

NAME: _____

Start Date: _____

Week 1

Container Type: _____

At the end of the week, tally up your plastics!

Observations

_____	_____	_____	_____	_____
Plastic Bottles	Plastic Bags	Food Wrappers + Packaging	Bathroom Products	
_____	_____	_____	_____	
Toys + Plastic Packaging	Cling Wrap	Cleaning Containers	Take-Out Straws, Sticks, Cups, Lids	
_____	_____	_____	_____	
Cigarette Butts	Take-Out Containers, Silverware	Other: _____	Other: _____	

TOTAL

What will you reduce for next week? How?

Week 2

Container Type: _____

At the end of the week, tally up your plastics!

Observations

_____	_____	_____	_____	_____
Plastic Bottles	Plastic Bags	Food Wrappers + Packaging	Bathroom Products	
_____	_____	_____	_____	
Toys + Plastic Packaging	Cling Wrap	Cleaning Containers	Take-Out Straws, Sticks, Cups, Lids	
_____	_____	_____	_____	
Cigarette Butts	Take-Out Containers, Silverware	Other: _____	Other: _____	

TOTAL

What will you reduce for next week? How?

Week 3

Container Type: _____

At the end of the week, tally up your plastics!

Observations

_____	_____	_____	_____	_____
Plastic Bottles	Plastic Bags	Food Wrappers + Packaging	Bathroom Products	
_____	_____	_____	_____	
Toys + Plastic Packaging	Cling Wrap	Cleaning Containers	Take-Out Straws, Sticks, Cups, Lids	
_____	_____	_____	_____	
Cigarette Butts	Take-Out Containers, Silverware	Other: _____	Other: _____	

TOTAL

What will you reduce for next week? How?

Week 4

Container Type: _____

At the end of the week, tally up your plastics!

Observations

_____	_____	_____	_____	_____
Plastic Bottles	Plastic Bags	Food Wrappers + Packaging	Bathroom Products	
_____	_____	_____	_____	
Toys + Plastic Packaging	Cling Wrap	Cleaning Containers	Take-Out Straws, Sticks, Cups, Lids	
_____	_____	_____	_____	
Cigarette Butts	Take-Out Containers, Silverware	Other: _____	Other: _____	

TOTAL

What was the easiest change in your plastic lifestyle? The hardest?

INSTRUCTIONS FOR USING PLASTIC TRACKING SHEET

1. Tally up your plastic use and mark down the total number of plastic products you used in the week (this can be tallied as items are put into the container or at the end of the week. Unsure what category to put some items of plastic waste? See the examples below.
2. Make a note of any observations, for example “Lots of straws” or “hard to reduce cling wrap when I use it so much”.
3. Then, follow the prompt at the bottom of the week’s section by marking down what and how you will reduce items in your container for the next week!

EXAMPLES OF PLASTIC WASTE IN YOUR HOME

Plastic Bottles

Plastic Water bottles
Plastic Medicine bottles
Plastic Take-out bottles
Plastic Liquor bottles

Plastic Bags

Plastic Grocery bags
Resealable 'Sandwich' bags
Plastic Gift bags

Bathroom Products

Plastic Cotton Swabs, Toothbrushes,
Toothpaste, Razors,
Feminine Products, Makeup and
hygiene bottles/tubes, contact lenses

On-The-Go

Plastic Food Containers,
Utensils, Cups, Lids, Straws,
Stir Sticks, Food Sticks,
Hand Sanitizer, Masks

Cleaning Products

Laundry bottles
Synthetic sponges
Cleaning bottles
Cleaning brushes

Kitchen + Food Items

Plastic cling wrap
Food packaging
Wrappers
Coffee pods

Other Items: Toys, cigarettes, plastic packaging, delivery packaging, furniture and decorations