

TRASH TRAP SIMPLE DATA COLLECTION FORM

SITE INFORMATION					
Country:	State/Province:		Zone/County:		GPS Coordinates (Optional):
TRASH TRAP INFORMATION					
Group Name (Optional):	Trash Trap ID (Optional):		Type of Trash Trap:		My Trash Trap Collects (Select all that apply:
TRASH COLLECTION					
Number of people reporting data:	Date:		Approximately how long was the trash trap collecting debris before being emptied? Hours/Days/Weeks/Months		
Type of Environment (Option	Location of Device:		Has it ra	Has it rained more than 10mm since the	
□ Saltwater □ Freshwater □ Inland		 □ Marina □ Storm Drain □ Ocean □ River □ Beach □ Lake 		last time the device was emptied? (Optional): ☐ Yes ☐ No	
Are you weighing trash and organic debris together?		If yes, by mass, approximately what % of debris collected is organics?		Weight of empty container:	
□ Yes □ No		%			lb/kg
Are you weighing a subsample of the total debris removed?		If yes, approximately what % of the debris did you subsample?		What is the total weight of the debris and the container? (If you are subsampling, record the weight of the subsample):	
□ Yes □ No	%				lb/kg
WILDLIFE AND BIOTA					
ORGANISM STATUS (Dead/Injured/		S (Dead/Injured/Alive)	SPECIES		COUNT