Fabric _____

Metals Aerosol Cans _____ Food cans _____

Beverage Cans _____

Misc. Metals _____

Medical: masks gloves Q-Tips

Band-aids Flossers Diapers

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