

LITTER POLLUTION SURVEY FORM

SURVEY LOCATION _____

FROM _____ **TO** _____

(e.g. Main Street **From:** No 1 **To** No 51)

SURVEY AREA DESCRIPTION:

Town Centre Suburban Area Beach National Route

Non-National Route

WEATHER CONDITIONS _____

(wet & windy, wet & calm, dry & windy, dry & calm)

SURVEYOR'S NAME _____ **DATE** ___/___/___

DAY _____ **TIME** _____

MAJOR SOURCES OF LITTER IN AREA _____

(e.g. Specific takeaways, newsagents, schools, passers-by or passing motorists)

PHOTO IDENTIFICATION REFERENCE NUMBER _____

1. INDICATOR ITEMS

In Table 1.1, please assess the survey area for the presence or absence of the following litter items and judge 'how visible' the items are. It should be noted that although there may be other types of litter on the ground in the survey area, the assessment should be confined to the items listed below. Information on other important, unlisted litter streams observed during the survey should be included in the surveyor's comments (Section 7).

Table 1.1: Indicator Items

	Please assess what items are present AND how visible they are and tick accordingly			
	Visible on Close Inspection (Visible only from 1m or less)	Visible (not visible from outside study area)	Obvious (Visible within less than 10m)	Extremely Obvious (Visible from more than 10m away)
Plastic Packaging (including shopping bags)				
Paper Packaging				
Takeaway Packaging				
Bottles/Cans				
Household Refuse				
Papers/ Cardboard				
Dog Fouling				
Cigarette-related Litter				
Chewing Gum				
Food Residues				

2. SURVEY AREA CLEANLINESS RATING

Please rate the cleanliness of the survey area on a scale of 1 to 5, where 1 approximates that cleanliness of a freshly swept area (**not a single item of litter ticked above**) and 5 would be expected after a major concert, sporting event or festival etc.

Survey Area Cleanliness Rating (Please tick as appropriate)

1 2 3 4 5

(1)
No Litter
Items Ticked
Above



(5)
Extremely
Littered
(After Festival
For Example)

- **Is there Evidence of Littering at the Premises or Lands of a State or Semi State Agency?**

(Please Tick): YES NO

If yes, please specify: _____

- **Is there Commercial Litter on the Street?** (Please Tick): YES NO

3. LITTER DISTRIBUTION PATTERNS

- **Where is the majority of the litter to be found?** (Please tick)

Widespread

Clusters Associated with Particular Premises

- **If clusters** are observed, please specify where they occur (e.g. outside Mc Grath's Takeaway): _____

- **Where is the litter located within the survey area?**

Ranking

(Indicate which location is the most important for this survey area, using a 1,2,3 scale where location 1 has the largest accumulation of litter)

Path	<input type="text"/>
Gully	<input type="text"/>
Road	<input type="text"/>
Grass Verge	<input type="text"/>
Trees/ Shrubs	<input type="text"/>
Adjoining Private Premises	<input type="text"/>

Other Locations (Please Specify):

4. LITTER BINS

- **No. of Litter Bins in Survey Area**
- **No. of these number the fitted with an ash tray**
- **No. of Full or Overflowing Bins**

Private

<input type="text"/>
<input type="text"/>
<input type="text"/>

Local Authority

<input type="text"/>
<input type="text"/>
<input type="text"/>

5. ANTI LITTER ACTIVITY

- Are Anti-Litter Advertising/ Warnings Visible? YES NO

- When was the last cleansing sweep? (day/time) _____

- Was there evidence of private cleansing? ? YES NO

6. CAUSATIVE FACTOR

Please tick the factors, which you believe to be contributing to litter pollution in the survey area.

	Please Tick
Passing Pedestrians	<input type="checkbox"/>
Gathering Point	<input type="checkbox"/>
Schools/Schools Children	<input type="checkbox"/>
Bank ATM	<input type="checkbox"/>
Construction Site	<input type="checkbox"/>
Bus/Train Station	<input type="checkbox"/>
Overflowing bins	<input type="checkbox"/>
Bus stop	<input type="checkbox"/>
Bring Bank	<input type="checkbox"/>
Retail Outlets	<input type="checkbox"/>
Places of Leisure/Entertainment	<input type="checkbox"/>
Fly-tipping/ Dumping	<input type="checkbox"/>
Fast-food Outlet	<input type="checkbox"/>
Refuse Collection/ Presentation	<input type="checkbox"/>
Major Entertainment Event	<input type="checkbox"/>
Weather Conditions	<input type="checkbox"/>
Passing Motorists	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>

7. CONCLUSIONS

Other comments or observations:

Signed: _____ Date: _____