

## COASST COVER SHEET

START

SURVEY(S) COMPLETED *(circle appropriate)*    beached birds    large debris    medium debris    small debris

PARTICIPANT(S)

Travel Time  
*(roundtrip in  
minutes)*

Pacer

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

## TIME &amp; LOCATION

Beach Name: \_\_\_\_\_

Survey Date: \_\_\_\_\_  
*(mm/dd/yyyy)*Data Collection Time: *(hr:min)*

Start \_\_\_\_\_ AM PM

Turnaround \_\_\_\_\_ AM PM  
*(if applicable)*

End \_\_\_\_\_ AM PM

If you have **NOT** circled medium/small debris, measure ZONE WIDTHS. Measure Veg **ONLY** if you have circled large debris. Enter 0 if zone not present and UM if present, but not measured.

ZONE WIDTHS *(paces)*

Surf	Wrack	Bare	Wood
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

TURNAROUND

ZONE WIDTHS *(paces)*

Surf	Wrack	Bare	Wood	Veg
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

*(large debris only)*

WOOD *(if present, circle predominant)*

Frequency: none    patchy    continuous

Diameter: small (&lt;20cm)    med (20cm to 1m)    large (&gt;1m)

WRACK *(if present, circle predominant)*

Frequency: none    patchy    continuous

 OIL *(if present, circle all types)*

A Patch Every: 1km    100m    10m    1m

Type: sheen    tarballs    goopy    mousse

WEATHER *(circle predominant)*

sun    clouds    fog    rain    snow

RETURN LEG

## HUMAN USE

	Humans	Dogs	Motor Vehicles
Count:	_____	_____	_____
Tracks (Y/N):	_____	N/A	_____

 BEACHED MARINE MAMMALS# of individuals \_\_\_\_\_ *(describe in comments)*COMMENTS *(any additional information that could not be recorded above)*

# LARGE DEBRIS

#:	Id:		Comments:		<input type="checkbox"/> Logo/Brand <input type="checkbox"/> Language	
					<input type="checkbox"/> Barcode <input type="checkbox"/> Poison	
Veg: _____	L (cm): _____	W (cm): _____	H (cm): _____	Color: _____	Material: _____	<input type="checkbox"/> Biofoul: <input type="checkbox"/> Crumbly <input type="checkbox"/> Beak <input type="checkbox"/> Sharp <input type="checkbox"/> Shiny <input type="checkbox"/> Floppy
Wood: _____			Complex: N Y		if plastic: _____	
Bare: _____			Intact: _____		hard foam soft	
Wrack: _____	Weathering: _____		whole part frag		<input type="checkbox"/> _____	
Surf: _____	low	med	high			

#:	Id:		Comments:		<input type="checkbox"/> Logo/Brand <input type="checkbox"/> Language	
					<input type="checkbox"/> Barcode <input type="checkbox"/> Poison	
Veg: _____	L (cm): _____	W (cm): _____	H (cm): _____	Color: _____	Material: _____	<input type="checkbox"/> Biofoul: <input type="checkbox"/> Crumbly <input type="checkbox"/> Beak <input type="checkbox"/> Sharp <input type="checkbox"/> Shiny <input type="checkbox"/> Floppy
Wood: _____			Complex: N Y		if plastic: _____	
Bare: _____			Intact: _____		hard foam soft	
Wrack: _____	Weathering: _____		whole part frag		<input type="checkbox"/> _____	
Surf: _____	low	med	high			

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Veg: _____	L (cm): _____	W (cm): _____	H (cm): _____	Color: _____	Material: _____	<input type="checkbox"/> Biofoul: <input type="checkbox"/> Crumbly <input type="checkbox"/> Beak <input type="checkbox"/> Sharp <input type="checkbox"/> Shiny <input type="checkbox"/> Floppy
Wood: _____			Complex: N Y		if plastic: _____	
Bare: _____			Intact: _____		hard foam soft	
Wrack: _____	Weathering: _____		whole part frag		<input type="checkbox"/> _____	
Surf: _____	low	med	high			

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Bare: _____			Intact: _____		hard foam soft	
Wrack: _____	Weathering: _____		whole part frag		<input type="checkbox"/> _____	
Surf: _____	low	med	high			