

PROJECT MANAGER

Standard Operating Procedure (SOP)

I. PURPOSE

To define the responsibilities and weekly workflow of the Project Manager to ensure projects are delivered on time, risks are minimized, and teams remain coordinated.

II. SCOPE

This SOP covers:

- Project planning
- Status tracking
- Risk management
- Team coordination
- Blocker resolution

III. SOP TASKS

1. Review Project Status & Team Workload

(Frequency: Weekly – Monday | Procedure: Project Kick-off & Planning)

Objective:

To review the overall health of all active projects and allocate work efficiently.

SOP Steps:

- Review ongoing project progress and milestone achievements.
- Check workload distribution across team members.
- Identify delays, issues, or bottlenecks.
- Update the risk log based on new findings.
- Communicate changes or concerns to COO/Operations.
- Ensure the team has clarity on weekly deliverables.

2. Conduct Risk Review & Mitigation Planning

(Frequency: Weekly – Wednesday | Procedure: Risk & Status Reporting)

Objective:

To ensure project risks are identified early and mitigated properly.

SOP Steps:

- Review open risks for each project.
- Evaluate the severity and priority of risks.
- Prepare mitigation actions for high-impact risks.
- Engage delivery teams to implement corrective measures.
- Update risk documentation and escalate major risks to leadership.

3. Hold Project Team Status Meetings

(Frequency: Weekly – Friday)

Objective:

To ensure weekly alignment between all project team members.

SOP Steps:

- Conduct weekly status meeting with all project team members.
- Share consolidated updates on project progress.
- Review each team member's weekly tasks and upcoming deadlines.
- Identify blockers and assign follow-up responsibilities.
- Document key decisions, action points, and next steps.

LANEWAY

Acknowledgment and Agreement

I hereby acknowledge that I have received, read, and understood the Standard Operating Procedure (SOP) document issued. I agree to follow all guidelines, processes, and responsibilities outlined in this SOP.

I understand that it is my duty to comply with the procedures mentioned, and any updates or revisions communicated in the future. If I have any doubts or require clarification, I will reach out to the concerned department or supervisor.

By signing below, I confirm my acceptance and commitment to adhere to this SOP.

Best Regards,



Gokul M Prabhu
CEO/MD
Laneway

FORM OF ACCEPTANCE :

I accept this appointment on the terms and conditions stated above and agree to the following:

Name: _____

Date: _____

Place: _____

Signature: _____

