

## 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



Bag &amp; Tag:    Y    N

## 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

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TURNAROUND

ZONE WIDTHS *(paces)*

Surf    Wrack    Bare    Wood    Veg

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*(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

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

#:	Id:		Comments:		
Veg: _____	L (cm): _____	W (cm): _____	H (cm): _____	Color: _____	
Wood: _____	Complex: N Y		Material: _____ if plastic: _____ hard foam soft	Biofoul: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
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