

COASST COVER SHEET

Data Entry Code

START

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

lumber ?

PARTICIPANT(S) Travel Time (roundtrip in minutes) Pacer

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

TIME & LOCATION

Beach Name: _____

Survey Date: _____
(mm/dd/yyyy)

Data Collection Time: (hr:min)

Start _____ AM End _____ AM
PM PM

at TWO POINTS on the beach:

If you have **NOT** surveyed for medium or small debris, measure ZONE WIDTHS.

Measure Veg **ONLY** if you have surveyed for large debris.

Enter 0 if zone not present.

Enter 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"/>

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)

on the WHOLE beach:

DRIFTWOOD (if present, circle predominant)

Frequency: none patchy continuous

Diameter: small (<20cm) med (20cm to 1m) large (>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

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)

RETURN LEG

Enter data: www.coasst.org

COASST, University of Washington, Box 355020, Seattle, WA 98195-5020

coasst@uw.edu

206-221-6893

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"/> Floppy
Wood: _____			Complex: N Y		<i>if plastic:</i> hard foam soft <input type="checkbox"/> _____	<input type="checkbox"/> Crumbly <input type="checkbox"/> Beak <input type="checkbox"/> Sharp <input type="checkbox"/> Floppy
Bare: _____			Intact: _____			
Wrack: _____	Weathering:		low med high	whole part frag		
Surf: _____						

Beach

#:	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"/> Floppy
Wood: _____			Complex: N Y		<i>if plastic:</i> hard foam soft <input type="checkbox"/> _____	<input type="checkbox"/> Crumbly <input type="checkbox"/> Beak <input type="checkbox"/> Sharp <input type="checkbox"/> Floppy
Bare: _____			Intact: _____			
Wrack: _____	Weathering:		low med high	whole part frag		
Surf: _____						

Date

#:	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"/> Floppy
Wood: _____			Complex: N Y		<i>if plastic:</i> hard foam soft <input type="checkbox"/> _____	<input type="checkbox"/> Crumbly <input type="checkbox"/> Beak <input type="checkbox"/> Sharp <input type="checkbox"/> Floppy
Bare: _____			Intact: _____			
Wrack: _____	Weathering:		low med high	whole part frag		
Surf: _____						

Page

#:	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"/> Floppy
Wood: _____			Complex: N Y		<i>if plastic:</i> hard foam soft <input type="checkbox"/> _____	<input type="checkbox"/> Crumbly <input type="checkbox"/> Beak <input type="checkbox"/> Sharp <input type="checkbox"/> Floppy
Bare: _____			Intact: _____			
Wrack: _____	Weathering:		low med high	whole part frag		
Surf: _____						