

Type of the cleaning place:			
Seaside River/lake Park			
Date of cleaning action:			
Name of the cleaning place:			
Length of the cleaning place:			
Organization:			
Number of participants:			
TYPE OF WASTE COLLECTED:			
Have we counted the waste? Yes No			
Amount of waste collected: kg  Number of bags filled up with waste:			
Have you separated the other waste? YES NO			
Was there a good attitude of the participants towards the need of recycling?			
Yes No I don't know			
Do you feel satisfied of your participation to "Let's clean up Europe"?			
A Lot A Little Not at all			
Do you think the activity has been: (write from 1 to 5)			
Useful:   Important:   Effective:   Necessary:			

Do you think these kind of activities will help you and other people to treat the waste in the environment in a different way?			
Yes, of course Probably yes Probably no No			
I don't know			
Which material is left to be used in the next action?			
Markers:	Yes	No	
Caps:	Yes	No	
Gloves:	Yes	No	
Big sacks:	Yes	No	
Individual bags:	Yes	No	