

END OF CLEAN UP REPORT



PLEASE POST OR SCAN AND INCLUDE THE VOLUNTEER REGISTRATION FORM

CLEAN UP AUSTRALIA SUITE 701, LEVEL 7, 140 ARTHUR ST, NORTH SYDNEY NSW 2060

OR SCAN AND EMAIL TO: CLEANUP@CLEANUP.COM.AU

Please mark event type and date.

Event Type :

- ☐ Community
☐ Primary School
☐ Youth (including High School)
☐ Business

Event Date :

/ /

Start Time: AM/PM

Finish Time: AM/PM

PART 1 ACTIVITY SUMMARY

This first page provides an overview of the results of your Clean Up Activity.

Clean Up Site Details

Complete one End of Clean Up Report per site

Site Supervisor name: _____

Site Number or Name: _____

Group/Organisation/School name: _____

Site address: _____

Town/Suburb: _____

State: _____

Postcode: _____

Council area: _____

Site category (please tick one box only)

- | | |
|--|---|
| <input type="checkbox"/> River/Creek | <input type="checkbox"/> Parks |
| <input type="checkbox"/> Beach/Coastal | <input type="checkbox"/> Roadside |
| <input type="checkbox"/> Public Bushland | <input type="checkbox"/> Footpath |
| <input type="checkbox"/> School Grounds/Campus | <input type="checkbox"/> Shops/Malls |
| <input type="checkbox"/> Dive Site | <input type="checkbox"/> Outdoor Public Transport |
| <input type="checkbox"/> National Parks | <input type="checkbox"/> Other _____ |

Volunteers (estimate)

No. of volunteers incl supervisors: _____

No. of adults: _____ No. of children (under 16): _____

No. of males: _____ No. of females: _____ Other: _____

Your Clean Up event

Did an accident/incident occur at your Site?

☐ Yes ☐ No

If 'Yes', please complete and return an Accident/Incident Report Form to Clean Up Australia.

Were any syringes found at your Site?

☐ Yes ☐ No Approx no. _____

Does this Site attract illegal dumping? i.e. cars/whitegoods

☐ Yes ☐ No

Rubbish Summary

No. of full Clean Up (or similar) bags collected at your Site: _____

No. of Clean Up (or similar) bags opened and counted for Part 2 of the rubbish survey (pages 2-4): _____

Approx. weight of rubbish collected in bags surveyed: _____ kg

Any interesting or unusual items collected? _____

Did you separate these recyclables?

☐ Yes ☐ No

If 'Yes', please indicate items recycled:

- | | |
|---|--|
| <input type="checkbox"/> Aluminium | <input type="checkbox"/> Plastics |
| <input type="checkbox"/> Glass | <input type="checkbox"/> Paper/Cardboard |
| <input type="checkbox"/> Other (specify): _____ | <input type="checkbox"/> Steel |

Did you return beverage containers?

☐ Yes ☐ No

Most Significant Change

Please take time to tell us about significant changes that have occurred as a result of your participation this year.





PART 2 RUBBISH SURVEY *continued*

This section of the form is optional. The collection of this information enables us to access valuable statistical data from activities conducted nationally and forms the basis of our annual Rubbish Report. Please read the instructions below before starting the survey. Data is also shared with state & federal agencies such as the CSIRO to assist with litter mapping.

- This survey requires you to identify and count a proportion of the rubbish collected at your Site and record the results. To make it easier, work in teams of two.
- When you separate recyclable items from rubbish items into different bags, please capture a representative sample from both types of bags – that is, if your site collects 10 rubbish bags and 5 recyclable bags, count the items from 2 rubbish bags and 1 recyclable bag.
- We suggest you count the rubbish collected in every 5th bag. Stop when you have surveyed 6 bags in total. If you collect just 5 bags of rubbish, survey the contents of just 1 bag.
- Thank you for taking the time to complete this report. Your feedback helps ensure the ongoing success of the campaign.

☐ (R) Items commonly recyclable through kerbside collections.

☐ (SR) Items which are specialist recyclable. For additional information please refer to the 'Guide to rubbish items' in the Site Guide.

Rubbish Type EXAMPLE	No. of items (tally mark)	Total	Are these recyclable in your area?		
			Yes	No	Unsure
chips & confectionery	IIII	4		✓	
Soft plastics (i.e. scrunchable)					
chips & confectionery bags					
food bags					
garbage/rubbish bags					
<input type="checkbox"/> (SR) supermarket/retail bags					
cling wrap					
other soft plastics (specify)					
Plastic bottles / containers					
<input type="checkbox"/> (SR) automotive oils					
<input type="checkbox"/> (R) food (sauces etc)					
<input type="checkbox"/> (R) milk					
<input type="checkbox"/> (R) laundry/cleaning					
<input type="checkbox"/> (R) PET drink containers 					
<input type="checkbox"/> (R) fruit juice   					
non PET containers					
other plastic btls/ctns (specify)					
Plastic miscellaneous					
<input type="checkbox"/> (R) bottle caps & lids					
cigarette lighters					
<input type="checkbox"/> (SR) packaging					
containers (ice cream etc)					
cutlery/cups/utensils					
disposable nappies					
fishing equipment					
toys and sporting equipment					
<input type="checkbox"/> (SR) plastic crates (milk etc)					
plastic rope (length=_____ m)					
pvc piping (length=_____ m)					
sanitary pads/surgical dressings					
six-pack rings/wrapping					
straws					
tapes/straps/fastenings					
other plastic misc. (specify)					

PART 2 RUBBISH SURVEY *continued*

Rubbish Type	No. of items (tally mark)	Total	Are these recyclable in your area?		
			Yes	No	Unsure
Polystyrene foam					
cups/plates					
fast food containers					
<input type="checkbox"/> packaging					
pieces					
other polystyrene (specify)					
Glass					
<input type="checkbox"/> alcoholic beverage bottles					
<input type="checkbox"/> food jars					
<input type="checkbox"/> pieces					
<input type="checkbox"/> soft drink bottles					
<input type="checkbox"/> fruit juice bottles					
light globe					
other glass (specify)					
Rubber					
condoms					
gloves					
thongs/shoes					
<input type="checkbox"/> tyres					
other rubber (specify)					
Paper / cardboard					
<input type="checkbox"/> bags					
<input type="checkbox"/> boxes					
<input type="checkbox"/> cigarette packets					
<input type="checkbox"/> cups					
<input type="checkbox"/> drink cartons					
<input type="checkbox"/> milk cartons					
<input type="checkbox"/> egg cartons					
<input type="checkbox"/> fast food packaging					
napkins & tissues					
<input type="checkbox"/> newspapers/books/magazines					
<input type="checkbox"/> large paper					
<input type="checkbox"/> small paper					
<input type="checkbox"/> wine casks					
other paper/cardboard (specify)					
Metal / aluminium cans					
<input type="checkbox"/> aerosol					
<input type="checkbox"/> alcoholic beverage					
<input type="checkbox"/> soft drink					
<input type="checkbox"/> food					
other metal/alum. cans (specify)					

PART 2 RUBBISH SURVEY *continued*

Rubbish Type	No. of items (tally mark)	Total	Are these recyclable in your area?		
			Yes	No	Unsure
Metal / aluminium miscellaneous					
<input type="checkbox"/> appliances					
<input type="checkbox"/> bottle caps					
construction materials					
foil/confectionery wrappers					
<input type="checkbox"/> forty-four gallon drums					
paint tins					
<input type="checkbox"/> large metal pieces					
pipe (length=_____ m)					
small metal pieces					
wire (length=_____ m)					
other metal/alum. misc (specify)					
Wood					
construction materials					
ice cream sticks					
pieces					
<input type="checkbox"/> bottle corks					
other wood (specify)					
Miscellaneous					
<input type="checkbox"/> batteries					
car/machinery parts					
carpet (larger than this sheet)					
ceramics					
cigarette butts					
<input type="checkbox"/> clothing					
<input type="checkbox"/> e-waste (mobiles, computers etc)					
<input type="checkbox"/> food scraps					
<input type="checkbox"/> furniture					
<input type="checkbox"/> shopping trolleys					
syringes					
other miscellaneous (specify)					

Founding Partner



Partners



Media Partners



Suppliers



THANK YOU FOR TAKING THE TIME TO COMPLETE THIS SURVEY